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**Sláinte, Seirbhísí Sóisialta
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MÁNNYSTRIE O

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an Fowk Siccar**

HEALTH AND SOCIAL CARE REFORM

DHSSPS

**Modernisation and Improvement
Programme Board (MIPB)**

Statutory Functions of the PCC

MARCH 2009

MIPB 53/09

Introduction

This paper which has been prepared by Organisations and Structures workstream of the PCC Project and is the last in a set of four papers from the Project. The paper, describes the four main statutory functions and the key activities to be undertaken to ensure that the PCC delivers against its statutory functions , namely, that of representing the interests of the public; promoting involvement of the public; providing assistance (by representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which an HSC body is responsible; and promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care services.

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

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Modernisation and Improvement Programme Board

Summary

This paper on the statutory function of the PCC, which has been prepared by Organisations and Structures workstream of the PCC Project Board, is the last of four papers for presentation to MIPB from the Project Board.

The paper, summarised below, describes the four main statutory functions of the new body, namely, that of representing the interests of the public; promoting involvement of the public; providing assistance (by representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which an HSC body is responsible; and promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care services.

For each of the four functions the paper sets out a broad outline of the key activities to be undertaken to ensure that the PCC delivers against its statutory functions:

Statutory function 1 (representing the interests of the public) – The PCC’s input to regional and local HSC fora is described and also its engagement with the public about their need for, and experience of, health and social care including outcomes and management and governance issues.

Statutory function 2 (promoting involvement of the public) – The paper sets out ways in which the PCC will promote public involvement at both at regional and local levels and the outcomes, and it also describes management and governance issues.

Statutory function 3 (providing assistance to individuals making or intending to make a complaint) – How the PCC will provide information and assistance at regional and local level is detailed and the PCC’s corporate requirements in this respect are set out, as well as a description of the outcomes, and management and governance issues.

Statutory function 4 (promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care services) – How the PCC will promote the provision of advice and information to the public at regional and local level is described including outcomes and management and governance issues.

Patient Client Council - Discharging Statutory Functions

Introduction

1. This paper explores actions by which the Patient Client Council could discharge the four statutory functions ascribed to it in the legislation. These statutory functions are:
 - i. Representing the interests of the public
 - ii. Promoting involvement of the public
 - iii. Providing assistance (by representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which an HSC body is responsible
 - iv. Promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care services.
2. The legislation specifies that the Patient Client Council (PCC) should address its statutory functions in relation to bodies set out in the legislation, namely – the Department, the Regional Board, RAPHSW, HSC Trusts (including NIAS) and special agencies. The remit of the PCC should also encompass independent contractors and publicly funded residential care.
3. Below are broad outlines of key activity at local and regional levels to ensure that the PCC delivers against these statutory functions in its workplans. High level outcomes are suggested against each function and a number of related management/governance issues are highlighted.

STATUTORY FUNCTION 1 – Representing the interests of the public

4. **At regional level the PCC will input into key regional HSC fora by:**
 - Developing and maintaining formal links such as attendance by the Chairman, Chief Executive and/or other senior staff at NIAS Trust Board meetings, and set up appropriate liaison with the

Department, Regional Board, RAPHSW, Trust Chief Executive Forum, etc;

- Supporting Area Managers/Local Chairs in taking forward contentious issues at local level;
- Maintaining national and international links as appropriate;
- Maintaining a conduit to the Department and Minister to raise issues as appropriate;
- Raising issues in other forums appropriate to the public interest such as District Councils, media, RQIA
- Conducting and procuring appropriate research

5. **At local level, the PCC will input into key local HSC fora by:**

- Developing and maintaining formal links such as attendance by the Chair and Area Manager at Trust Board meetings, acknowledgement of the PCC's role in Trust standing orders;
- Considering requests for representation on HSC task groups, etc, and where PCC input is not appropriate, provide feedback on how Trusts, LCGs, etc, might best achieve service user input to these groups;
- Gathering baseline data in the first year of operation to ensure future performance measures can be developed;
- Building relationships with primary care, independent sector care homes, health services in schools, etc, to provide a knowledge base and liaison mechanisms for the PCC;
- Maintaining a watching brief of the HSC bodies locally and when appropriate engage in project work to investigate the experiences of patients and clients;
- Acting as a link with other fora in relation to the public interest such as District Councils, community and voluntary sector, etc.

