



**Personal and Public Involvement
Joint Workshop**

organised by the
Public Health Agency
in partnership with the
Health & Social Care Board

Friday 29 January 2010

Farset International, Belfast

February 2010

1. Overview & Aim of the Day

- 1.1 Ms Michelle Tennyson, Assistant Director for Allied Health Professions & Personal & Public Involvement (Public Health Agency) welcomed those present and provided background to the day. Referencing the Personal & Public Involvement workshop held in November 2009 she praised the willingness of people to contribute to the process but acknowledged that stakeholders had explained that in order for them to maximise their contribution they needed to better understand the roles and responsibilities of the new Health & Social Care organisations generally and in relation to Personal & Public Involvement specifically.
- 1.2 Delegates were advised that the Public Health Agency would lead on processes to (a) clarify roles & responsibilities of the new Health & Social Care organisations and (b) to consider how Personal & Public Involvement might best be driven forward.

2. Department of Health, Social Services and Public Safety Expectations of Health & Social Care Organisations

- 2.1 Thanking the organisers for the opportunity to address the workshop Mr Sean Scullion, Assistant Director Safety, Quality & Standards (Department of Health, Social Services & Public Safety) outlined the legislative and strategic background to Personal & Public Involvement. It was stressed that the expectations presented did not represent a final or definitive view and that delegates were welcome to contribute comments and opinions. Furthermore, Mr Scullion welcomed comments from those present on updating Departmental Circular HSC (SQSD) 29/07 – Guidance on Strengthening Personal and Public Involvement in Health and Social Care.
- 2.2 The Department's proposed expectations of Health & Social Care organisations with regard to Personal & Public Involvement are detailed below, but will be reviewed based on the discussion at the workshop before final guidance is issued:

- Department of Health, Social Services & Public Safety to be responsible for policy setting and monitoring;
- Public Health Agency to act as operational lead in respect of Personal & Public Involvement, working in partnership with the Health and Social Care Board;
- Health & Social Care Board, Trusts and Agencies to be responsible for operational delivery;
- Patient & Client Council to provide advice and facilitation and exercise a challenge function;
- Regulation & Quality Improvement Authority to provide independent assurance and exercise a challenge function.

3. Specific Role & Responsibilities of Patient & Client Council

3.1 Maeve Hully, Chief Executive(Patient & Client Council) outlined the role of her organisation, its statutory functions and its planned method of operation. Delegates heard how the Patient & Client Council hope to develop strong working relationships with the media in order that good news stories can be promoted.

3.2 The key responsibilities of the Patient & Client Council were outlined as:

- Developing effective engagement processes;
- Capacity building to allow full engagement with the public;
- Maintaining focus on key issues e.g. domiciliary care;
- Working with Providers on specific issues;
- Closing the feedback loop;
- Supporting research to evaluate the effectiveness of Personal & Public Involvement.

4. How do we Corporately take Personal & Public Involvement Forward Within Health & Social Care?

4.1 Discussing how Personal & Public Involvement might be taken forward corporately Bernard Mitchell, Programme Director Corporate Management, Health & Social Care Board (HSCB) outlined the risks and opportunities which the initiative presented and offered the suggestion that Personal

& Public Involvement was primarily about improving services. Emphasising this opinion he explained that pending recruitment of all HSCB Directors, he would carry responsibility for Personal & Public Involvement in the Board, but ultimately this may move to the Director of Commissioning.

4.2 Challenges or risks facing Personal & Public Involvement were seen to include:

- The credibility of such engagement within community groups and the general public;
- New Health & Social Care organisations have a limited window of opportunity to prove their credibility and show early successes;
- Developing financial landscape means consultation with the public may be contentious on occasion;
- Local Commissioning Groups will be under pressure to deliver for their 'patch'.

4.3 Commenting on how well the Health & Social Care Board and Public Health Agency were working together on Personal & Public Involvement, Mr Mitchell suggested some ways to drive things forward, stressing that any and all opportunities should be investigated:

- Development of a joint working plan to create focus and promote discipline;
- Development of a Personal & Public Involvement Forum, bringing parties together on a regular basis and promoting consistency;
- Creation of shared processes across organisations;
- Physical sharing of resources where appropriate e.g. creation of a central resource or contact point for Personal & Public Involvement issues and development of a shared electronic research / literature resource.

5. Workshop Sessions

5.1 Two workshop sessions were held with groups being asked to focus on pre-prepared questions. These questions and answers provided are detailed below.

5.2 Workshop One

Q1. What do you believe is the core purpose of Personal & Public Involvement?

- The democratisation of Health & Social Care
- Creating ownership within the public / community sector
- Allows informed choices to be made
- Increasing the public's influence on Health & Social Care
- Giving the public a voice and ensuring that voice is heard
- Promoting honesty and integrity
- Promoting involvement and engagement in decision making
- Leads to better informed decision making
- The best source of feedback comes from service users
- Increased public accountability
- It is a way to focus ways of working
- It promotes accountability on decision making
- It allows assumption that service providers know best to be challenged
- Positive change to meet individual needs
- Purpose as laid out in Departmental Circular HSC (SQSD) 29/07

Q2. Do you agree with the proposed roles and responsibilities outlined (in the presentation by Sean Scullion)?

