



Department of
**Health, Social Services
and Public Safety**

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AN ROINN

**Sláinte, Seirbhísí Sóisialta
agus Sábháilteachta Poiblí**

MÁNNYSTRIE O

**Poustie, Resydènter Heisin
an Fowk Siccar**

Health and Social Care Reform

DHSSPS

Modernisation and Improvement Programme

Board (MIPB)

Stakeholder Involvement

November 2008

MIPB 158/08

Introduction

This paper has been developed by the Commissioning workstream of the Regional Health and Social Care Board (RHSCB) project and will form a section of the overall operational framework for the RHSCB. It has been approved by the Modernisation and Improvement Programme Board and is now free for circulation to HSC staff and other relevant stakeholders. A copy of the paper will be placed on the Health and Social Care Reform section of the departmental website - www.dhsspsni.gov.uk/index/hss/rpa-home.htm

This paper describes:

- Statutory and policy context
- Who are the Stakeholders?
- Principles for taking forward involvement
- Involving Stakeholders around ‘the commissioning cycle’ i.e. population needs assessment, agreeing priorities and plans, monitoring and review
- A checklist to aid Stakeholder Involvement
- Specific issues relating to each of the main Stakeholders
- Methods of Involvement
- Leadership, Governance Accountability for Stakeholder Involvement

Further information on this document or the Regional Health and Social Care Board Project may be obtained from the Project Director ray.martin@dhsspsni.gov.uk tel: 90523398.

Modernisation and Improvement Programme Board

1.0 Background

1.1 The Regional Board, Local Commissioning Groups (LCGs) and the Regional Agency for Public Health and Social Wellbeing (the Agency) need to ensure that all stakeholders who have an interest in the health and social well being of the population are being meaningfully involved in determining the commissioning priorities that will most effectively reduce long term health inequalities of the population and ensure people have access to high quality health and social care services.

1.2 The Health and Social Care (Reform) Bill, when implemented, will place a statutory duty of involvement on health and social care (HSC) organisations. It will also place a duty on HSC organisations to co-operate with the Patient and Client Council (PCC) in the exercise of its functions. In meeting these statutory requirements the Regional Board, LCGs and the Agency will be guided by best practice as set out in the following key documents:

- Circular HSC (SQSD)29/07 – Guidance on Strengthening Personal and Public involvement in Health and Social Care, which provides explicit strategic direction about what the Department means and expects of HSC organisations in terms of implementing user and public involvement.
- ‘The Quality Standards for Health and Social Care - Supporting Good Governance and Best Practice in the HPSS’ March 2006 and against which HPSS organisations will be monitored by the Regulation and Quality Improvement Authority.
- Engagement Toolkit for Commissioners, Community Development and Health Network, 2007.
- ‘Standards for Consumer Involvement in Community Care Services’ DHSS, SSI April 1999.

In addition, there is a range of service and practice standards published by the Office of Social Services (formerly the Social Services Inspectorate) which address service user involvement in the commissioning of services across a range of areas.

1.3 The Regional Board, LCGs and the Agency will also be guided by Departmental advice on Stakeholder Involvement that is currently being provided through the Regional Stakeholder Project Board. Consideration is currently been given to the location of the Stakeholder project in the new structures. The Regional Board, LCGs and the Agency will also co-

operate with the PCC which is charged with representing the interests of the public and promoting involvement.

