

**PPI Secretary
Public Health Agency
Linenhall Street Unit
12-22 Linenhall Street
Belfast, BT2 8BS
Northern Ireland**

25th November 2024

BY EMAIL ONLY

Dear Sir/Madam

Ref: Health and Social Care NI (HSCNI) Involvement and Consultation Scheme

The Role of the PCC

The PCC is a statutory corporate body established in 2009 to ***provide a powerful, independent voice for patients, clients, carers and communities on health and social care issues within Northern Ireland¹*** through:

- Representing the interests of the public;
- Promoting the involvement of the public;
- Assisting people making, or intending to make, a complaint;
- Promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of services; and
- Undertaking research into the best methods and practices for consulting and engaging the public²

The need for a more strategic approach to public participation

At PCC we believe that there is a 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

¹ DHSSPS Framework Document – September 2011, Department of Health

² Health and Social Care (Reform) Act (Northern Ireland) 2009

the relationship between the public and services, from one of passive recipients to active partnership.

Many of the terms such as public engagement, public and patient involvement, patient experience and co-production are well-known and widely used but arguably are not universally understood or applied across the health and social care system. This results in confusion for the public and others and constrains the potential benefits for all. In establishing a more strategic approach to public participation we should examine the roles of Personal and Public Involvement, Engagement, Patient Experience, Advocacy and Complaints and how these aspects of involving the public in the HSC fit together to ensure the voice of the public is adequately heard and appropriately listened to in the following areas:

- Service Change, Design Commissioning and Delivery;
- Quality and Safety; and
- Clinical and Social Care Governance.

It is the PCC's view that the narrower remit of this consultation, which focuses on HSC organisations' PPI requirements and specifically their revised consultation schemes, should be considered within the need to establish a broader strategic approach to public participation.

It is therefore within this broader context, of the need for a more strategic approach to public participation, that PCC is responding to the consultation on HSC consultation schemes.

The current landscape within HSC

The HSC Framework Document (2011) outlines the role of different organisations in relation to Public and Personal Involvement (PPI). Since this time, a number of Departmental Circulars have built on the position outline in the legislation and HSC Framework in developing the roles and responsibilities of different organisations. Whilst the fundamentals of the requirements are fairly consistent, as part of developing a more strategic approach to public participation, the PCC considers that a general review of existing PPI policies, procedures and practices should be undertaken to ensure consistency of language and expectations; to ensure that guidance and circulars fully align with statutory responsibilities; and to reflect how the expectations of the public on participation, and the needs of the HSC system to engage the public as assets, have evolved over the last decade.

PPI and Consultation Schemes and the role of the PCC

HSC bodies have a duty to co-operate with the PCC in carrying out their functions, as set out in Article 19 of the Health and Social Care (Reform) Act (Northern Ireland) 2009 (the Act).

The main legislation on Public and Personal Involvement (PPI) is provided in Articles 19³ and 20⁴ of the Act.

Article 19 places two main types of obligations on health bodies⁵.

The first type, outlined in Article 19(1)(a)-(c) relates to the content of patient/service user engagement and can be summarised as:

- the promulgation of information to the public;
- obtaining information about patients' needs;
- Encouraging and assisting patients and service users to avail of care in an appropriate (effective and efficient) manner; and
- To maintain and improve their own health and social well-being.

The second relates to the baseline steps a body should take to undertake this engagement, namely the preparation of a consultation scheme, which must be submitted to the Department. The Department can seek revisions to any scheme and may, after consulting with the PCC, approve a consultation scheme.

Article 20 outlines how a consultation scheme should be developed and implemented. This includes making it clear how the HSC body will ensure that the following are directly, or through representatives, involved and consulted:

- Patient and Client Council
- persons to whom the care is provided; and
- carers

with regards to:

- planning and provision of care
- the development and consideration of proposals for changes in the way that care is provided, and
- decisions to be made by that body affecting the provision of that care.

Given the requirements set out in Articles 19 and 20, the PCC does not consider that the consultation scheme templates being consulted upon by HSC organisations adequately reflect the statutory role of the Patient Client Council. The PCC does not consider that the schemes adequately articulate how the HSC bodies, through their consultation schemes, will involve and consult with the PCC. The PCC also considers that there is opportunity for the consultation schemes to more clearly articulate how HSC bodies will involve and consult with the public, including persons to whom care is provided, carers, and those organisations within the voluntary and community sector who engage with, and support them.

³ <https://www.legislation.gov.uk/nia/2009/1/section/19>

⁴ <https://www.legislation.gov.uk/nia/2009/1/section/20>

⁵ Health bodies for the purposes of PPI are defined in Article 17(8) of the 2009 Act: <https://www.legislation.gov.uk/nia/2009/1/section/17>

Governance and Assurance, Reporting and Monitoring

The PCC's role is relevant to the reporting and monitoring of the implementation of consultation schemes, and therefore their governance.

The HSC Reform Act and the HSC Framework 2011, clearly set out an independent assurance role for the PCC and the RQIA in relation to PPI and consultation schemes. The HSC Framework⁶ states the following:

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. [Paragraph 5.10]

A separate section of the HSC Framework, relating to independent assurance states of the PCC and the RQIA that:

Both of these organisations provide important independent assurance to the wider public about the quality, efficacy and accessibility of health and social care services and the extent to which they are focused on user needs. [Paragraph 6.42]

A key part of the structures put in place to facilitate this independent assurance role, is the fact that under the Act, the PCC and RQIA are not subject to PPI requirements or the need to produce a consultation scheme. This maintains the independence in the assurance role and removes the (actual or perceived) conflict of interest which exists whereby the HSC bodies subject to PPI requirements, and the consultation schemes they produce, are wholly responsible for developing the schemes.

HSC organisations should, in their consultation schemes, articulate how that independent assurance has been provided for, by way of engagement with the PCC in carrying out its statutory functions, and how HSC organisation's Boards have considered that independent assurance as part of their reporting, monitoring and governance processes. In light of this independent assurance role and the related structures established in the legislation and HSC Framework, the PCC does not consider that the consultation scheme templates adequately reflect the statutory role of the Patient Client Council and do not adequately articulate how the HSC bodies, through their consultation schemes, will interact with the PCC's independent assurance role.

The PCC welcomes the publication by the Department of a HSC Board Members Handbook and in particular Section 4 (d). One way, for example, of strengthening the governance and assurance at Board level, related to engagement and involvement of

⁶ [DHSSPS Framework Document - September 2011 | Department of Health](#)

the public, may be to link Consultation Schemes to the HSC Board Handbook and specifically the sections related to involvement.

Yours faithfully



Ruth Sutherland, CBE
Chair



Meadhbha Monaghan
Chief Executive