



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)**

**LOCATION AND MANAGEMENT OF THE REGIONAL
STAKEHOLDER INVOLVEMENT WORKSTREAM
WITHIN THE NEW STRUCTURES.**

JANUARY 2009

MIPB 02/09

Introduction

This paper considers and makes a recommendation for the location and management of the current Stakeholder Involvement workstream within the new structures.

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

Further information on this document or the Stakeholder Involvement Programme may be obtained from the Programme Director - Sharon Henry, Sharon.henry@dhsspsni.gov.uk. Tel: 028 90523448

Location and Management of the Regional Stakeholder Involvement Workstream within the new structures.

This paper considers and makes recommendations for the location and management of the current Stakeholder Involvement workstream within the new structures.

The workstream has a resource of two staff members and a small programme budget.

The conclusion of this paper is that the workstream objectives would be best taken forward by its location in the Regional Health and Social Wellbeing Agency.

This proposal has been discussed and agreed with: Carolyn Harper, Christine Smyth, Anne Lynch, Martin Bradley, and Jim Livingstone.

The workstream objectives are complementary to and supportive of the recently presented paper to MIPB; 'Guidance for Regional Health and Social Care Board, Local Commissioning Groups and the Regional Agency for Public Health and Social Wellbeing on Stakeholder Involvement¹.'

A full option appraisal has been undertaken and is included in the paper.

¹ DHSSPS: Stakeholder Involvement - Guidance for Regional Health and Social Care Board, Local Commissioning Groups and the Regional Agency for Public Health and Social Wellbeing on Stakeholder Involvement. November 2008; <http://www.dhsspsni.gov.uk/index/hss/rpa-home.htm>

Executive Summary

1. Background

'A Healthier Future – A Twenty Year Vision for Health and Wellbeing in Northern Ireland'¹. Identified that structures should promote health and wellbeing and deliver high quality outcomes through responsive services designed and delivered in partnership with patients, clients, carers and the wider population.

In September 2007 the Department produced guidance, Strengthening Personal and Public Involvement in Health and Social Services², to assist health and social care organisations in improving the quality and effectiveness of personal and public involvement.

Together these developments have the potential to achieve a quantum increase in the level of engagement and influence of the public, and especially of patients, clients and carers. This paper explores where the regional Stakeholder Involvement workstream should be located within the new structures.

2. Aim and Objectives

Aim

The Stakeholder Involvement project works with health and social care organisations, including commissioners and Trusts, and the voluntary and community sector to promote and facilitate stakeholders, including service users, carers and the public, in influencing the commissioning and delivery of services, and in service planning and prioritisation.

Objectives

1. To build a culture of involvement that facilitates networks of stakeholders in Northern Ireland to contribute to planning and policy making processes.

¹ DHSSPS: 'A Healthier Future' – A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025; Dec 2004.

² DHSSPS: 'Guidance on Strengthening Personal and Public Involvement in Health and Social Care' Circular HSC (SQSD) 29/07; September 2007.

2. To build capacity through the creation and roll out of training and development programmes.
3. To identify and share evidence- based tools on approaches and techniques, guidance documents, case studies and other resources, to build knowledge and evidence for stakeholder involvement practice.
4. To commission research in association with the Research and Development Office of the Regional Public Health and Well-Being Agency
5. Development of a communication process to share information, this includes the engage newsletter and the website www.engage.hscni.net

3. Resources

The workstream is supported by a Director, assisted by a Staff Officer, and secretarial support.

4. Options

Option 1 - DHSSPS - The programme could be located within the Safety, Quality and Standards Directorate (SQS) and there is a clear association between standards, governance and PPI.

Option 2 – RHSCB - Effective user and public involvement is central to the delivery of safe, high quality health and social care services and as such is a key element of commissioning which will be located within the RHSCB.

Option 3 – PCC - The overarching role of PCC is to be an independent voice and advocate for all stakeholders.

Option 4 – RAPHSW - A key element of the role of the RAPHSW is to promote partnership working to address health inequalities and in order to fulfil this a range of networks have been developed and will be further developed. They

will have a contribution to make in relation to engaging with individuals and communities to identify need and co-design and plan interventions.

5. Discussion

Option 1 - It is important to distinguish between policy and implementation and delivery. It is clear that that the Department will retain responsibility for policy together with accountability for successfully providing assurance on implementation of policy. Stakeholder Involvement support and co-ordination is a core element of the service facing brief, however policy development and accountability will remain with the Department.

Options 2 and 4 - As a service facing function, stakeholder involvement support and co-ordination sits equally well with the RHSCB or RAPHSW. It is vital that the function has clear support and leadership at Director level.

Option 3 - The overarching function of PCC is to be an independent voice and advocate for all stakeholders, there is a clear view that responsibility for the programme would compromise this autonomy.