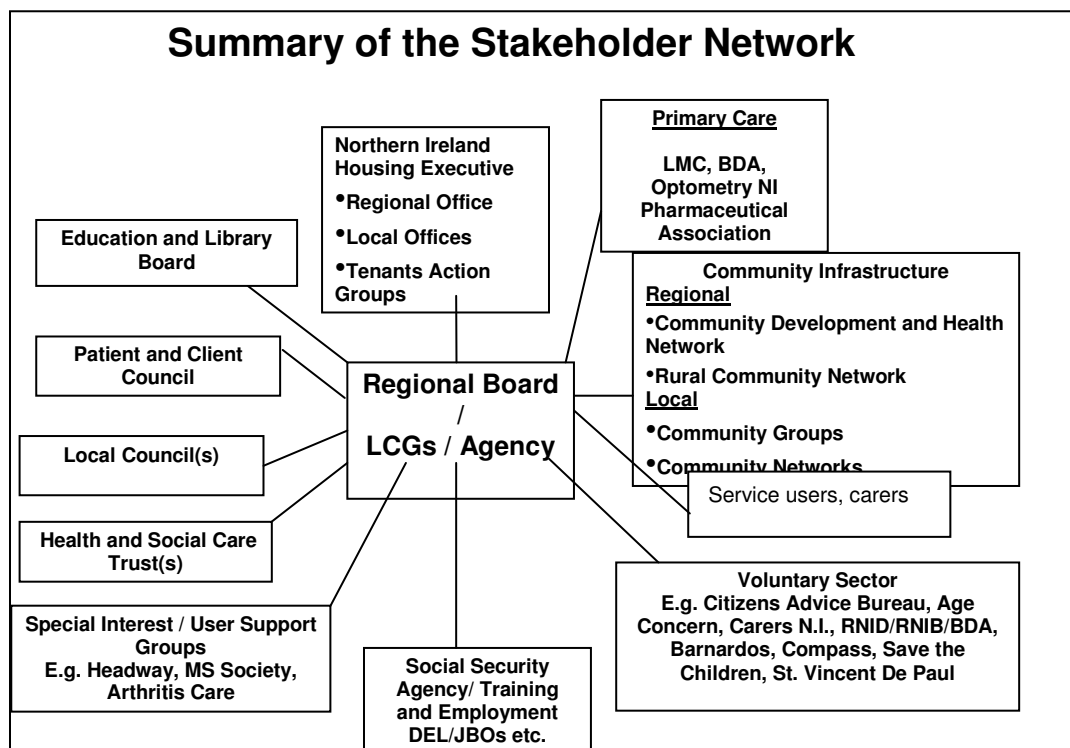
- 1.4 The objective for the Regional Board, LCGs and the Agency is to ensure that the relevant stakeholders are involved at the right time to help shape and deliver on commissioning priorities that will provide the best health and social care outcomes for individuals and wider populations.
- 1.5 It is recognised that, as Members of the LCGs, locally elected representatives will have a unique role to play in shaping and promoting future approaches to stakeholder involvement. Elected representatives will be important champions in encouraging representatives from their local communities to actively engage in stakeholder events.
- 1.6 The Regional Board, LCGs and the Agency will develop an effective stakeholder involvement process that facilitates meaningful dialogue with all stakeholders. It is recognised that to facilitate this, resources will need to be invested to build capacity to enable all stakeholders to contribute to discussions in a meaningful and informed manner and to support the wider process of facilitating events and recording and interpreting feedback.
- 1.7 Across the Region much effort and time has been spent over many years developing a wide range of networks and partnerships. The Regional Board, LCGs and the Agency will seek to build on these established models and integrate them into any future approaches so that the expertise and relationships established are not lost.
- 1.8 It is essential that, as far as possible, the Regional Board and the LCGs work in partnership with the Regional Agency for Public Health and Social Well-being, Trusts and other organisations within the Health and Social Care sector, as well as with other partner organisations and sectors, to minimise duplication when involving stakeholders in issues they have in common. A joint approach will also help ensure that a consistent message is shared across the commissioning agencies and Trusts on the views of stakeholders, as well as maximising the limited resources that are available across the wider service to undertake stakeholder involvement exercises.
- 1.9 It is also essential that there is access to accurate, fit for purpose information that provides all stakeholders with a meaningful overview of the issues being discussed. It is important that information is made available in a timely, understandable and accessible manner to enable stakeholders to have honest and meaningful discussions, to agree what

actions need to be taken and to identify individual stakeholder roles and responsibilities in improving outcomes.

- 1.10 In discharging their duties, the Regional Board, LCGs and the Agency will need to ensure that systems are in place that will enable information gathered from stakeholders to be effectively shared between those operating at the local and regional levels. This will ensure that all decisions on future priorities reflect the widest possible range of stakeholder views and that both regional and local considerations are taken into account.