6. **At local level the PCC will engage with the public about their need for and experience of health and social care by:**

- Undertaking public meetings, seminars, etc, to obtain relevant information;
- Confirming protocols to enter health and social care premises to exercise this and other functions;

- Involving patients, clients, carers and communities at all levels within the PCC;
- Offering individual patients and clients support to make a complaint and ensuring that client experience is collated in an anonymous fashion to allow the PCC to gather information on trends, gaps in services, etc.;
- Operating a robust and incremental community engagement process using the local advisory committees as a mechanism for linking into local networks, engage with community and voluntary agencies, etc.;
- Providing workshops and related activities to support capacity building within communities in relation to HSC structures, decision making, service provision, needs assessment processes, etc.;
- Maintaining a comprehensive database of local activists, community and voluntary groups interested in the PCCs work as well as ensuring that there is a named member of staff acting as key worker for this interface.

7. Engaging with the public about their need for and experience of health and social care –

- Ensure involvement of patients, clients, carers and communities at all levels within the PCC;
- Maintain an overview of locally gathered information on trends, experiences, gaps in services, etc, to create a regional picture allowing the PCC to raise such issues in a strategic fashion;
- Ensure consistent operations within the 5 local offices including the 5 local advisory committees allowing the Council to gain a comprehensive view and to develop a strategic approach;
- Evaluate the PCCs processes to ensure incremental progress towards excellence;
- Facilitate and participate in consultation with the public on HSC service provision and feedback views to an appropriate HSC organisation. This may involve co-ordinated activity across the PCC requiring stakeholder engagement and drawing in the skills and networks of the local advisory committee.

Outcomes:

- Incremental increase in public awareness of the PCC's role;

- Stakeholder satisfaction over engagement with PCC;
- Evidence of influence over the commissioning and delivery of services.

Management/Governance Issues:

- Need for PCC engagement strategy;
- Need for strong induction process for Council members and local advisory committee members;
- Need for staff training and clear lines of accountability to ensure a consistent approach across the 5 offices;
- Need for protocols with HSC bodies;
- The PCC should have a strong evidence base on which to represent the interests of the public;
- The PCC methodology should be consistent and quality assured across the organisation;
- The Council should be provided with information sourced at local level and enabled to make informed strategic decisions;
- The local advisory committees should have a clear remit to support the engagement with local communities to support the PCC's duty to represent the interests of the public.

STATUTORY FUNCTION 2 – Promoting involvement of the public

8. At regional level the PCC will promote the involvement of the public by:

- Ensuring that the voice small numbers of scattered patients/clients with rare conditions is heard;
- Developing a proactive process to pursue incremental improvement in PPI;
- Maintaining a regional database of interested stakeholders and initiatives allowing the PCC to act as a conduit for views and experience back into the HSC family;
- Identifying and disseminating best practice from elsewhere;
- Ensuring that the Council develops an effective strategy to promote PPI;
- Inputting to the training of professionals to build expertise and confidence in the field of PPI;
- Ensuring that the PCC leads by example and has a proactive and robust personal and public involvement strategy in place at all levels of the organisation;

- Feeding back to HSC bodies on best practice, developing methodologies, trends/gaps, etc based on the PCC's watching brief and evidence based project work;
- Commenting on any HSC stakeholder strategy, supporting innovation and best practice as part of incremental improvement within these strategies;
- Engaging with HSC bodies on consultation schemes;
- Supporting the standardisation of approaches and methods;
- Supporting the HSC in addressing training and development needs;
- Clarifying common messages about PPI eg links between consultation and involvement, PPI and the wider modernisation agenda, what PPI can deliver, etc.;
- Measuring and monitoring the PCC's internal performance in relation to PPI.

9. **At local level the PCC will promote the involvement of the public by:**

- At the direction of the Council – or in agreement with the SMT – carrying out audits, investigations, formal research, etc, into the best methods and practices for consulting the public about and involving them in matters relating to health and social care. This may have a particular focus on the requirements of isolated and disadvantaged service users. The local advisory committees may have a role in supporting community engagement with such work. Findings will then support the PCC in influencing local planning and delivery of services through an interface with the Trust/LCG as well as assisting the PCC in developing a regional picture and its engagement with regional HSC bodies;
- Gathering user views of the PPI experiences;
- Maintaining a database of interested stakeholders and local initiatives to facilitate their engagement with the PCC and ensure that their experiences of service is captured and feedback into the system;
- Networking with user fora to ensure that their experience informs the PCC view so that the PCC can act as a conduit back into HSC processes;
- Using a range of methodologies to gather user experiences such as roadshows, workshops, user groups, questionnaires, etc;