6. Recommendation

Based on the above discussion this workstream should be located within the Regional Agency for Public Health and Social Wellbeing, and will provide support for the RHSCB and Trusts. This conclusion is influenced by the explicit responsibility in the Director of Nursing role at the Agency for patient and public involvement.

MIPB is asked to approve the proposed location for the Stakeholder Involvement workstream.



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DHSSPS

Modernisation and Improvement Programme Board (MIPB)

Paper outlining options for lead responsibility for the regional Stakeholder Involvement Programme within new structures

December 2008

Options for lead responsibility for the regional Stakeholder Involvement Programme within the new structures.

1 Introduction

This paper sets out the background to the current stakeholder involvement programme and considers options for where this programme should be positioned post the Review of Public Administration (RPA). It has been prepared by the Stakeholder Involvement Programme and developed in liaison with a range of stakeholders.

This paper supports the views articulated in the Guidance for Regional Health and Social Care Board, Local Commissioning Groups and the Regional Agency for Public Health and Social Wellbeing on Stakeholder Involvement³ and is no way in conflict with the opinions expressed.

Recommendation

The Modernisation and Improvement Board is asked to approve the proposal set out in this paper.

2 Strategic Context

The Department of Health, Social Services and Public Safety is committed to a stakeholder led service which is centred on the needs of both individuals and communities. In order to achieve this it is recognised that the existing systems for involving stakeholders will have to be strengthened.

Engagement with service users is set within a policy context, in 'A Healthier

³ DHSSPS: Stakeholder Involvement - Guidance for Regional Health and Social Care Board, Local Commissioning Groups and the Regional Agency for Public Health and Social Wellbeing on Stakeholder Involvement. November 2008; <http://www.dhsspsni.gov.uk/index/hss/rpa-home.htm>

Future’ – A Twenty Year Vision for Health and Wellbeing in Northern Ireland⁴, Policy Direction 4 states:

‘We will make it a strategic priority to fully engage with, and support the development of, people and caring communities who will: (i) actively promote health and wellbeing; (ii) have a central role in managing chronic conditions and (iii) be partners in the design and management of our health and social services’.

Statutory requirements to consult and involve citizens are enshrined in Equality and Disability legislation. The new statutory duty of public involvement and consultation in the draft Health and Social Services (Reform) (Northern Ireland) Order 2007 will place a new requirement on all HSC organisations.

In addition guidance has previously been issued on the implementation of clinical and social care governance (HSS (PPM) 10/2002)⁵ and the associated Quality Standards for Health and Social Care.

The Department is committed to the principle that all we say or do should be driven by the needs of patients and clients; this is identified in ‘A Healthier Future – A Twenty Year Vision for Health and Wellbeing in Northern Ireland’. Structures should therefore promote health and wellbeing and deliver high quality outcomes through responsive services designed and delivered in partnership with patients, clients, carers and the wider population.

In September 2007 the Department produced guidance, Strengthening Personal and Public Involvement in Health and Social Services⁶, to assist health and social care organisations in improving the quality and effectiveness of user and public involvement. This includes working with individuals on decisions about their care or treatment as well as involving people and organisations in plans and decisions about service provision. Together these

⁴ DHSSPS: ‘A Healthier Future’ – A Twenty Year Vision for Health and Wellbeing in Northern Ireland 2005-2025; Dec 2004.

⁵ DHSSPS: ‘The Quality Standards for Health and Social Care – Supporting Good Governance and Best Practice in HPSS’; March 2006.

⁶ DHSSPS: ‘Guidance on Strengthening Personal and Public Involvement in Health and Social Care’ Circular HSC (SQSD) 29/07; September 2007.

developments have the potential to achieve a real shift of power from providers of services to the public and especially to patients, clients and carers.

3 Key Principles

Personal and Public Involvement (PPI) is a core theme within health and social care where there should be shared values between all organisations; the stakeholder involvement programme does not exclusively 'belong' to one organisation but rather has an overarching co-ordinating responsibility to engage with others to encourage and support an involvement culture across all bodies. The programme is committed to the concept of embedding PPI into everyday practice within health and social care organisations.

The purpose of PPI is ultimately to improve the quality of the individual's experience of health and social care by involvement people in plans and decisions about their own care or treatment and by learning from their experiences to improve service delivery.

This paper seeks to explore where policy development responsibility and policy implementation and co-ordination responsibility should be located. It should be emphasised that the delivery of PPI is central to all health and social care organisations.

4 Aim and Objectives

4.1 Aim

The Stakeholder Involvement Programme aims to work with health and social care organisations, including commissioners and Trusts, and the voluntary and community sector to promote and facilitate stakeholders, including service users, carers and the public, in influencing the commissioning and delivery of services, and in service planning and prioritisation.

