

Personal and Public Involvement – Consultation Scheme

1.0 Purpose

This paper sets out the detail of the Health and Social Care Board Consultation Scheme to meet the legislative requirement placed on health and social care organisations by Sections 19 and 20 of the Health and Social Care (Reform) Act (Northern Ireland) 2009.

This Consultation Scheme has been produced in line with the Health and Social Care Board's commitment to deliver meaningful involvement of service users in the planning of health and social care services through a programme of Personal and Public Involvement.

The Health and Social Care Board supports the following core values of Personal and Public Involvement:

- Dignity and respect
- Inclusivity, equity and diversity
- Collaboration and partnership
- Transparency and openness

The Health and Social Care Board sees the work undertaken to produce this Consultation Scheme as a first step for it as a new organisation in putting Personal and Public Involvement together with its everyday business activities. It will build on this work to improve how it develops and delivers its future Consultation Schemes.

2.0 Introduction

The Review of Public Administration was launched by the Northern Ireland Executive in June 2002 with the aim of improving public services.

There were two major stages involved in the Review of Public Administration for Health and Social Care Services in Northern Ireland. The first stage, as from 1 April 2007, reduced the number of Health and Social Care Trusts from nineteen down to five whilst also keeping the Northern Ireland Ambulance Service Trust.

The second stage, following public consultation, led to the Minister's decision to establish the new Health and Social Care Board and Public Health Agency with effect from 1 April 2009. The Business Services Organisation and Patient and Client Council were also established from 1 April 2009. These new organisations took on the work done previously by the four Health and Social Care Boards and a number of health and social care Agencies.

The Health and Social Care Board has been set up to:

- identify the health and social care needs of the people of Northern Ireland, prioritise these needs and buy the prioritised services needed from the Health and Social Care Trusts and others who provide health and social care services;
- manage the performance of Health and Social Care Trusts and others that deliver health and social care services; and
- make best use of taxpayers' money in the way it secures services to meet the prioritised needs of the population and manages Trusts' performance.

The members of the Health and Social Care Board are as follows:

Non Executive Directors

Dr Ian Clements	Chair
Mr Robert Gilmore	
Ms Lily Kerr	
Mr Stephen Leach	
Dr Melissa McCullough	
Mr Brendan McKeever	
Mr John Mone	
Dr Robert Thompson	

Executive Directors

Mr John Compton	Chief Executive
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Mr Paul Cummings	Director of Finance
Mrs Fionnuala McAndrew	Director of Social Care & Children
Ms Louise McMahon	Director of Performance Management & Service Improvement
Mr Dean Sullivan	Director of Commissioning

Other Directors (Members of Senior Management Team)

Dr Sloan Harper	Director of Integrated Care
Dr Carolyn Harper	Medical Director
Mrs Mary Hinds	Director of Nursing
Mr Michael Bloomfield	Head of Corporate Services

These appointments have been made with the approval of the Minister for Health, Social Services and Public Safety.

The Health and Social Care Board has a budget of £4.2bn to serve the whole population of Northern Ireland. It is supported by some 500 staff across offices in Belfast, Ballymena, Armagh and Londonderry.

3.0 Organisational Arrangements for Personal and Public Involvement

The Health and Social Care Board is accountable to the Minister for Health, Social Services and Public Safety for ensuring that it fulfils its responsibilities as laid down in the Health and Social Care (Reform) Act (Northern Ireland) 2009. The Chief Executive in turn is accountable to the Health and Social Care Board for the performance of the organisation and its staff.

The Chief Executive is required to appoint a senior professional from the Health and Social Care Board to provide leadership in relation to Personal and Public Involvement. This role is currently undertaken by the Director of Social Care and Children. The Director of Commissioning and Head of Corporate Services also have specific responsibilities in this regard. (See Appendix 1 for organisational chart setting out responsibility for Personal and Public Involvement in the Health and Social Care Board).

The Health and Social Care Board recognises that everyone in the organisation has a responsibility to make Personal and Public Involvement part of their everyday working. It is committed to working

with other health and social care organisations such as the Public Health Agency, Health and Social Care Trusts, the Northern Ireland Ambulance Services Trust and the Patient and Client Council in the development and delivery of a joined up approach to Personal and Public Involvement across Northern Ireland.

