



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)**

PCC Organisation and Structure

JANUARY 2009

MIPB 06/09

Introduction

This paper has been developed by the Organisations and Structures workstream of the Patient and Client Council project. 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

The paper focuses on

- Membership of the PCC
- Supporting staffing structures
- Support services.
- Exercise of statutory functions
- The duty of other HSC bodies to co-operate
- The PCC's right to enter premises
- Membership and procedure arrangements
- Local advisory committees

Further information on this document or the PCC Project may be obtained from Ray Martin, Project Director, ray.martin@dhsspsni.gov.uk, 02890523398.

Modernisation and Improvement Programme Board

THE PATIENT AND CLIENT COUNCIL PROJECT BOARD

ORGANISATION AND STRUCTURES

1. The purpose of this paper is to set out the proposed organisational structures necessary to allow the Patient and Client Council (PCC) to meet its statutory responsibilities with effect from 1 April 2009.
2. Although the paper will touch on specific responsibilities in its consideration of the proposed structures, separate proposals will be brought forward on the practical arrangements for managing the core statutory functions. This paper will focus on:
 - PCC Membership – Regional and Local;
 - Support Staffing Structures – Regional and Local
 - Support Services for infrastructure – HR, Finance etc

Background and introduction

3. The Patient and Client Council is to be established as a Non Departmental Public Body with effect from 1 April 2009. Its statutory responsibilities as set out in the HSC Reform Bill are:-
 - Representing the interests of the public;
 - Promoting involvement of the public;
 - Providing assistance to individuals (by representation or otherwise) to individuals making or intending to make a complaint relating to health and social care for which as HSC body is responsible;
 - Promoting the provision of HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care;
 - Other functions as may be prescribed.
4. In exercising its functions the PCC must:-
 - Consult the public about matters relating to health and social care;
 - Report the views of those consulted to the Department (where it appears to the PCC to be appropriate to do so) and to any other body to which the legislation applies appearing to have an interest in the subject matter of the consultation;
 - In exercising its function the PCC shall promote the involvement of the public in consultations or processes leading (or potentially leading) to decisions by a HSC body which would or might affect (whether directly or not) the health and social well-being of the public;

- Arrange to such extent as it considers necessary to meet all reasonable requirements for the provision (by way of representation or otherwise) of assistance to individuals making or intending to make a complaint of a prescribed description.
5. The PCC shall:–
- Undertake research and conduct investigations into the best methods and practices about consulting the public about, and involving them in, matters relating to health and social care and
 - Provide advice regarding those methods and practices to HSC bodies
 - Publish any report in a manner directed by the Department
6. Other HSC bodies will have a duty to co-operate with the PCC and must:-
- Consult with the PCC with respect to appropriate matters and on such occasions as the body considers appropriate having regard to the functions of the PCC
 - Furnish the PCC with information that the PCC considers necessary to enable it to properly exercise its functions
 - Have regard to advice provided by the PCC.
7. The PCC may enter, for the purposes of its function, premises controlled by HSC bodies or those providing primary medical services or general dental, pharmaceutical or ophthalmic services. The body shall have regard to any views expressed by the PCC regarding the health and social care for which the body is responsible.
8. In addition to its statutory functions, the PCC may be charged with specific additional tasks subject to Ministerial decisions such as work arising from the Bamford Review.
9. In order to carry out its functions, the PCC will be a single unified body capable of providing a strong effective and co-ordinated voice for patients, clients, carers and the public at a regional and local level.

Regional PCC membership

10. The PCC will be established as a single regional body but with a strong local presence in the form of five local committees covering the areas of the five HSC Trusts. The board of the PCC will consist of a chair and 16 members. As an independent public body, it is envisaged that appointments will be made through a process or processes in accordance with the guidelines set out by the Commissioner for Public Appointments. Appointments should be based on merit and members will share a common responsibility for the good governance of the organisation. The membership of the PCC will be exclusively non-executive but the Chief Executive, the Head of Development and

Corporate Services and the Head of Operations will be in attendance at all PCC board meetings.