The programme will support a culture of involvement by bringing together

stakeholders to work collectively to improve health and wellbeing in Northern Ireland by facilitating the exchange of knowledge, ideas and information to inform and influence policy and action. Citizens will therefore have an opportunity to be actively involved in the planning and delivery of services for their communities.

4.2 Objectives

To build a culture of involvement that facilitates networks of stakeholders in Northern Ireland to contribute to planning and policy making processes.

To build capacity through the creation and roll out of training and development programmes.

To identify and share evidence- based tools on approaches and techniques, guidance documents, case studies and other resources, to build knowledge and evidence for stakeholder involvement practice.

To commission research in association with the Research and Development Office of the new Regional Public Health and Well-Being Agency, for example, Public Attitudes Survey, access to services in relation to Independent Contractors and to keep up to date with latest international and national perspectives on involvement.

Provide a forum to share this learning locally and nationally through workshops and conferences.

Development of a communication process to share information, this includes the engage newsletter and the website www.engage.hscni.net

5 Resources

The programme is currently supported by a Programme Director, assisted by a Staff Officer, and secretarial support. It is not envisaged that staffing would be increased at this stage.

6 Options for consideration

Stakeholder Involvement is a strategic regional function, this paper considers four options for the location of the programme.

Option 1 - Department of Health, Social Services and Public Safety (DHSSPS)

Under this option 'Do minimal' and retain programme within the Department was considered, the programme currently sits within the Modernisation Directorate who's role will significantly change once RPA work is completed. This would therefore require a new point of leadership within DHSSPS. It could be positioned within one of the professional directorates or within the policy directorate. For example the PPI agenda has connections with the clinical and social care governance agenda which sits within the Safety, Quality and Standards Directorate (SQSD) and there is a clear association between standards, governance and PPI. The guidance circular was referred to in Paragraph 2 emanated from SQSD and there is a clear remit for DHSSPS to retain policy development responsibility. This would include reviewing the policy, developing and refining the policy and the monitoring and evaluation health and social care organisations implementation plans.

Option 2 - Regional Health and Care Board (RHSCB)

Effective user and public involvement is central to the delivery of safe, high quality health and social care services and as such is a key element of governance and equality arrangements which will be located within the RHSCB. The programme should provide a strategic view of the quality of PPI provision and could therefore sit comfortably within commissioning or social care directorates.

Option 3 - Patient Client Council (PCC)

The overarching role of PCC is to be an independent voice and advocate for all stakeholders, it will

Represent the interests of the public by ascertaining their views

Promote Personal and Public Involvement

Offer assistance to individuals who wish to make a complaint in relation to health and social care

Promote public information by HSC Bodies on service design, planning and delivery

PCC should have autonomy from the Department, RHSCB and RAPHSW as the bodies with statutory responsibility for policy and commissioning of PPI.

Option 4 - Regional Agency for Public Health and Social Wellbeing (RAPHSW)

A key element of the role of the RAPHSW is to promote partnership working to address health inequalities and in order to fulfil this a range of networks have been developed and will be further developed. They will have a contribution to make in relation to engaging with individuals and communities to identify need and co-design and plan interventions.

There may be a case for lead responsibility for policy implementation of PPI to be located in RAPHSW given the important links of public involvement with improvements in health and social wellbeing and partnership working.

7 Summary of options

<p>Option 1 – DHSSPS</p>	<p>Programme could be placed within an appropriate Policy Directorate however the current location within Modernisation Directorate was a transitional arrangement. The policy implementation and delivery element of this work is a core function for health and social care. However policy development responsibility may be best placed within the SQS Directorate.</p>
<p>Option 2 - RHSCB</p>	<p>Social Care has a strong background of public and personal involvement and may offer leadership for the Programme; however a more generic home would more openly embrace both health and social care.</p>
<p>Option 3 - PCC</p>	<p>It is essential that PCC remains autonomous and in a position to challenge the Stakeholder Involvement programme and other involvement activity undertaken by health and social care organisations at all levels. Responsibility for the programme would compromise this autonomy.</p>
<p>Option 4 - RAPHSW</p>	<p>Programme could be sited within RAPHSW; The involvement agenda would further enhance both the health and wellbeing improvement and partnership working agendas and place the programme at the centre of policy and strategy formation. Proposed staffing within the Agency includes a remit for PPI under the Nursing and Allied Health Directorate. This would in no way detract from an all encompassing agenda of addressing involvement through an integrated health and social wellbeing agenda.</p>

8 Recommendation

As a service facing function, stakeholder involvement support and co-ordination sits equally well with the RHSCB or RAPHSW. The Agency Director of Nursing role includes a remit for Personal and Public Involvement and it is therefore appropriate that the programme reports to the Director of Nursing at the RAPHSW. Option 4 is therefore emerging as the preferred option for policy implementation and co-ordination responsibility.

Document History:

Author:	Stakeholder Involvement Programme
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This document required the following approvals

Title	Name	Date of Approval	Version
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