Five Local Commissioning Groups have been established as committees of the Health and Social Care Board. They will serve local people in the Belfast, South Eastern, Northern, Southern and Western areas and have the same geographical boundaries as the five Health and Social Care Trusts. They have been set up to:

- improve the health and social well-being of people in their local area;
- plan the delivery of health and social care services to meet the needs of people in that area;
- secure the delivery to people in that area of health and social care that makes best use of taxpayer's money; and
- improve the availability and quality of health and social care services in that area.

The Health and Social Care Board wishes to see its Local Commissioning Groups, their Chairs and Commissioning Leads taking a lead role in PPI in their local areas. While relevant to all of the work of the LCGs, this will particularly apply to effective stakeholder engagement in the development of an annual commissioning plan by each Local Commissioning Group which will ultimately contribute to a regional joint commissioning plan for approval by the Health and Social Care Board, the Public Health Agency and Department of Health, Social Services and Public Safety. The Health and Social Care Board also sees the Local Commissioning Groups working closely with Health and Social Care Trusts in delivering a joined up approach to Personal and Public Involvement at local level.

The effective operation of the Health and Social Care Board's consultation scheme will be monitored by the designated Director, senior management team and regular reports to the Governance Committee.

4.0 Arrangements for Meeting Legislative Requirements

At present the Health and Social Care Board is continuing with a significant amount of Personal and Public Involvement work carried out previously by the former Health and Social Services Boards. Some of this

work is set out in Appendix 2. This work has already influenced ongoing HSCB planning for 2010/11.

However, Sections 19 and 20 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 set out the requirements placed on the new Health and Social Care Board in respect of public involvement, consultation and the development of a consultation scheme.

In building on what was done previously, the Health and Social Care Board will engage at three broad levels to do this and meet its legislative requirements:

- Patient and Client Council;
- Service users, including carers; and
- local communities, voluntary and community sectors, persons of different gender, religious belief, political opinion, racial group, age, marital status, sexual orientation or with a disability or dependents.

The Health and Social Care Board started this process at a regional Personal and Public Involvement workshop organised jointly with the PHA and held on 12 November 2009, when it asked key people from organisations that represent the wider community, including the Patient and Client Council, how best these arrangements can be developed (See Section 7.0 and Appendices 3 and 4 for more information about the workshop).

Actions agreed at the 12 November workshop included:

- By end of January 2010 the Health and Social Care Board will take part in a regional process led by the Public Health Agency to clarify the roles and responsibilities of each organisation in respect of PPI;
- Stakeholders have asked that by the end of January 2010 new health and social care organisations will be in a position to clarify their respective roles with key stakeholders, so stakeholders can understand what each organisation does and contribute meaningfully to their Personal and Public Involvement activities; and
- The Health and Social Care Board will, through a pre-consultation process from February to May 2010, develop its mechanisms for engagement in respect of Personal and Public Involvement, including formal consultation on the development and delivery of its consultation scheme.

As part of this work, the Health and Social Care Board will have regard to any comments submitted to it in response to its Consultation Scheme. It will also prepare a written statement which summarises comments received and sets out its response to these comments. The HSCB will take steps to make the PCC, those using services and local communities aware of the statement.

The Health and Social Care Board, in partnership with other health and social care organisations, will undertake a publicity and awareness programme to ensure that stakeholders are given a chance to comment on the detail of its consultation scheme. This publicity and awareness scheme will take into account good practice in relation to accessible formats for giving information, recognising and responding to the diversity of the population.

The Health and Social Care Board will work to ensure that the views of stakeholders are considered in the planning and provision of care and the development, modernisation and reform of the delivery of services. In particular, it sees stakeholders influencing the decision making processes of Local Commissioning Groups in respect of the services they plan for at local Health and Social Care Trust level.

The Health and Social Care Board's responsibilities in respect of Personal and Public Involvement also have to be met in tandem with its statutory obligations under the Northern Ireland Act (1998).

