

PfG and NICS of the Future Division

Room E4.15

Castle Buildings

Stormont Estate

Belfast

BT4 3SL

BY EMAIL ONLY

4 November 2024

Dear Sir/Madam

Ref: Draft Programme for Government 2024-2027 'Our Plan: Doing What Matters Most'

The Patient and Client Council (PCC) welcomes the opportunity to respond to the Executive's Draft Programme for Government Consultation.

The PCC is an Arms-Length Body (ALB) of the Department of Health. Established as part of the 2009 reform of Health and Social Care (HSC)¹, we are tasked with providing a powerful, independent voice for the public on health and social care issues across Northern Ireland².

Our vision is for a Health and Social Care Service, actively shaped by the needs and experience of patients, clients, carers and communities.

With respect to health and social care services, the PCC:

- Represents the interests of the public;
- Promotes the public's involvement;

¹ [Health and Social Care \(Reform\) Act \(Northern Ireland\) 2009](#)

² <https://www.health-ni.gov.uk/publications/dhssps-framework-document-september-2011>

- Assists people who are making a complaint about HSC services;
- Promotes the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of services
- Undertakes research into the best methods and practices for consulting and engaging the public.

The PCC is constructive and resolution focused, working with HSC organisations and others; there is a legislative duty on HSC organisations to co-operate with us, to ensure patients' voices are heard.

We provide advocacy services for the public, which range from helpline advice, early resolution of issues, individual advocacy, to supporting people through formal complaints and serious adverse incidents.

If we identify a specific need that we cannot help with, we will connect individuals to a partner organisation within the voluntary and community sector or beyond, ensuring people do not fall through gaps in the system.

We also bring members of the public, with common interest and lived experience, together with decision makers from the Department of Health and HSC organisations to improve existing HSC services and plan for the future.

The PCC welcomes the draft Programme for Government and acknowledges the difficult fiscal context which prevails and the difficult choices this creates for the Executive. These circumstances, however, make it all the more crucial that this Executive delivers on its identified objectives and the actions which will underpin successfully meeting those objectives.

Embracing the Public as Assets – a strategic approach to public participation

The PCC strongly welcomes the Executive's commitment to the public:

“Working in partnership means listening to you throughout the consultation period, responding to your feedback and then delivering the final Programme for Government in collaboration with everyone in society”.

This commitment to a partnership approach, reflects a developing conversation across the public policy landscape³. There is growing recognition of the need to more effectively involve the public in policy development, public sector reform and in delivering effective and safe services. This is underpinned by the need to change the nature of the relationship between the public and services, from one of passive recipients to active partnership. Many people lack the confidence that Governments understand the reality of their daily challenges, and that public services are able to meet their diverse needs. Giving people a greater voice in helping to articulate issues, set priorities and develop solutions should help build trust in our democratic institutions and public services, and is therefore crucial to the Department of Health and the Executive to deliver upon its stated objectives.

Cut Health Waiting Times – Service Reform and Reconfiguration

The PCC acknowledges the investments of £76 million for 2024/25 outlined in the programme for Government to address waiting lists, however, we agree with the Executive’s assessment outlined in the draft Programme for Government that:

“... that long-term solutions are required to close the gap between growing demand and what we can deliver. This requires increasing capacity within our Health and Social Care system through service reform and reconfiguration. It also requires addressing health inequalities and helping to improve the long-term health and wellbeing of our population”.

The PCC considers that the public are experts, by experience, in the care they or someone they care for has received. This experience and expertise should not be lost to the system, and if appropriately utilised, the public can add significant value to delivering on HSC reform and the reform agenda across the Executive.

It is clear that public sector reform and reforming the Health and Social Care System has not proceeded at the pace and depth required to meet growing demand and maximise our confined budgets. The need to accelerate the transformation and reconfiguration of services is acknowledged in the draft Programme for Government.

³ [Citizens-White-Paper-July-2024_final.pdf \(demos.co.uk\)](#)

It is PCC's strong contention that transforming the Health and Social Care System, and improving the health and wellbeing of the population, can only be achieved through genuine partnership with the public. There is a need to listen to the public, to understand how they currently experience services, what they need and their ideas about reform. There is also a requirement to inform the public of plans (local along with regional), manage expectations and alleviate unnecessary fears. The public should also be appropriately engaged in the development of all aspects of public health, including preventing disease, prolonging life, and promoting health through the organised efforts of society.

Through their lived experience, the public know what their needs and those of their communities are, what has worked and what has not. Understanding people's and communities lived experiences by working in partnership with them is crucial to tackling the persistent problem of health inequalities. When working in partnership, the principle of reciprocity, the need to ensure diversity and acknowledged access issues are vitally important. On this basis, we recommend the development of a regional co-production remuneration policy for Northern Ireland.