- Named accountable leads need to be identified – but Personal & Public Involvement is everyone's business
- Clear mechanisms required
- Greater clarity required especially in relation to roles of Public Health Agency and Health and Social Care Board

- How does Personal & Public Involvement impact on the Board's performance management role?
- What is the role of Local Commissioning Groups?
- Personal & Public Involvement depends on the development of strong relationships between organisations
- The role of the Patient Client Council is crucial to success
- How will success be evaluated?
- There is a danger of confusion or blurring of responsibility
- There is a danger there will be more people deciding what needs to be done than there are to do the work
- Where do independent contractors fit into Personal & Public Involvement?
- Some definitions required e.g. what does 'operational' mean?
- Clarity required on the 'challenge' function of the Regulation & Quality Improvement Authority and Patient & Client Council.

Q3. Is there anything missing?

- Greater clarity required about the role of Local Commissioning Groups
- Where does the Business Support Organisation fit in?
- Where does the Medical & Dental Training Agency fit in?
- Where do smaller organisations fit in?
- Outcome success measures need developed
- Clarity needed about the relationship between Patient Client Experience and Personal & Public Involvement
- Minimum standards should be developed
- Where is the financial support for development of Personal & Public Involvement?
- Personal & Public Involvement must become part of professional and organisational cultures.

Q4. Is there anything requiring further clarification?

- Greater clarity needed re Personal & Public Involvement itself
- More clarity required re roles of new organisations
- What is the role of the Research & Development Office

- Further clarification needed on lines of accountability
- Process issue – documents need to be easy to read and to understand – consider length and complexity
- Responsibility for capacity building / training needs to be clarified
- How is impact of Personal & Public Involvement to be measured?
- What about research carried out by Jonathan Tritter?
- How will process be resourced e.g. reimbursement of expenses?
- What freedom to act will organisations have under Personal & Public Involvement?
- Is there possible conflict surrounding who engages with the public?

Q5. Are there any potential areas of conflict?

- There are no identified, dedicated resources
- Possibility of conflict between organisations
- Professional & organisational cultures may present a challenge
- The coordination of capacity building & training
- Timescales – delays will cause fractionalisation
- Lack of direction
- Interface with local authorities and community planning
- Potential for high degree of duplication
- How do we gain access to people?
- Local Commissioning Groups may see Personal & Public Involvement as their role

5.3 Workshop Two

Q1. Is there general agreement that a more corporate approach to Personal & Public Involvement is required?

- Yes – but suggestion that ‘coordinated’ might be better term than ‘corporate’
- Yes – but policies must translate into action
- Yes – and also support for a central resource but with clarification on what this resource is used for

- Yes – but there must be recognition that service improvement can sometimes only give ‘better’ services not ‘best’

Q2. Assuming general agreement that a more corporate approach to Personal & Public Involvement is required – what steps can we take (short, medium and long term)?

The need to develop a Regional process to coordinate Personal & Public Involvement (including Patient Experience staff) was agreed. Short, medium and long term actions were seen to include:

Short Term

- Establish an appropriate regional forum to progress PPI across HSC
- Develop a Regional Action Plan
- Promote Personal & Public Involvement to front-line staff
- Undertake training needs assessment

Medium Term

- Develop an impact assessment tool / outcome measures
- Review and re-launch Engage website
- Carry out training / capacity building

Long Term

- ‘Mainstream’ Personal & Public Involvement – installing systems, processes and controls
- Develop a shared resource and clarify purpose of this resource

Other Comments

- The Public Health Agency should divert more resources towards Personal & Public Involvement
- Consideration needs given to how to change organisational cultures
- The interface with Community Planning should be examined

6. The Way Forward

- 6.1 Mr Scullion to take cognisance of the comments in regard to roles and responsibilities and to consider the comments from those present on updating Departmental Circular HSC (SQSD) 29/07 – Guidance on Strengthening Personal and Public Involvement in Health and Social Care.
- 6.2 Ms Michelle Tennyson, in collaboration with Mr Bernard Mitchell, to convene a regional group to take forward Personal & Public Involvement.

Attendees at Personal & Public Involvement Workshop 29th January 2010

Name	Organisation
Carolyn Agnew	Southern Health & Social Care Trust
Brendan Bonner	Public Health Agency
Leslie Boydell	Belfast Health & Social Care Trust
Alan Corry-Finn	Western Health & Social Care Trust
Stella Cummings	Western Health & Social Care Trust
Stella Cunningham	Patient Client Council
John Gow	Northern Ireland Ambulance Service
Maeve Hully	Patient Client Council
Gail Johnston	Public Health Agency
Levette Lamb	Department of Health, Social Services and Public Safety
Michelle Lemon	Northern Ireland Ambulance Service
Mark McCarey	Northern Ireland Medical and Dental Agency
Sandra McCarry	Belfast Health & Social Care Trust
Anne McGlade	Health & Social Care Board
Martine McNally	Northern Health & Social Care Trust
Jacqueline Magee	Health & Social Care Board
Bernard Mitchell	Health & Social Care Board
Raymond Newman	Patient Client Council
Martin Quinn	Health & Social Care Board
Patricia Reaney	Beeches Management Centre
Sean Scullion	DHSSPS
John Simpson	South Eastern Health & Social Care Trust
Michelle Tennyson	Public Health Agency
Anne Witherow	Western Health & Social Care Trust