In line with Section 75 of the Northern Ireland Act (1998), the Health and Social Care Board also recognises that Personal and Public Involvement must promote equality of opportunity between:

- Persons of different religious belief, political opinion, racial group, age, marital status or sexual orientation;
- Men and women generally;
- Persons with a disability and persons without; and
- Persons with dependants and persons without.

The Health and Social Care Board must also consider how to promote good relations in respect of:

- Religious belief;
- Political opinion; and
- Racial group.

In developing and delivering a programme of Personal and Public Involvement, the Health and Social Care Board must also meet its obligation under the Human Rights Act (1988) to make sure that its decisions and actions obey the law on human rights.

The Health and Social Care Board must also meet its obligations under the Disability Discrimination Act (1995) to consider how to promote positive attitudes towards disabled people and encourage participation by disabled people in public life.

5.0 Arrangements for Assessing the Effectiveness of Personal and Public Involvement in the Health and Social Care Board

Those attending the 12 November workshop gave a clear message that Personal and Public Involvement must make a difference and that health and social care organisations must be held to account for the outcomes of their Personal and Public Involvement activities.

The Health and Social Care Board will develop a monitoring and evaluation process that assesses performance on Personal and Public Involvement and reports back on progress to a range of stakeholders, including:

- Those receiving health and social care services;
- local communities, voluntary and community sectors, persons of different gender, religious belief, political opinion, racial group, age, marital status, sexual orientation or with a disability or dependents.
- The Patient and Client Council;
- Local Commissioning Groups;
- The Health and Social Care Board;
- Staff in the Health and Social Care Board;
- The Department of Health, Social Services and Public Safety.

The Department of Health, Social Services and Public Safety had commissioned Warwick University to develop a toolkit to evaluate the effectiveness of Personal and Public Involvement. The Health and Social Care Board will draw on this work to develop performance measures that are agreed with stakeholders, relevant, measurable and practical.

Personal and Public Involvement reports will 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? – feedback from people and communities who have been involved and learning about the outcomes in terms of people’s experiences of care and decisions about safety, quality and delivery of services; and
- What do we need to do next? – action planning for the following year.

The effective operation of the Health and Social Care Board’s consultation scheme will be monitored by the designated Director, senior management team and regular reports to the Governance Committee.

6.0 Arrangements for Ensuring People Are Aware of the Consultation Scheme.

The Health and Social Care Board will work with other health and social care organisations and their existing structures to ensure that its consultation scheme is promoted to as wide an audience as possible.

The Health and Social Care Board will work at a regional level with a variety of key stakeholders to design its consultation scheme. As part of this process, it will ask key stakeholders to identify the best ways to make people aware of the scheme and will use the expertise of key stakeholders, where possible, to do so.

7.0 How Personal and Public Involvement was used in Developing the Health and Social Care Board Consultation Scheme

Section 4.0 above refers to the regional Personal and Public Involvement workshop held on 12 November 2009. This workshop was the first stage of early consultation in terms of developing and delivering a consultation scheme. The Health and Social Care Board started this process by asking key people from organisations that represent the wider community, including the Patient and Client Council, how best the arrangements for developing the Consultation Scheme could be developed through Personal and Public Involvement.

The advice of those attending the workshop was that before these arrangements can be developed, the new health and social care organisations should work together to agree clear roles and responsibilities for each organisation in relation to Personal and Public Involvement.

These key people also said that it is now more important that they work with the health and social care organisations to develop and deliver meaningful engagement for the planning process for 2011/12. The view was expressed clearly that engagement should not be limited to meeting legislative requirements, but must ensure that Personal and Public Involvement is at the core of how health and social care organisations do their business.

This work must deal with the planning of the provision of care, changes to how care is provided and the decision making processes of the Health and Social Care Board. These stakeholders also said they are keen to work with health and social care organisations in the development and delivery of Personal and Public Involvement, including their consultation schemes. The Health and Social Care Board will continue to work with the Patient and Client Council, those receiving health and social care and local communities to do this.

Details of those invited to take part in the workshop are listed in Appendix 3 and detailed feedback from the workshop is set out in Appendix 4.

