

Jim Livingstone
Director of Safety, Quality and Standards

POLICY CIRCULAR



Subject:

Guidance for HSC organisations on arrangements for implementing effective personal and public involvement in the HSC

For action by:

- Chief Executives, HSC Trusts
- Chief Executive, HSC Board
- Chief Executive, Public Health Agency
- Chief Executive, NIBTS
- Chief Executive, NIGALA
- Chief Executive, NIMDTA

For Information to:

- Chief Executive, Patient and Client Council
- Chief Executive, Business Services Organisation
- Chief Executive, Regulation & Quality Improvement Authority
- Chief Executive, NI Social Care Council
- Chief Executive, NIPEC
- Director of Performance Management, HSC Board
- Directors of Social Services in HSC Board and HSC Trusts
- Director of Dentistry in HSC Board
- Director of Pharmacy in HSC Board
- Directors of Nursing in HSC Board and HSC Trusts
- Director of Primary Care in HSC Board
- Medical Directors in HSC Trusts

Summary of Contents:

The purpose of this Circular is to advise HSC organisations of their roles and responsibilities in meeting the statutory duty of public involvement and consultation placed upon them by the Health and Social Care (Reform) Act (Northern Ireland) 2009

Enquiries:

Any enquiries about the content of this Circular should be addressed to:

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Related document

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HSC (SQSD) 01/12

Superseded documents

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Action

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Dear Colleague

GUIDANCE FOR HSC ORGANISATIONS ON ARRANGEMENTS FOR IMPLEMENTING EFFECTIVE PERSONAL AND PUBLIC INVOLVEMENT POLICY IN THE HSC

Introduction

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 Department's 10-year Quality Strategy, *Quality 2020*, which was published in November 2011. It is also seen as one of the key features of effective clinical and social care governance, and is 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 the greater with effective involvement.

The Department issued guidance to the HSC in September 2007 which was intended to strengthen the various programmes of work and requirements for service user and carer involvement and establish a consistent regional definition of, and approach to, involving people in the planning and delivery of health and social care services. It also introduced and defined the concept of PPI as an agreed regional terminology for all aspects of user involvement within health and social care. This terminology was chosen to reflect the integrated nature of the health and social care system in Northern Ireland, but it is recognised that for the future more work needs to be done to develop a PPI label that is more easily and widely recognised and understood.

The guidance was intended to provide agreed guidelines for service commissioners and providers to improve the level of user and carer involvement across Health and Social Care Organisations, as well as strengthening the impact of user involvement on decisions that are made about services. In turn it was envisaged that this would support the implementation of effective and meaningful user involvement in clinical and social care governance and, in this way support the influence of user perspectives in the planning and decision-making processes of the Health and Social Care Services.

Since this guidance was issued, the second stage of the Review of Public Administration and the enactment of the enabling legislation, the Health and Social Care(Reform) Act (Northern Ireland) 2009 ('the Reform Act'), has introduced a number of significant changes in how health and social care services are organised and delivered here. A number of new HSC organisations have been established, including the Health and Social Care Board, the Public Health Agency and the Patient Client Council, who each have particular responsibilities in respect of promoting involvement of service users, carers and the public. In addition, the Reform Act also places a statutory duty of public involvement and consultation on Health and Social Care organisations.

In light of these changes, the primary purpose of this circular is to provide specific guidance on the roles and responsibilities of Health and Social Care organisations in meeting the statutory duty of public involvement and consultation placed upon them by sections 19 and 20 of the Reform Act, and the accountability arrangements which will be in place within the Health and Social Care system to provide assurance to the Minister that all HSC organisations are compliant with their duties in this regard.

This guidance builds on the values and principles which were set out in the 2007 Departmental guidance on PPI.

You are asked to ensure that this circular is widely communicated to all staff within your organisation.

Yours sincerely



Dr J F Livingstone
Director Safety, Quality and Standards Directorate

SECTION 1: Roles and responsibilities of HSC organisations

Department of Health, Social Services and Public Safety

- 1.1 The Department (through Safety, Quality and Standards Directorate) has responsibility for policy on PPI, including reviewing, developing and refining the policy. It will also be responsible for reviewing and issuing appropriate guidance as necessary, and for setting regional priorities and standards in this area. The Department will also be responsible for providing assurance to Minister that HSC organisations are meeting the requirements placed upon them by the statutory duty of involvement as laid down in the Reform Act, including the requirement to develop consultation schemes.
- 1.2 The Department and all other relevant HSC bodies should publish and maintain a PPI consultation scheme, in accordance with statutory requirements, detailing the arrangements they have in place, to involve and consult with service users, carers and the wider public, and the Patient Client Council, in the discharge of their business.
- 1.3 All HSC organisations are directly and individually accountable to the Department for the discharge of their statutory functions, but the following arrangements, which relate specifically to the duty of involvement, reflect the mainstream planning and performance management system for the HSC.