11. In addition to other considerations, the appointment process for PCC members must take account of the need for the Council to be geographically representative of Northern Ireland. The position of locally-elected representatives on the PCC board has been addressed in consultation with NILGA and the Commissioner for Public Appointments.
12. In accordance with existing public appointment procedures, membership of the PCC will be governed by tenure of four years but may be renewed for a further term following a satisfactory review. This also applies to the post of Chair of the PCC. Further detail in relation to this will be set out in the Standing Orders.
13. The board of the PCC will be responsible for:
 - Setting the strategic direction for the organisation, including policy and standards, and defining its annual and longer term objectives in accordance with guidelines set by the Department and the Minister;
 - Overseeing the delivery of planned results by monitoring performance against objectives and ensuring that corrective action is taken where necessary;
 - Ensuring effective financial stewardship through value for money, financial control, planning and strategy;
 - Ensuring high standards of corporate governance and personal behaviour are maintained in the conduct of the business of the whole organisation, including the management of SLAs for common services, where appropriate;
 - Appointing, appraising and remunerating senior executives;
 - Ensuring there is effective dialogue between the organisation and the communities it serves
14. The PCC will appoint such committees as are necessary to oversee and monitor the effectiveness and efficiency of the organisation and provide for advice and guidance to the local committees.

Local Structure

15. To ensure a locally responsive organisation, the PCC will have a local presence in each of the five Trust areas. This will be of the nature of a small standing committee, the detail of which will be decided by the PCC Board. These local advisory committees will be supported by a staff team to ensure that the statutory functions are fulfilled at local level.
16. The Chairs of the local advisory committees will be chosen from those appointed by Public Appointment to the PCC board, with due regard to

geographical spread, and will therefore be held to the Nolan principles. They will lead and direct the work at local level and be responsible for the local management of work as determined by the PCC. However, they will be instrumental in ensuring that local initiatives are taken forward within the strategic context set by the PCC. To minimise conflict of interest, the Chair should be appointed from the lay members or community and voluntary representatives on the PCC Board. At the time of their selection and appointment, they should indicate their willingness to be considered for the post of local Chair. It is assumed that in addition to their regional responsibilities of 1.5 days per month the local Chair will be required to make a time commitment of another 1 day per month and that this will be eligible for NDPB special leave in instances where the postholder is employed. The Chair will lead meetings and possibly host other events, attend Trust Board meetings, etc.

17. It is anticipated that the local committees will not be in place by April 2009. However, the process to establish them (defined by the PCC and led by the relevant advisory committee Chair and local office) will support an initial robust community engagement exercise from the period April to June with the groups being ready to meet in September. The final selection process should be consistent with the principles of public appointment. The PCC should ensure support and capacity building is provided to local members to enhance the PCC's skill base and to encourage local members (where appropriate) to put themselves forward for Public Appointment at some future date.

Roles and responsibilities of the local advisory committees

18. The PCC will set criteria and standards governing the local advisory committees' membership and range of activity but it is envisaged that they will undertake any such tasks as will enhance the engagement between local users, carers and communities and local commissioners and providers. Supported by administrative staff, local advisory committee members will ensure that the PCC has information on the service provision of the area and will bring to the attention of the local body concerns and issues which will be fed into the information bank of the PCC. They will be active in the community as and when required and will provide an invaluable information resource to generate improved service levels and practices.
19. The local committee should meet every other month and hold its meetings in a variety of venues to better reach the community. The nature of these bi-monthly meetings will be determined by the PCC. However, activity is likely to be linked to PCC key objectives, research projects or PCC visiting programmes. Their primary functions are to assist the PCC in carrying out its core functions of representing the public interest, promoting involvement of the public and engaging with local communities. The local office will maintain a comprehensive database of local groups interesting in engaging with the PCC's work.

Members of the advisory committees will support staff in building meaningful and sustainable relationships with these contacts to ensure that the PCC's statutory functions are fulfilled.

20. The above will be subject to further consideration by the Chair (Designate) and Chief Executive (Designate) and will ultimately be reflected in Standing Orders.