The feedback from the workshop shows the Health and Social Care Board commitment to use Personal and Public Involvement in developing its consultation scheme. The Health and Social Care Board will continue to work with key stakeholders to strengthen its Personal and Public Involvement activities and deliver its consultation scheme to meet the legislative requirements set out in Section 4.0 above.

8.0 Ensuring that Personal and Public Involvement is an Integral Part of Health and Social Care Board Business.

The Health and Social Care Board will work to make sure that PPI is rooted in how it does its business by:

- strengthening Personal and Public Involvement in its organisation by building on best practice from the past and demonstrating leadership and accountability for Personal and Public Involvement;
- promoting a consistent approach to Personal and Public Involvement within the Health and Social Care Board and the wider health and social care sector;
- a commitment to involving people in the planning/decisions on their own care/treatment, through working with individuals, service user

groups, the wider public/community and the Patient and Client Council;

- responding to the public's view, by clearly reflecting how they have influenced planning and service delivery and being open about those areas where the Health and Social Care Board has little flexibility to take on board the views of stakeholders ; and
- including Personal and Public Involvement within its clinical and social care governance arrangements.

9.0 Consultation

The Health and Social Care Board recognises the importance of proper and timely consultation as an integral part of fulfilling its statutory obligation to make arrangements with a view to securing involvement and consultation with service users, their carers, the public and the Patient Client Council on decisions on planning and proposals for change affecting the provision of the health and social care services for which the Health and Social Care Board is responsible.

The Health and Social Care Board will endeavour to conduct consultations in a timely, open and inclusive way.

Normal timescale and exceptions

The Health and Social Care Board will aim to provide a consultation period of a minimum of twelve weeks to allow adequate time for groups to consult among themselves as part of the process of forming a view. However the Health and Social Care Board has identified the following exceptional situations when this timescale may not be feasible:-

- Changes (either permanent or temporary) which must be implemented immediately to protect public health and /or safety;
- Changes (either Permanent or temporary) which must be implemented urgently to comply with a court judgement, or legislative obligations.

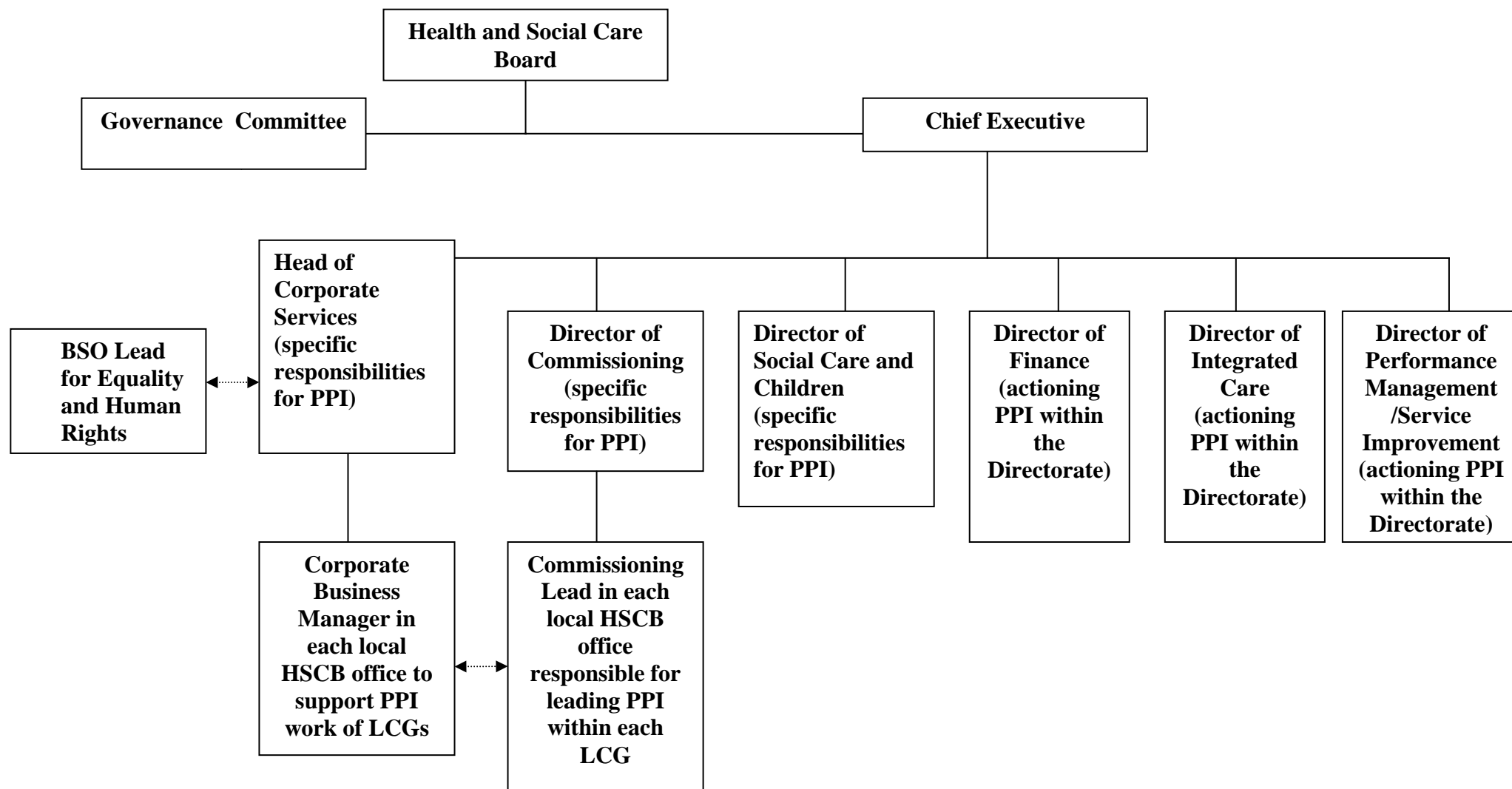
In such instances, the Health and Social Care Board may decide to shorten timescales for consultation to eight weeks or less. In line with current best practice guidance on consultation, the Health and Social Care Board should seek to outline the reasons for a shorter timescale in the consultation document, or in correspondence relating to the changes, as appropriate.