2.0 Who are the Stakeholders?

- 2.1 The term Stakeholders refers to everybody who has an interest in the health and well being of the local population and the delivery and development of health and social care services. They can range from individual service users and carers to service providers such as primary care professionals, other statutory organisations such as the NI Housing Executive and local Councils as well as the voluntary and community sectors and the wider public.
- 2.2 Many local stakeholders are already involved in a number of cross sectoral Partnerships that have been given lead responsibility locally for taking forward actions in specific areas such as, community safety etc. It is important that these Partnerships are also recognised as part of the stakeholder network.
- 2.3 A summary of the broad Stakeholder network within which the Regional Board, LCGs and the Agency will initially operate is set out in the diagram below. It should be noted that some of the Stakeholders will themselves go through RPA changes.



2.4 The Regional Board, LCGs and the Agency should ensure that there is a comprehensive database of all stakeholders within their locality who wish to be involved in issues relating to health and social care service provision, wider public health protection, health improvement and tackling health inequalities. This will be shared with the Agency, Trusts, the Department and other partners with a view to developing a common database. Particular focus should be placed on developing arrangements to enable stakeholders living in communities where levels of social capital and organisation are low but where health inequalities may be great.

3.0 Principles for taking forward Involvement.

3.1 The Regional Board, LCGs and the Agency will take forward involvement with stakeholders in keeping with standards of best practice as referenced in paragraph 1.2.

3.2 Set out below are a number of principles that will underpin all stakeholder involvement:

Focused on users carers and communities: Stakeholder involvement must focus on directly accessing the views of service users and carers who are using health and social care services as well as those living in communities who are experiencing the greatest levels of health inequalities to ensure they are having appropriate influence in shaping future priorities.

Meaningful: Involvement with stakeholders needs to go beyond ‘one off’ consultation or focus groups. It must be based on on-going active participation and good knowledge of local needs. Stakeholders must see that their input has a real impact on the decisions made and that they are making a real difference to how local services are being planned and delivered.

Transparent: It is essential that feedback from involvement processes is communicated to participants and that the reasons for why particular decisions were taken are clearly outlined.

Proportionate: The level of involvement should be proportionate to the scale of the issue being considered.

Appropriate: The method of involvement should be tailored to ensure that appropriate stakeholders are accessed. For example, it may be necessary to use different approaches, including provision of training and practical support, to engage effectively with marginalised groups such as ethnic minorities, disabled people, children and young people or lone parent families.

Inclusive: It is important that all stakeholders are provided with an opportunity to participate and are actively supported to become involved either at a locality level or on a specific issue basis.

Realistic: Individuals and larger partner organisations will only have limited time to contribute to involvement activities. It is important that a co-ordinated, cohesive and systematic approach is developed to stakeholder involvement and wider needs assessment activities to maximise stakeholders’ time and ability to build knowledge and contribute effectively to discussions.

Co-ordinated: As far as possible, there should be no duplication of involvement processes across the health and social care economy. The Regional Board, LCGs, the Agency and Trusts, in particular, should seek to develop joint approaches for engaging local opinion on key issues and share this information accordingly. It will be important to build on the wide range of networks that already exist through which local stakeholders may already address many issues on a cross sectoral basis, for example through Investing for Health Partnerships, Health Action Zones, Consumer panels etc.

Empowerment: involvement should include a real commitment to giving people ownership of the decisions relating to their lives.

4.0 Involving Stakeholders in the Commissioning Process

4.1 The Regional Board, LCGs and the Agency will need to involve stakeholders on a number of levels.

Regionally – there will be a number of issues where it will be important that a regional perspective is taken and priorities agreed, for example, in the development of Service Frameworks.

Locally – In most instances there will be a need to tailor local services and priorities based on the circumstances that exist in particular localities and to inform regional discussions. It is likely that different approaches will be required across localities to effectively involve stakeholders, for example between rural and urban areas.

Individual – It is essential that commissioners engage with individual service users, **carers** and members of the local community to hear directly how well services are meeting local needs, what needs to change and what priorities need to be addressed to improve the wider well being of the population.

4.2 Each level is not mutually exclusive and systems need to be developed that enable the information gathered to be shared across the organisation to ensure it adequately informs future plans and priorities. It is also important that in line with the desire to minimise duplication that the Regional Board, LCGs and the Agency work in partnership in taking stakeholder involvement forward.