Public Health Agency

- 1.4 The Public Health Agency (PHA) has responsibility for leading implementation of policy on PPI across the HSC. This responsibility is taken forward through the Regional PPI Forum, which is chaired and serviced by the PHA and which includes representation from all HSC organisations as well as community and voluntary sector representatives, service users and carers. The Forum is a key vehicle by which the PHA, working with other organisations, ensures the effective implementation of PPI policy across the HSC. It should operate in a collaborative manner, seeking to ensure consistency and co-ordination in the approach to PPI. The Forum also seeks to identify and share best practice in terms of PPI across the HSC. The PHA, working through the Forum, will publish an Annual Report on PPI activity.
- 1.5 The PHA, working with the HSC Board through established performance management arrangements, has responsibility for ensuring that HSC Trusts meet their PPI statutory and policy responsibilities. The PHA will in turn provide assurances to the Department in this regard through established accountability arrangements.

- 1.6 The PHA has responsibility for the operational aspects of successfully implementing policy on PPI in a consistent regional manner across HSC organisations, including capacity building (for example through commissioning of training), communication and awareness raising of the PPI agenda (for example through the Engage website and newsletter), and monitoring (for example through work to evaluate the impact of PPI). The PHA will consult with the PCC on best practice in carrying out these responsibilities.
- 1.7 The PHA will liaise with the HSCB to ensure effective and efficient delivery of these responsibilities.

Health and Social Care Board

- 1.8 Internally, the HSCB has a responsibility to maintain and build on the work that had been developed with respect to involvement of service users and carers by each of the legacy HSS Boards, and will provide assurance to the Department, through the PHA, utilising agreed mechanisms, that it is discharging its statutory duty of involvement. It will also work along with the PHA, through the Regional PPI Forum, to ensure that HSC organisations are adequately discharging their responsibilities with respect to PPI.
- 1.9 In particular, the HSCB should ensure that arrangements for effective PPI are established in Local Commissioning Groups, and other commissioning structures developed under Transforming Your Care, to ensure that the views of stakeholders feed into and inform commissioning plans, and that family practitioner services are effectively encouraged to apply Departmental guidance and best practice on PPI.

Family Practitioner Services

- 1.10 While the Reform Act does not place a statutory requirement on Family Practitioner Services (defined as general medical, community pharmacy, general dental and ophthalmic practices) to involve their patients and carers in decisions about their treatment and care, the Department is committed to the principle that effective involvement of patients and carers is a key component of a quality service, as set out in *Quality 2020*. Family Practitioner Service contractors should therefore ensure that their practices maintain and build upon the arrangements they introduced in response to the 2007 Departmental guidance, and should continue to work towards compliance with the requirements of this revised guidance. As an integral part of the HSC system, they are accountable to the HSCB for the discharge of this function.

HSC Trusts

- 1.11 HSC Trusts are responsible for establishing appropriate organisational governance arrangements to meet their statutory duty of involvement, and for maintaining and building on progress already made in relation to embedding in line with the requirements contained in the 2007 PPI guidance circular (and any subsequent Departmental guidance).
- 1.12 Under the established performance management arrangements, HSC Trusts will report to the PHA, working with the HSCB, on the implementation of PPI policy. The PHA will be responsible for providing assurance to the Department that Trusts are meeting their obligations in respect of these functions.

Special Agencies

- 1.13 The Reform Act provides that special agencies have responsibilities in respect of PPI. The NI Blood Transfusion Service (NIBTS) and the NI Guardian Ad Litem Agency (NIGALA) were expected to comply with the requirements of the 2007 guidance, and these organisations should therefore continue to build on progress already made in this area.
- 1.14 However, as the 2007 guidance did not apply to the NI Medical and Dental Training Agency (NIMDTA), this organisation should establish appropriate arrangements to ensure it complies with the legislative requirements placed on it by sections 18-20 of the Reform Act.
- 1.15 Each of these three special agencies will be accountable directly to the Department for the discharge of these functions.