However, having considered the need to consult, the organisation may decide that it is necessary in the interests of patient safety to implement the change immediately.

The Health and Social Care Board will monitor and keep under review such occurrences and report on them in its annual PPI review report, which will be published on the website.

Where changes are temporary in nature, and may be considered as part of the day to day management of services, and are considered to be non-contentious, the requirements for consultation will not apply.

Organisational Chart of Health and Social Care Board for Personal and Public Involvement



**Examples of Personal and Public Involvement Initiatives
Undertaken by the Legacy Health and Social Services Boards**

Southern Health and Social Services Board

- User Involvement Strategy
- User Involvement Project Team established
- Best Practice in User Involvement
- Children's Services Planning Group
- Vision Forum (Visual Impairment Group)
- Older People's Strategy Workshops
- User Involvement Facilitators on Disability and Children's Health
- Community Development Steering Group established

Eastern Health and Social Services Board

- Consultation Exercises
- User & Carer Forums for Mental Health & Disability Health Strategies
- Citizen Juries
- Public Participation Strategy Development; A Framework to Help Shape User Participation Policy

Western Health and Social Services Board

- Community Development Strategy Group established
- Two thousand local groups in a geographical area of interest in health & well-being were pulled together
- Handbook of Excellence in User Involvement was developed
- Eating Disorders West established and development worker appointed
- "Are You Serious", a young people's project, which led to a conference examining young people's expectations and attitudes to personal health.
- User forums - led to establishment of nurse led prostate assessment clinic
- Commitment to develop user involvement across every level of service provision
- User forums on diabetic and alcohol dependent patients
- Cancer information database

- Local consultations and engagement on issues such as suicide, alcohol misuse etc
- Contact with the local community networks to facilitate engagement

Northern Health and Social Services Board

- User Involvement Strategy
- Public Panels
- Mail out to eight thousand patients
- Public Panel members, paid for transport and associated expenses
- User Involvement Consultation Working Group established

Appendix 3:

Groups Invited to Early Consultation Workshop 12 November 2009

Organisation	Rationale
Northern Ireland Council for Voluntary Action	An umbrella group for the Community and Voluntary sector groups in Northern Ireland
Community Development and Health Network	A network group for Community and Voluntary organisations with a specific health related agenda
Disability Action	An umbrella group for a broad range of organisations representing people with disabilities
Children's Commissioner	To ensure the views of children are included in the process
Youth Council Northern Ireland	To ensure the views of young people/adults are taken account off
Age Concern and Help the Aged	To ensure the wider views/needs of older people are taken account off
Carers Northern Ireland	To engage with the wider remit of groups representing Carers
Northern Ireland Council for Ethnic Minorities	To ensure that the needs of ethnic minority groups are included
Rainbow	An umbrella group for the Lesbian, Gay, Bisexual and Transgender communities
An Munia Tober - Travellers Support Groups	To address the needs of the Travelling Community
Equality Commission	To ensure we address the wider Human Rights and Equality agenda/Section 75
Patient and Client Council	To engage at the outset with the wider Patient/Client Council representatives
RQIA	To ensure issues of Clinical & Social Governance are addressed
Chief Officers 3rd Sector (CO3)	To ensure the views of the Chief Officers of the Northern Ireland Voluntary and Community sector are secured
Northern Ireland Commissioner for	To ensure the views of children and young people are included in the process

Children and Young People	
Northern Ireland Local Government Association	To ensure the local government perspective is represented

In addition to the above, a range of non executive directors and senior staff from Public Health Agency and Health and Social Care Board and a representative from the Northern Ireland Ambulance Service HSC Trust were in attendance.

Appendix 4:

Feedback from Regional PPI Workshop 12 November 2009

The workshop was opened by Mary McMahon, Chair of the Public Health Agency, who gave her commitment and that of her colleagues in the Health and Social Care Board to ensure that Personal and Public Involvement was genuine, effective and inclusive across all health and social care organisations. This was supported by John Compton, Chief Executive, Health and Social Care Board, who also give his commitment to ensuring there was clear leadership, drive and enthusiasm on the design and delivery of Personal and Public Involvement, making it everyone's business in their daily working environment.

The workgroups were given an overview of a proposed approach and the discussions focused around a series of set questions that examined the immediate requirements and a process of long term engagement. Below and overleaf are the outline questions that were discussed at the workshop and the feedback from the participants is also summarised.

Question 1 – DHSSPS Template

Health and Social Care Board and Public Health Agency are required to have a draft Consultation Scheme with Department of Health, Social Services and Public Safety by 31 December. A copy of the template has been circulated in advance with the agenda.

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

Summary Response

Participants were keen to ensure that the draft consultation scheme was seen to be only a first step and demonstrated its inclusiveness from individuals though to the wider public. It was important that there was clarity of roles and responsibilities and the process of feeding back and responding to input was highlighted. The draft scheme needs to demonstrate evidence of a real cultural

change that responds to the values and principles of Personal and Public Involvement. There needs to be a sense of realism in the document that reflects the expectations, capacity and resources that exist internally and externally and build on best practice and existing relationships.

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

Today is the beginning of a long and comprehensive process. This is about initial discussions to get your input to the process and your views and suggestions on how we move the process forward, assuming Department of Health, Social Services and Public Safety approval of the suggest approach

Given what you heard and from your experience how should communities, service users, carers and other stakeholders engage with the Health and Social Care Board and Public Health Agency (a) on this process? and (b) how should engagement be undertaken during the formal consultation?

Summary Response

Health and social care organisations need to start with the understanding that service users already have power; this has to be embraced and health and social care organisations have to share the power in a partnership approach. There is a need for flexibility that will reflect the different challenges in the process but there are key organisations that can assist in the development and delivery. It is important health and social care organisations build on existing relationships but must ensure they adhere to the core principles of Personal and Public Involvement and deliver on them.

Health and social care organisations should review and build on best practice - don't re-invent the wheel. Significant work has already been done and a literature review would be useful as a first step towards developing the pre-consultation stage.