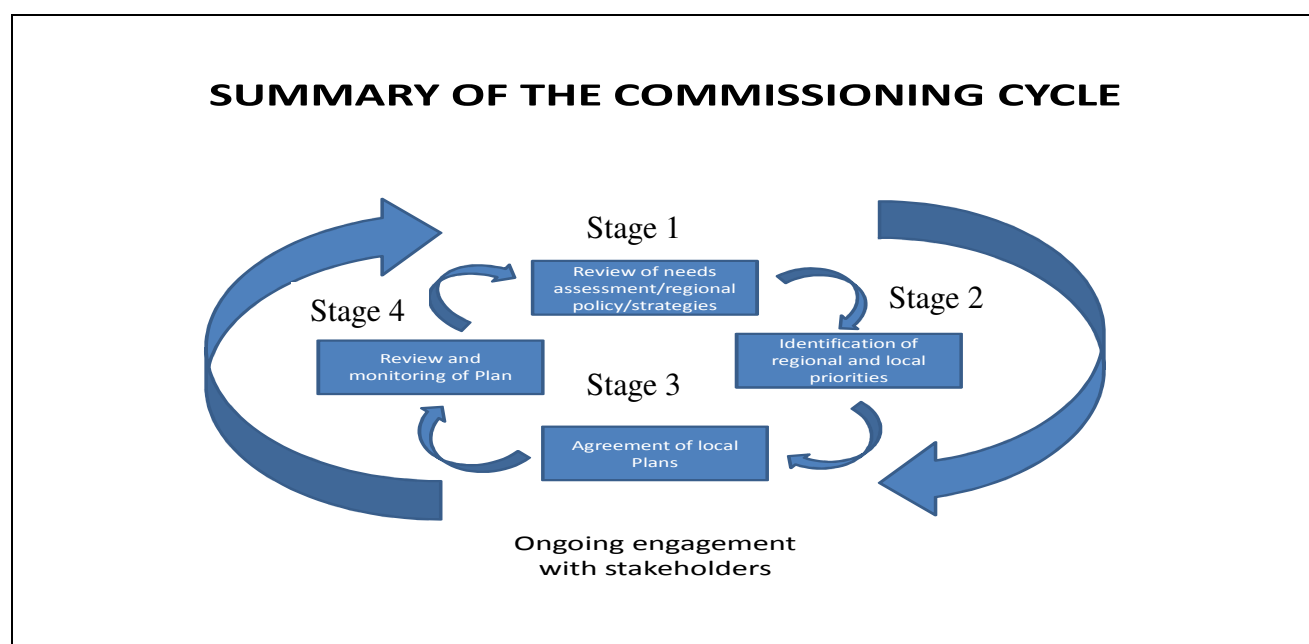
4.3 Given the wide differences that exist in the complexity and maturity of the stakeholder networks across the region, it would not be helpful to be prescriptive as to how stakeholder involvement should be carried out at all stages of the Health and Care commissioning process. It is, however, important that there is a consistent approach taken by the Regional Board, LCGs and the Agency to ensure that:

- all stakeholders are formally involved at key stages of the commissioning decision making process;
- stakeholders have been adequately involved in agreeing priorities; and,
- where there is a need for joint actions to be taken forward, these have been agreed and endorsed by partner organisations.

4.4 The following section sets out broad guidance for the Regional Board, LCGs and the Agency as to how stakeholders should be involved at various stages of the commissioning cycle.

The Commissioning Cycle

- 4.5 The Quality Standards for Health and Social Care specifically require all HPSS organisations to:
- ‘actively involve service users and carers, staff and the wider public in the planning and delivery, evaluation and review of the corporate aims and objectives and governance arrangements’; and to,
 - ‘integrate views of service users, carers and local communities, and front line staff into all stages of service planning, development, evaluation and review of health and social care services.
- 4.6 It is essential that the Regional Board and LCGs and the Agency work in partnership to have clear processes in place that will allow stakeholders to know how and when they will have an opportunity to influence the corporate aims and objectives of the Regional Board, LCGs and the Agency’s future planning and investment priorities.
- 4.7 The Commissioning Cycle provides a useful framework around which it is possible to identify key stages where the Regional Board, LCGs and the Agency, will need to involve stakeholders. This can be broken down into 4 key stages:



Stage 1: Identifying population Needs and Priorities

- 4.8 The Regional Board, LCGs and the Agency will need to develop a comprehensive understanding of the health and wellbeing and social care needs of the population and to develop Regional and local Strategies and Action Plans for addressing these effectively within the resources available. Needs assessment should be taken forward, where possible, on a cross sectoral basis to ensure that the knowledge and information available from across all stakeholders informs the priorities to be addressed.
- 4.9 In taking this forward, and in line with best practice as set out in the Engagement Toolkit for Commissioners, developed by CDHN, the Regional Board, LCGs and the Agency will need to carefully plan and target all involvement of stakeholders. Prior to initiating any process there should be a clear understanding of why stakeholders are being involved and how it will be taken forward. Set out in box 1 below are a number of questions that should be considered prior to initiating any involvement.