COMMITMENT FOR MEMBERS

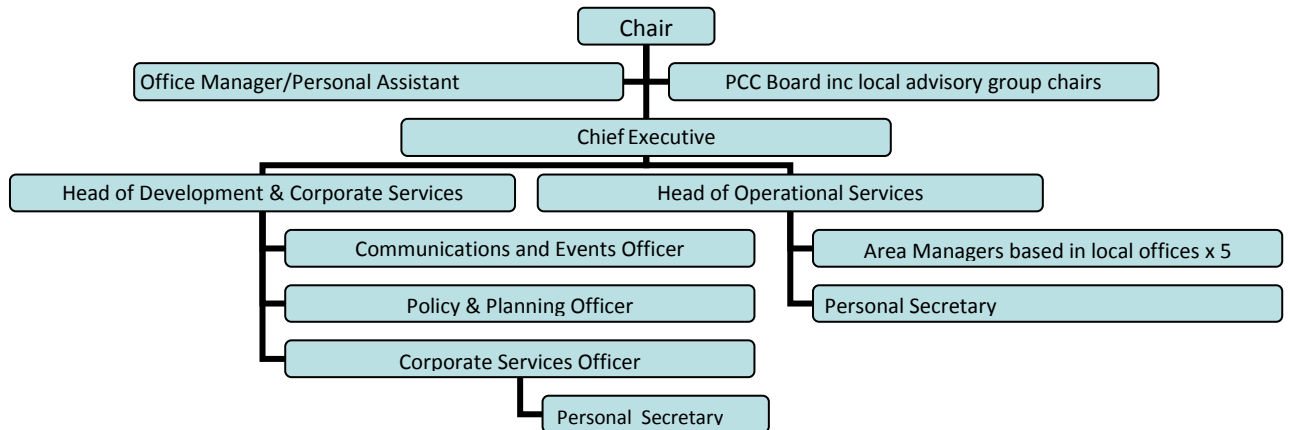
21. It is proposed that the role of PCC Chair should entail a commitment of one day per week. On a pro-rata basis, it is anticipated that each board member will have an initial commitment of one and a half days per month.
22. It is envisaged that board members who take on the additional responsibility of chairing a local committee will need to commit to an additional one day per month.
23. In the event of a standing local advisory committee being established, it is proposed that the position of the local member will be voluntary but should attract an attendance fee on the same lines as Education and Library Boards and travelling and subsistence as appropriate. Attendance at meetings and other events will be at the direction of the committee chair or the local team leader.
24. Travelling expenses and subsistence rates to be paid as appropriate to be determined when the local advisory committee arrangements are put in place.

SUPPORT STAFFING STRUCTURES

25. The PCC is a new body tasked with fulfilling a number of statutory functions. It faces a number of new challenges such as providing a service to the prison population with regard to health services, the developing importance of the personal and public involvement agenda, work arising from the Bamford Review, etc. This will require a staffing structure that provides strong leadership and management, can build strong partnerships with key stakeholders and is flexible enough to respond to need at local and regional level.
26. The PCC requires a regional presence capable of ensuring co-ordination, good governance and a strong and effective voice for service users across the whole of Northern Ireland. At the sub-regional level, a local presence will be important in building partnership with communities, representing the public interest locally and sourcing information and evidence to support the PCC regional perspective. This will require an integrated staffing structure capable of supporting joined up working and providing clear leadership to meet a challenging

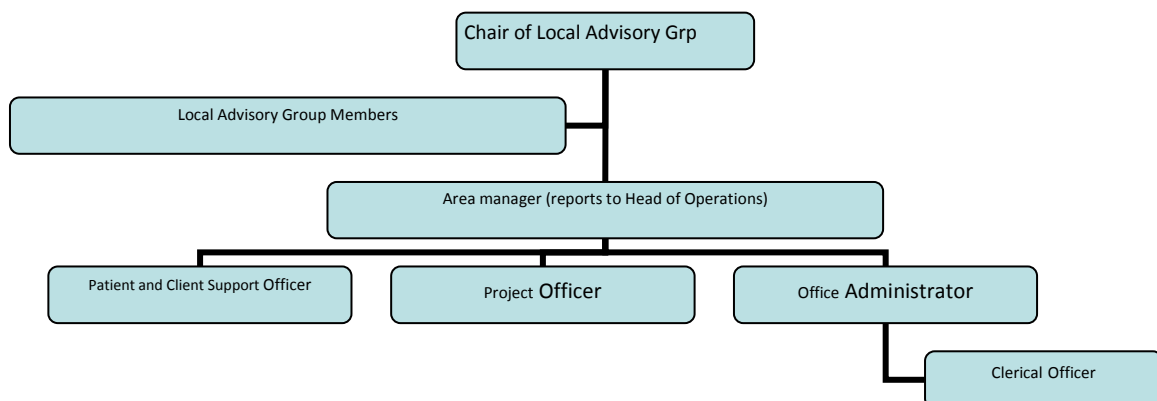
and outcome driven work programme. To ensure continuity and an evidence-based approach, the PCC structure will build on the experiences of the Health & Social Services Councils while providing staff teams that are consistent and equitable but flexible enough to respond to specific geographical issues such as rurality, etc.

27. The suggested structure of the regional PCC office is set out below.



PCC local support units

28. As the PCC will have a presence in each of the five Trust areas, it will require a small staff team to be located in each area. Staff functions are based around the PCC's statutory functions and staff will support the PCC in discharging these functions are local level. The proposed local staff team structure is set out below.



Document History:

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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 John Compton Edward Rooney Maeve Hully	22 nd January 2009	1.0

This document has been distributed to:

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