Patient and Client Council

- 1.16 The Reform Act gives the PCC the function of representing the interests of the public in order to ensure a strong patient and client voice at both regional and local level. It also has the function of promoting public involvement in decisions about the provision of health and social care. Certain HSC bodies¹ are required by the Act to co-operate fully with the PCC in the discharge of these statutory responsibilities, and the Department may consult the PCC in respect of PPI consultation schemes.
- 1.17 The PCC may undertake research and conduct investigations into the best methods and practices for involving the public and provide advice on these to HSC organisations.

¹ Health and social care bodies are defined at Section 1 (5) of the Reform Act. However, the particular Health and social care bodies to which sections 18 and 19 apply are defined at Section 17 (8).

- 1.18 The PCC also has an important challenge role for those HSC bodies prescribed in the Reform Act in respect of PPI, and will accordingly be expected to comment upon and scrutinise the actions and decisions of these bodies as they relate to PPI. In addition it will provide independent assurance to the Department on the effectiveness of PPI Policy.

Regulation and Quality Improvement Authority

- 1.19 RQIA will continue to provide independent assurance to the Department, of the effectiveness of PPI structures by continuing to monitor these as part of its review of clinical and social care governance arrangements in HSC organisations.

Other HSC organisations

- 1.20 There are a number of HSC organisations to whom the statutory duty of involvement and consultation does not apply - namely the Northern Ireland Social Care Council, the Northern Ireland Practice and Education Council and the Business Services Organisation. Although these organisations are not required by statute to establish appropriate governance arrangements to involve and consult with service users, their carers and the PCC in the discharge of their business, the Department considers that effective involvement is a key component in the delivery of a quality service across all members of the HSC family.
- 1.21 The Department therefore encourages these organisations to put appropriate and proportionate measures in place to ensure that their service delivery arrangements are informed by the views of those who use their services. These organisations should consider establishing arrangements to gather views from their service users and carers and use these to inform decisions on their service provision.
- 1.22 To assist them in achieving this, each of these organisations should consider undertaking the self evaluation processes set out in the 2007 guidance circular to develop and strengthen their arrangements for gathering user feedback, and using this information to improve their organisational decision making and service delivery processes.

SECTION 2: Reporting and Monitoring arrangements

Reporting Arrangements

- 2.1 Organisations will be expected to include an up-date on progress against action plans for PPI in their published organisational Annual Reports and /or Annual Quality Reports to be developed as part of Quality 2020. Thereafter, they will be expected to devote a specific section in subsequent Annual Reports, giving a full account of their PPI work related

to clinical and social care governance, what has been achieved and what is planned for subsequent years.

2.2 In addition, organisations should ensure that they have appropriate mechanisms in place to deliver routine updates to their board on progress and outcomes from PPI work in the organisation.

2.3 PPI reports should answer three broad sets of questions:

- *What have we done?* – overview of PPI activities with feedback and learning from the process.
- *What difference has it made?* – a summary analysis of the outcomes and particular benefits, identified from effective involvement of people (users, carers, communities or the general public) in decisions and planning to improve the quality of services.
- *What do we need to do next?* – action planning for following year and beyond.

Monitoring Performance

2.4 Monitoring of PPI will take several forms:

- (a) **Internal monitoring.** Each organisation should monitor the impact of PPI work through their clinical and social care governance arrangements with routine updates to its board and the inclusion of PPI and its impact in its Annual Report.
- (b) **Regional monitoring.** From an operational perspective, the PHA through the PPI Forum will monitor PPI activity across all HSC commissioning and provider organisations seeking to ensure best practice is applied and assess effectiveness. From a policy perspective, the Department will monitor the impact of PPI with the support of the PHA and through both the existing formal accountability mechanisms for HSC bodies and Quality 2020 programme management arrangements.
- (c) **Independent monitoring.** The Regulation and Quality Improvement Authority (RQIA), in partnership with the Patient Client Council (PCC), will monitor PPI as part of its review of clinical and social care governance arrangements. The principles contained in this guidance will contribute to the framework for PPI monitoring /or a thematic review of the specific requirements for public and service user involvement as outlined in the Quality Standards. The principles set out here are designed to complement those set out in the Quality Standards.

Further Guidance

2.5 This circular will be supplemented by further guidance as necessary.

Safety, Quality & Standards Directorate, DHSSPS