Box 1

- What is the purpose of the involvement?
- What objectives and outcomes are to be achieved?
- What other partners should be involved in planning the involvement?
- Is there an opportunity for working collectively?
- Who needs to be involved?
- What existing capacity and networks could be accessed?
- What practical issues need to be addressed in terms of timescales / resources / expertise?
- How should the involvement be structured?
- What barriers need to be overcome?
- What impact will the outcome of the involvement have on the decision making process?
- How will the involvement process be evaluated?
- How will the results of the feedback be shared with individuals / organisations who participated?

- 4.10 In building up a profile of the health and well-being needs of the population and agreeing priority areas for action, the Regional Board and LCGs will work jointly with the Agency, Trusts and other key statutory agencies, such as the local Councils and the Housing Executive. It will also be important to utilize the knowledge that

has been built up through existing structures such as the Investing for Health Partnerships, Health Action Zones, Healthy Cities Partnerships as well as Partnerships established to look at specific issues such as Drugs and Alcohol and Community Safety.

- 4.11 It is critical that there is access to high quality, accurate information to inform discussions on the needs of the population. There must be a willingness to seek and openly share information from across all sectors that demonstrate for example where health inequalities are greatest, where service performance is poor and where inequities in expenditure exist. Only by enabling stakeholders to fully understand the context within which decisions are being considered will it be possible for them to effectively contribute to discussions on agreeing future priorities.
- 4.12 The Regional Board, LCGs and the Agency will need to regularly review with each of the stakeholders their capacity and ability to input to various initiatives where the need for their active participation is felt to be essential. This will vary across various groups. Detailed below is a summary of how each of the main stakeholder groupings could be involved.

Health and Personal Social Care Organisations

It is recommended that, as far as possible, across Health and Social Care organisations, involvement with stakeholders on needs assessment and strategy development be taken forward jointly by the Regional Board / LCGs, the Agency and Trusts. Staff working in each of the organisations should seek to form close working relationships to ensure that there is minimal duplication in involving local stakeholders and agree joint processes for taking forward this work. By adopting a more collective approach it will maximise the use of available resources both in terms of staff and information, minimise the time required from stakeholders to contribute to involvement exercises and ensure that all sections within the health and care sector hear the same messages and can plan services accordingly.

Communities

Community involvement in shaping commissioning priorities is essential. Local communities have a unique role to play in identifying their own health needs and designing and implementing creative solutions to health and wellbeing challenges.

In order to help communities improve their long term health and well being there is a need to build a trusting relationship. By building understanding and knowledge individuals are able to make more informed decisions about their lifestyles and actions they can take to improve their longer term health outcomes.

As Members of LCGs, Local Councillors will be able to provide a unique insight to key issues impacting in the local area and play an essential role in facilitating the involvement of their local communities as stakeholders. As key influencers in their communities Councillors will help shape local approaches that will most effectively facilitate involvement with local communities and encourage individual to become actively involved.

It is vital that the Regional Board, LCGs and the Agency continue to provide support for existing work currently being taken forward under Investing for Health Partnerships, Children's Services Planning, Health Action Zone and various other community development projects and at the same time develop innovation and best practice.

It is important for the Regional Board, LCGs and the Agency to take a flexible approach when involving communities as this takes time, expertise and dedicated resources. Decision making timescales will need to reflect this reality if we are to properly include the views of the community.

As part of the review of stakeholder involvement to be undertaken by all HCS organisations (in line with Circular HSC (SQSD) 29/07), the Regional Board and LCGs should identify those areas where there are significant variations in the levels of social and capital infrastructure to support communities in effectively participating in stakeholder involvement processes and target any additional resources appropriately.