- Providing feedback/advice at local level to HSC bodies;
- Contributing to the development of the PCCs knowledge base into the involvement of service users in the planning, delivery and evaluation of services and sharing this expertise at all levels throughout the HSC as well as supporting the Council to make strategic decisions about how best to influence service development;
- Supporting the evaluation of expert patient initiatives;
- Identifying gaps in PPI within the HSC and promoting strategies to remove barriers to quality PPI;
- Advising the HSC family on PPI strategies and best practice;
- Challenging the HSC family on their strategies of PPI in the pursuit of ongoing, continuous improvement;
- Measure and monitor the PCC's internal performance in relation to PPI.

Outcomes:

- Increased awareness within the HSC about methods and approaches;
- Increased awareness within HSC bodies about the efficacy of their PPI strategies;
- Increased integration of PPI into clinical governance and wider governance arrangements.

Management/Governance Issues:

- Training for staff, Council members and advisory committee members;
- Need for coherent regional strategy and objectives but with sufficient flexibility to address local conditions;
- Need to establish formal engagement arrangements with HSC bodies;
- Identification of possible ethical issues linked to research;
- Knowledge base of PPI – its philosophical base, practical achievements, policy drivers, legislative history, etc, used to build capacity within HSC, voluntary/community sector, etc.;
- Database of existing initiatives;
- Baseline data in year 1 to measure improvement.

STATUTORY FUNCTION 3 – Providing assistance (by representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which an HSC body is responsible

10. **At regional level the PCC will provide information by:**

- Ensuring good web-based information on the HSC complaints system including templates, etc.;
- Producing plain English leaflets on the complaints process and how to use it;
- Ensuring equality of access to the complaints process eg prisoners, easy read/low-text formats, translations for non-English speakers;
- Responding to specialist needs by offering specialist advocacy (or signposting) for areas such as mental health, prison population, children as complainants, etc.;
- Exploring innovative ways of providing information in a timely way to the public;
- Developing a database of specialist advocacy providers;
- Representing the public interest by:-
 - gathering information on views and experiences to allow the Council to act strategically;
 - raising issues of concern with the Minister, Department, Health Committee, Board, forum of Trust CEs, etc;
 - maintaining a watching brief on the link between complaints, clinical and social care governance, the patient experience.

11. **At local level the PCC will provide information & assistance by:**

- Responding to telephone, personal callers, etc, by providing information about the HSC complaints process, individual options, etc.;
- Providing one to one assistance in the form of identifying options, drafting letters, making telephone calls, clarifying circumstances, accompanying to meetings, advocate for the patient/client, attend case conferences, etc.;
- Linking with District Councillors and other interested stakeholders to support the provision of information to the public;
- Supporting or where appropriate, signposting to specialist advocacy agencies, complainants in residential care settings;
- Providing 'early warning' for HSC bodies by:

- identifying and developing trends etc based on data collection;
 - raising issues of concern with HSC bodies in relation to clinical and social care governance, the patient experience, efficacy of the complaints process, etc, based on the evidence of the PCC patient and client support process;
 - contributing to a learning HSC by feeding back on the experience of complainants to improve service delivery.
- Contributing to a proactive HSC complaints system by:
 - promoting innovative approaches to local resolution to improve outcomes for patients/clients and to improve service delivery;
 - liaising with Trust complaints team to represent the voice of the patient/client within the complaints system;
 - researching the views and experiences of patients and clients in relation to the HSC complaints system;
 - promoting the involvement of service users/complainants in evaluating the revised HSC complaints process to support progress towards service improvement.

Corporate:

- Ensure that the PCC operates a standardised, accountable and quality service to those making or wishing to make a complaint;
- Provide training, protocols, etc, to staff;
- Provide regular reports to the Council to allow strategic themes to be picked up and developed;
- Establish a customer satisfaction baseline for PCC service and ongoing monitoring.

Outcomes:

- Information provided in a range of quality formats;
- Robust and consistent service delivery in place;
- Links with HSC bodies to facilitate good working arrangements;
- Clear internal reporting to ensure that the Council is able to act strategically;
- Increase in early resolution of complaints;
- Improvement in compliance HSC complaints procedure.

Management/Governance:

- General training for staff to ensure consistent practice;
- Protocols for staff;
- Development of specialist knowledge where appropriate;
- Database of specialist providers to facilitate signposting;
- Procedure for complaining about a PCC service required.