Encouraging the better use of data and intelligence to learn early

Better triangulation of information and data, across the HSC system, can help ensure that potential issues are captured early, and services can be improved at the right time. Using the data and intelligence from what the public is telling us when services are being delivered well and when they are not, should be considered as vital to expanding best practice, and being alerted to potential issues and areas of concern before they become major incidences.

Through our advocacy cases and engagement work, the PCC holds important data and intelligence about health and social care services in Northern Ireland. This information, and additional sources of information which reflect the public's experience, such as the regional Care Opinion and 10,000 Voices programmes (hosted by PHA) provide vital insight and should be utilised as part of Trusts Quality Assurance and Governance Frameworks, in meeting their statutory duty of quality.

An Executive Wide Approach to Public Participation

Taking a regionalised and strategic approach to engaging with the public about reform will be vitally important to ensure it works as successfully as possible. This is same for all aspects of public sector reform outlined in the draft Programme for Government. To achieve this, there is a need for greater strategic cohesion in public participation across health and the Executive. With the statutory duty of Involvement that exists across HSC, there is the potential for HSC to lead in this area.

Enhancing this through a strategic and cross-governmental approach to public participation, which embraces the public as assets and has the ethos of partnership at its core, has the potential to strategically align, fully embed and build on, the different elements of engagement and involvement that currently exist.

By proposing to establish a Reform and Transformation Unit, which will work across all departments, the Executive is acknowledging the need for collaborative working and innovation. To ensure the best possible outcomes, to maintain and build public trust in the transformation agenda, a core function of the proposed Reform and Transformation Unit should be to strategically align and progress public participation in policy making, implementation and quality assurance across all Government Departments.

Measuring success

The PCC welcomes the Programme for Government wellbeing framework as way of measuring the factors which align to the Executive's missions of People, Planet, Prosperity and the cross-cutting commitment to Peace.

Given the Executive's stated approach of 'delivering the final Programme for Government in collaboration with everyone in society' and the importance of public participation to delivering successful reform, improved outcomes and in building trust in Government and public services, consideration should be given to developing measurements for public participation/citizen agency in the reform, delivery and quality assurance of public services in Northern Ireland. In recognition that how the

Executive goes about delivering its Programme for Government, will be instrumental in whether it is successful, a public participation measurement, can be a core measurement in how the Executive does good Government and governance. The PCC would be happy to be involved in discussions as to how public participation may be measured.

In addition to measuring public trust in the NI Assembly and the media, in the short-term, the Executive should also measure public trust in Health and Social Care Services, public services in general and the NI Executive. The OECD states that public trust in institutions, is a key ingredient of growth, societal well-being and governance⁴. Measuring social capital and/or social connectedness would also assist the Executive in assessing if people are 'benefiting from a fair and inclusive society, where everyone flourishes, no one is left behind and everyone is made feel welcome'. Aspects which underpin physical and mental health.

The role of Advocacy Services in public participation, health inequalities, quality care and public services.

There can be numerous barriers for individuals in accessing services, be they socio-economic, geographical, capacity, or language. There are also significant barriers for many people in participating, to inform decision-makers of the access issues they face. Being able to hear, understand, appropriately assess and strategically address these issues will be vital to shaping services which meet the diverse range of people's needs and start to tackle some of our persistent health inequalities.

People who are facing health inequalities, often face issues accessing, navigating and resolving issues about health and social care services, which can be extremely complex. Having access to advocacy support, is important for all members of the public, but is often of additional importance to those facing inequalities and is crucially important to addressing them. Advocacy support is not only vital for individuals and families, it is a key part of assurance within the Health and Social Care System, advocacy is not a 'nice to have'. It:

⁴ [OECD Guidelines on Measuring Trust | OECD](#)

- Reduces potential for compounded harm
- Provides assurance and can be a key part of the governance and assurance of any review process
- Enhances potential learning
- Addresses inequality and subsequently inequity in complaint and engagement processes.

The current landscape of advocacy service provision is fragmented. There is a need for advocacy services to be regionally commissioned. The services commissioned should be:

- Independent of HSC Trusts
- On the basis of agreed standards, which include addressing the role of these advocacy services in dealing with complaints and concerns raised by clients, and responding to safeguarding issues.

It should be clear how commissioned advocacy services relate to the Patient and Client Council in the discharge of its statutory roles.

PCC believe that supporting advocacy services provides a level of assurance that Trusts are committed to being learning organisations, committed to meeting their statutory duty of quality and appropriately invested in the duty of candour, a culture of openness and transparency and tackling health inequalities.

The PCC is happy to discuss with the Department of Health any aspect of this consultation response.

This response has been considered and approved by the governing Council of the PCC.

Yours faithfully



Ruth Sutherland, CBE
Chair



Meadhbha Monaghan
Chief Executive