Primary Care

There will be many areas where input from primary care practitioners will be extremely important in shaping future commissioning priorities. The LCG Operating Framework gives LCGs 'flexibility to introduce initiatives to involve primary and community care practitioners and community and voluntary groups at a local level in designing and reshaping services to better meet the needs of their local communities'. Given the limited time General Practitioners, Pharmacists, Dentists, Optometrists and other care professionals will have it is likely that, in many instances, it will be most appropriate to involve individuals on a task basis only.

Many Practitioners will be specialists or professional leads in particular areas. Working through the professional representatives of all of the Family Practitioner Services professions or local networks a process should be agreed for identifying individuals who will participate and represent their colleagues on specific groups or specific issues. This will minimise the demands placed on an individual's time and ensure that the appropriate person with knowledge and expertise in the given area is involved.

General practitioners will be integral to the redesign of local services to more effectively meet the health care needs of their patients. They will also have a key role to play in improving the wider health and well being of their patients and the wider community. It is likely that one of their key roles will be in developing better communication and information networks between their practices and wider stakeholders to access support that is available from other organisations or in the local community that could have a significant impact on improving the wider living conditions and quality of life of their patients.

Consideration will be given to the policy for payment of expenses, such as locum cover costs, to allow individuals to participate in stakeholder events.

Voluntary Sector

Given the large number of voluntary organisations that operate at a regional and local level, processes will need to be developed that facilitate their input to the commissioning agenda. Given the variation in the size and capacity of many of the voluntary organisations on-going discussions will be required to determine how they can be effectively involved in discussions.

It may be helpful to establish a number of local forums to which voluntary sector organisations and Networks could self nominate and through which the Regional Board, LCGs and the Agency will engage on appropriate issues. For example, all voluntary groups with an interest in older persons could be grouped together. The forum could operate in some instances electronically through the Engage Website (for example where a quick response is being sought on a particular issue) or a meeting could be called where there is a need for a more detailed discussion. The forum would also agree who would represent the sector on specific working groups that may be established to develop local strategies or services.

Where voluntary sector organisations do not have funded staff to represent their organisation, volunteers should be reimbursed in line with any arrangements agreed for the community sector.

Service User/Carer involvement

The needs, views and experiences of service users, carers and individuals living in the community and /or are in receipt of health and social care services are central to shaping future commissioning priorities.

Significant staff time and resources will be required to meaningfully involve this group of stakeholders. Appropriate involvement methods will need to be employed, especially for difficult to reach groups such as single parent families, people with a disability, minority groups such as economic migrants, homeless people and travellers.

It is likely that HSC providers and practices will undertake patient satisfaction surveys and will collate feedback from individuals, including complaints, which will provide a useful source of information for the Board and LCGs.

Other Statutory Partners

Input from other statutory agencies will need to be negotiated between senior officers and agreements reached regarding the appropriate individuals to be involved and the level and quantity of their time that can be committed to various areas of work. In recognition of the benefits that will arise from joint working and shared involvement it is anticipated that it will only be in exceptional circumstances where input from other statutory sector stakeholders would not be forthcoming. By sharing expertise and processes Statutory partners will more effectively be able meet their obligations in relation to Equality and Human Rights.

- 4.13 It will be necessary to employ outside help to involve some of these more difficult to reach groups adequately. For example, there will be a need for interpreters to involve people who have speech impairments or who are deaf or where English is not an individual's first language. It may also be necessary to bring in people who have a close working relationship with groups such as travellers or homeless people to facilitate discussions and build working relationships.
- 4.14 Regional guidance will need to be developed setting out how expenses relating to such involvement will be covered.

Methods of Involvement

- 4.15 It will be necessary to involve stakeholders using a variety of approaches and techniques, to ensure all views are captured. Different stakeholders will have varying levels of capacity to understand issues and contribute to discussions. The method used will need to be tailored to the needs of each stakeholder group. Set out in Box 2 below are some suggested approaches.

Box 2

Possible methods that should be considered for involving stakeholders include:

- Local Surveys/profiles
- Focus groups
- Storyboards
- Community meetings
- Community Development
- Neighbourhood forums
- Telephone hotlines
- Stakeholder one to ones
- Seminars/workshops
- Consultative committees
- User Groups
- Stakeholder conferences
- Exhibitions

4.16 Whatever method is used, careful consideration needs to be given to the practicalities of the involvement process e.g. presentation of information, venue, timing, transport etc

Stages 2 and 3: Agreeing Priorities and Plans

4.17 Within the commissioning cycle and the associated development of medium term and short term plans, there will be a need to agree the priorities to be taken forward, setting out both regional and local outcomes to be achieved.