STATUTORY FUNCTION 4 – Promoting the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care services.

12. At regional level the PCC will promote the provision of advice and information by:

- Identifying trends and high level issues based on local information gathering thus allowing the Council to act strategically and using this information to engage with the HSC about their service delivery and design and their engagement with the public;
- Providing information on regional services to support public education and engagement;
- Working in partnership with HSC organisation to support clinicians and managers in engaging patients in their own healthcare;
- Gathering information on the experiences of using regional services;
- Raising issues with the Department, Board, Chief Executive forum, etc.;
- Promoting a co-ordinated approach within the 5 Trusts in relation to engagement with service users and communities and their subsequent impact on the design and delivery of services;
- Monitoring information provided to the public by HSC bodies;
- Implementing a media strategy to support greater public engagement with the PCC and greater awareness of PPI obligations of the HSC;
- Developing a relationship with RQIA to include sharing information, partnership working, and raising concerns about regulation issues;
- Take a view on accountability issues within the Regional Board, RAPHSW and Trusts where these impact on public access to and satisfaction with services and raise these at an appropriate level within the HSC or at Departmental level;
- Support the development of a mechanism to allow the PCC to share views and issues of concern with the Health Minister and Health Committee;

- Critically evaluate the implementation and outcomes of regional initiatives such as 'Standards of Patient & Client Experience' and report back to the Department and others as appropriate;
 - Work in partnership with the HSC on the instigation and delivery of projects related to personal and public engagement with key HSC quality mechanisms such as PfA targets.
13. **At local level the PCC will promote the provision of advice and information by:**
- Providing telephone advice and signposting to members of the public in relation to services, HSC bodies' obligations, etc;
 - Engaging with HSC bodies to ensure the clarity, timeliness and accessibility of information that they provide to the public;
 - Supporting the bringing of HSC information into the public domain;
 - Commenting on the information and service delivery interface between the HSC and other public bodies such as education;
 - Providing information to communities about HSC structures, decision making, commissioning and service delivery through proactive methodologies such as workshops to build capacity within communities to engage with HSC bodies;
 - Gathering information on patient/clients views and experiences and act as a conduit to feedback to the HSC;
 - Setting up mechanisms with the LCGs and Trusts to ensure that PCC views are given due regard, influence the design and delivery of services and that PPI obligations are met;
 - Engaging with HSC bodies with regard to their stakeholder strategies and commenting to the extent that the views and experiences of the public are reflected in the commissioning and delivery of services;
 - Where the local PCC has not been given due regard at local level, reporting the matter to the regional body to raise in an appropriate forum with the Department, regional board, agency, etc.;
 - Building relationships with local authorities and community/voluntary organisations to ensure a joined up approach to advocating for local communities.

Outcomes:

- Evidence of PCC influence as the voice of the public and individual service users;
- Increase in public involvement in the design, commissioning and delivery of health and social care services;
- Increase in patients – particularly those long term conditions – engaged in their own healthcare.

Management/Governance

- Development of evidenced knowledge base within PCC;
- Consistent approach across PCC;
- Relationships and mechanisms in place to allow the PCC to exercise its powers of influence.

Document History:

Author:	Julie Thompson Health and Social Care Board Project Board
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Client:	Modernisation and Improvement Programme Board (MIPB)

This document required the following approvals

Title	Name	Date of Approval	Version
Modernisation and Improvement Programme Senior Responsible Owner (SRO) and Modernisation and Improvement Programme Board (MIPB) members	Dr Andrew McCormick, Permanent Secretary Linda Devlin Julie Thompson Sean Donaghy Michael McBride, David Bingham Hugh Mullen Linda Brown Sean Holland Colm Donaghy Karen Meehan Tom Creighton, Philip Robinson Ken Jarrold, Bernard Mitchell George O'Neill Maeve Hully John Keane Alex Coleman Ian Clements John Compton Eddie Rooney Mary McMahon	19 th March 2009	1.0

This document has been distributed to:

Title	Name	Date of Issue	Version
Chief Executives of HSC Boards, Trusts and Agencies.		19 th March 2009	1.0
Chairs of Boards & LCG Chairs, Trusts and Agencies		19 th March 2009	1.0
Departmental Board		19 th March 2009	1.0
MIP Project SRO's		19 th March 2009	1.0
MIP Project Directors		19 th March 2009	1.0
DHSSPS Website and Intranet		19 th March 2009	1.0