In relation to the formal process the minimum standard of 12 weeks is just that, a minimum, and it has to be acknowledged that as health and social care organisations will be working with a wide variety of stakeholders the period of consultation needs to be longer, if it is to be meaningful. The range of stakeholders to be

engaged in the process range from the individual service user to the wider political spectrum and this will impact on the timeframes suggested.

This will take resources, time, financing and labour and health and social care organisations need to invest in the process if they are to demonstrate genuine commitment to Personal and Public Involvement.

Question 3: Section 75 and Hard to reach groups

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

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

Summary Response

Is it the people who are hard to reach or is it the service that is hard to reach? It is important that health and social care organisations recognise their own development needs and barriers and it has to be the system that changes its way of working to become more approachable and engaging. Health and social care organisations need a passion and commitment for change and this must be demonstrated and evident.

Health and social care organisations must not separate the human rights and equality agenda as something separate to Personal and Public Involvement, likewise the client and patient experience must feed into the wider process as does the relationships with the community and voluntary and independent sectors.

There is a need for robust data and evidence of need both qualitative and quantitative and these also need to be tested to ensure they are reflective of need and aspirations.

Engagement starts with “trust”. Health and social care organisations need to build a chain of trust that involves working with the immediate carer or group that individual(s) trust and will

engage with. There would be a naturally hierarchy of engagement that would reflect geographical, issue, and/or disease focus.

The language used must be clear, avoiding jargon and abbreviations. Health and social care organisations should make maximum use of new technology, creative arts and innovation if they want to ensure they reach out to a universal audience, this includes consideration to the venues and mechanisms that are used in the consultation and implementation of the engagement processes.

Question 4: Timescales

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

- Before 31 December 2009 Initial Discussion Process and submission of draft approach
- February to May 2010 Pre-consultation stage with a wide range of stakeholders
- June-August Prepare the formal scheme
- September-November 2010 Formal Consultation Scheme
- January 2011 Launch of Full Personal and Public Involvement Policy and Action Plan

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

Summary Responses

Engagement starts now but there is acknowledgement that there is a process to go through and this needs the appropriate time and resources to ensure that it is effective. There are capacity issues for the community and voluntary sector as much as for health and social care organisations and this need to be considered.

The timescales are ambitious given the huge task so there needs to be flexibility built in, especially during the formal process. Health and Social care organisations and their partners need to work smarter in terms of the information we share with each other,

this also includes other statutory sectors including the likes of local government, education, housing etc.

It would be useful in advance of the pre-consultation scheme to undertake a stakeholder mapping that would use a matrix approach looking at geographical and themes issues to ensure as wide an audience as possible is considered. Also, a literature search with key stakeholders would help avoid wasting time by asking questions that have already been addressed elsewhere.

Question 5: Communications and PR

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

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

Summary Response

Health and social care organisations must keep people informed, internally and externally. Staff need to be aware of the process not just the external stakeholders. Keep the updates short, clear and concise, avoiding the jargon and abbreviations but also consider being creative.

In the first instance start with the stakeholders in the initial discussion then there is a responsibility on everyone to feed information out to their wider membership and constituents, the promotion of the Personal and Public Involvement message is not just down to health and social care organisations. Health and social care organisations and their partners need to be mindful of representative images e.g. gay couples, single parent families, urban/rural, ethnicity etc.

In the first instance there should be a test-group to critically review the content and presentation of communications/public relations.

Question 6: Final overview and making a difference

We are working to very tight timescales for this initial process and whereas today is the start and we are duty bound to have a draft scheme with the Department of Health, Social Services and Public Safety by 31 December we are keen to make sure it is as inclusive as possible and what to focus on the big outcome.

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

Summary Response

There is a need to build confidence and health and social care organisations must demonstrate that they have the machinery and mechanisms in place to engage the public and community in influencing decision making with clear evidence of change/impact. Health and social care organisations need to ensure the loop is closed in the process ensuring feedback and showing that it is making a difference.

It is important that health and social care organisations do not duplicate or overlap; this must be one health and social care system. There is a need for consistency across health and social care organisations through this process. It would be useful to demonstrate some early wins to build trust and confidence, but remembering that this is along term process not a one-off consultation its about engagement.