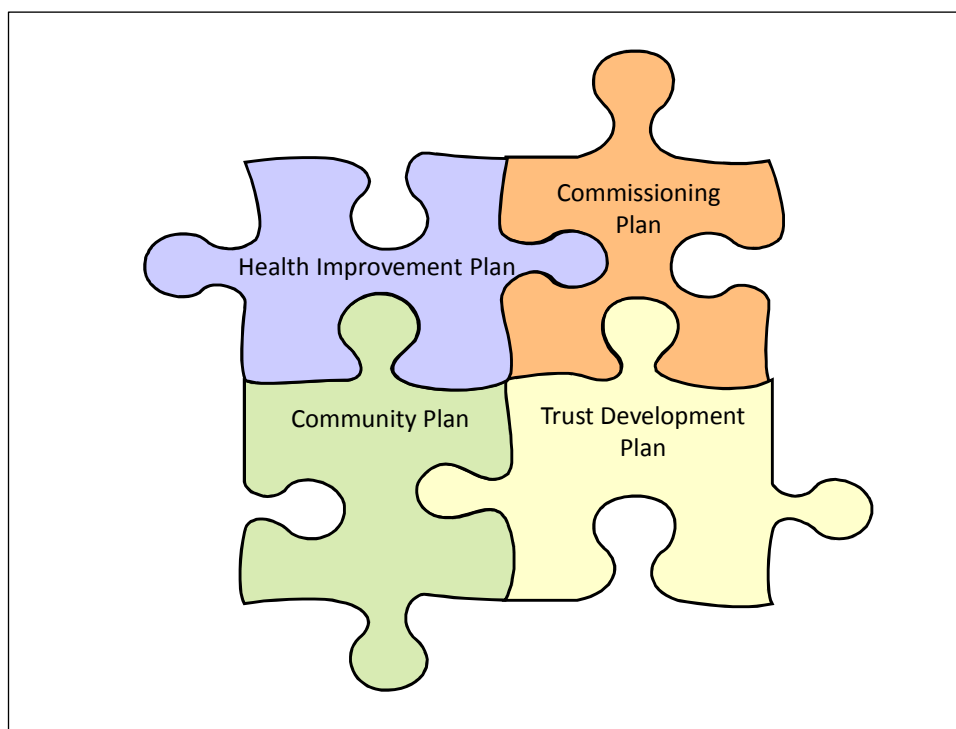
4.18 It will be important to develop open and transparent processes to secure meaningful and timely stakeholder involvement in the selection of priorities, including influencing Government and Ministerial priorities.

4.19 Given that there will be many priority areas where actions will only be achieved if there is joint working across partners, it is important that the proposed outcomes and plans are developed and produced in partnership with stakeholders.

4.20 The Board, LCGs and the Agency should also include within the commissioning cycle a process for accounting to stakeholders how their involvement informed the priorities and plans.

- 4.21 It is equally important that the Regional Board, LCGs and the Agency have an opportunity to influence each others' plans as well as those of other partners, for example the Community Plans that are to be developed by Local Councils.

This overlap is illustrated below:



- 4.22 Within the commissioning cycle process there will be a number of plans developed by LCGs and the Agency. Plans at the LCG area level will set out how long term priorities and short term targets will be achieved. These will be complemented by a number of Community Plans covering smaller geographical areas, coterminous with each of the 11 Local Councils boundaries.
- 4.23 It will be important that the priorities identified both regionally and locally through shared stakeholder involvement processes are consistently reflected in the LCG area plans and at the Community Plan level.
- 4.24 Locally Elected Representatives, in particular, will have a key role to play in ensuring the priorities in the Commissioning Plan and the Community Plans developed by Local Councils are closely linked and reflect the needs of their local communities.
- 4.25 In delivering on the Health Improvement targets officers from the Regional Board, LCGs, and the Agency will need to build close working relationships to ensure that there is a shared understanding of the key

priorities to be addressed and that local resources are targeted towards actions and programmes that will deliver the best outcomes for tackling health inequalities and improving long term health and well-being.

4.26 In order to build stronger ownership and a common understanding across partners of the annual Commissioning Plan and the longer term Health and Wellbeing Plan, LCGs and the Agency will:

- Maintain arrangements to engage regularly with partners to discuss the commissioning priorities. For example, the LCG and the Agency will formally present LCG area wide plans to the local Council and other key stakeholders;
- Work together to ensure that there is consistency between the local plans of the Agency and the LCGs.
- Establish local arrangements for bringing stakeholders together at LCG area wide, and a more local level, to discuss the context within which the Regional Board, LCG and the Agency are developing commissioning priorities and to influence how these are shaped to deliver the best outcomes for the local population. Such an approach will:
 - Build a shared understanding and ownership across the LCG area of key issues impacting on the health and well-being of the local population;
 - Ensure that common areas of priority are reflected in various strategies and implementation plans of partners
 - Opportunities for working collectively and sharing resources are identified and agreed
 - Common understand across organisations of the key issues impacting on the various sectors in developing and delivering on local plans.
 - Enable progress in implementing shared priorities to be effectively monitored and reviewed as appropriate.

Stage 4: Monitoring and Review of the Commissioning Plan

4.27 It is important that mechanisms are in place to monitor and review the impact new investments being made through the commissioning plan are having on the quality of the services that are being delivered to patients and clients and the impact that other initiatives are having on tackling health inequalities.

- 4.28 The Regional Board, LCGs and the Agency should, as part of the approval process of any funding, agree the process through which the impact of the new developments will be monitored and specifically identify how stakeholders will be involved in evaluating how it has improved their care, longer term outcomes and well-being.
- 4.29 It will be important that there is accurate and timely information made available to enable stakeholders to accurately assess the impact new investment has had and the extent to which it has delivered on the outcomes agreed.

5.0 Leadership, Governance and Accountability for Stakeholder Involvement.

- 5.1 Effectively involving stakeholders in all aspects of commissioning must be identified as a clear objective of the Regional Board, LCGs and the Agency and be integrated into each organisations corporate governance arrangements. Developing the right culture within the organisations will be one of the biggest challenges in ensuring meaningful and effective stakeholder involvement is achieved. It is essential that people in all parts of the organisations have a shared understanding of what is meant by effective stakeholder involvement and its purpose.
- 5.2 Involving stakeholders in the commissioning process must not be viewed as a one-off event or as the responsibility of certain individuals within the Regional Board, LCGs and the Agency. It must form a central part of all individual's jobs and be a key consideration in taking forward all aspects of the commissioning agenda.
- 5.3 In line with the guidance set out in Circular HSC (SQSD) 29/07 – Guidance on Strengthening Personal and Public involvement in Health and Social Care the Regional Board, LCGs and the Agency should ensure that:
- a Senior professional at Board level is designated to provide leadership on stakeholder involvement and encourage good practice;
 - a baseline assessment of current approaches to involving stakeholders at all levels is undertaken and an organisational strategy and action plan developed, identifying the resources required to support its effective implementation;
 - priority areas for development are identified;

- an action plan with clearly defined targets to strengthen and improve stakeholder involvement is agreed; and
- regular updates on progress are provided to the Board and an annual review of stakeholder involvement contained within the Annual Report of the Regional Board and the Agency.

5.4 In addition to the establishment of internal monitoring mechanisms the Department, through its accountability arrangements will monitor the impact of stakeholder involvement. The Regulation and Quality Improvement Authority will also monitor how stakeholder involvement processes within the organisation are meeting standards on public and service user involvement as part of its review of clinical and social care governance arrangements.

Further Guidance

The DHSSPS commissioned the development of an engagement toolkit for commissioners. The toolkit gives practical advice on planning for engagement and on methods of engagement, together with some important principles for ensuring effective processes.

It also contains further references on helpful guidance and resources.

For further information please contact:
Community Development and Health Network,
Tel: 02830264606; www.cdhn.org

6.0 Conclusion

6.1 This paper has been developed in liaison with a wide range of stakeholders and has been endorsed by the RHSCB Project Board. The Modernisation and Improvement Board is asked to approve this guidance on Stakeholder Involvement.

**RHSCB Project
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This document required the following approvals

Title	Name	Date of Approval	Version
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