

**REPORT ON THE
STAKEHOLDER INVOLVEMENT WORKSHOP**

ISLAND CIVIC CENTRE, LISBURN

29th JUNE 2007

September 2007

Please note that the term stakeholder engagement used at the workshop has been changed to stakeholder involvement. This has come about to reflect the recent DHSSPS circular HSC (SQSD) 29/07, Guidance on Strengthening Personal and Public involvement in Health and Social Services which proposes that 'involvement' means more than consulting and informing. It includes engagement, active participation and partnership working. The term '*stakeholder involvement*' therefore will be used this report and subsequent documents.

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1. INTRODUCTION

This report summarises the main outcomes from the stakeholder involvement workshop and makes recommendations for future action in relation to a health and social care stakeholder involvement network. It details background thinking to the workshop and outlines proposal for a way forward.

The Department's commitment to public involvement is rooted in the 20-year strategy, *A Healthier Future*, which was published in 2005. This document sets out the long term aim and objectives for the health and social care system in Northern Ireland. It identifies 'what and how' the system would have to deliver over the longer term. This has clear implications for the structures and processes that are needed to deliver the outcomes envisaged.

These changes will have to be achieved through public involvement. It was argued that avoiding hospital admissions and social crisis required a much greater, indeed unprecedented, need to engage with the population about their health and well-being, and about how services are best orientated and designed for early interventions. Effective public involvement can help to create a better understanding of the complexities involved in managing our services. This in turn can lead to increased confidence and to services being used more effectively.

Involvement with stakeholders is therefore viewed by the DHSSPS as a key aspect of reform and modernisation. Consequently, a major programme of stakeholder involvement is being developed on the planned changes for health and social care and what this means for communities and individuals. A key aspect of the programme is the establishment of a Health and Social Care stakeholder involvement network which will determine a plan of

engagement to influence the future strategic direction, including the Priorities for Action (PFA) process. In this context, stakeholder involvement is different to personal and public involvement; it refers to the involvement of key individuals and organisations in strategic decisions about health and social care at regional level, for example in influencing priorities. This is different to personal and public involvement which refers to the involvement of individual patients/clients with health professionals in making decisions about their own individual care. The latter is also essential and should be undertaken at local level where services are delivered.

2. Workshop Event

Invitations to an initial workshop in the Island Civic Centre, Lisburn on Friday 29th June 2007, were issued to a wide range of stakeholders from statutory, community and voluntary sectors. In order to attract a wide representation from the community and voluntary sector an open invitation was extended to the third sector. This was promoted through the web sites of Chief Officers, Third Sector (CO3), Northern Ireland Community and Voluntary Association (NICVA) and Community Development and Health Network (CDHN).

This workshop took place in the Island Civic Centre, Lisburn however it is the intention that the location of future workshops would rotate throughout Northern Ireland.

This preliminary workshop was the beginning of a process of involvement whereby stakeholders can actively influence decision making. The event was planned at this early stage in the development of the programme as it is important to ensure that involvement processes are clear, fair and ultimately a rewarding experience for all involved. It is not the intention with the establishment of this network to duplicate existing good practice but rather to

develop a high level forum which will act as a sounding board to supplement and support local user involvement for health and wellbeing. We acknowledge and value the excellent partnership work at all levels that is presently taking place across the province and anticipate that the establishment of this forum will provide a regional focus for this work.

3. Aim of Workshop

The aim of the workshop is:

To discuss the concept of creating a 'meta' network of stakeholder groups who would work to improve health and wellbeing in Northern Ireland. This would then be viewed as a way of accelerating the exchange of knowledge, ideas and information to influence strategic planning in health and social care and the development of regional policy and priorities.

4. Programme for the workshop

Mr Sean Donaghy, Director of Finance and Corporate Services Designate at Health and Social Care Authority (HSCA) welcomed everyone and outlined the programme for the workshop.

In order to facilitate later discussion, and provide some background information, presentations were delivered by;

- Mr David Sissling Chief Executive (designate) HSCA - 'Your Service, Your Say'
- Mr Andrew Hamilton Deputy Secretary Health Care Policy Group DHSSPS – 'Influencing Policy and Priorities'
- Mrs Suzanne Wylie, Health of Environmental Health, Belfast City Council – 'Joining it up – A Partnership Approach'

The full presentations are available on line at:

www.dhsspsni.gov.uk/index/hss/rpa-home/rpa-presentations.htm

Sean introduced Anne McMurray, Anne McMurray Consulting Ltd who facilitated the discussion.

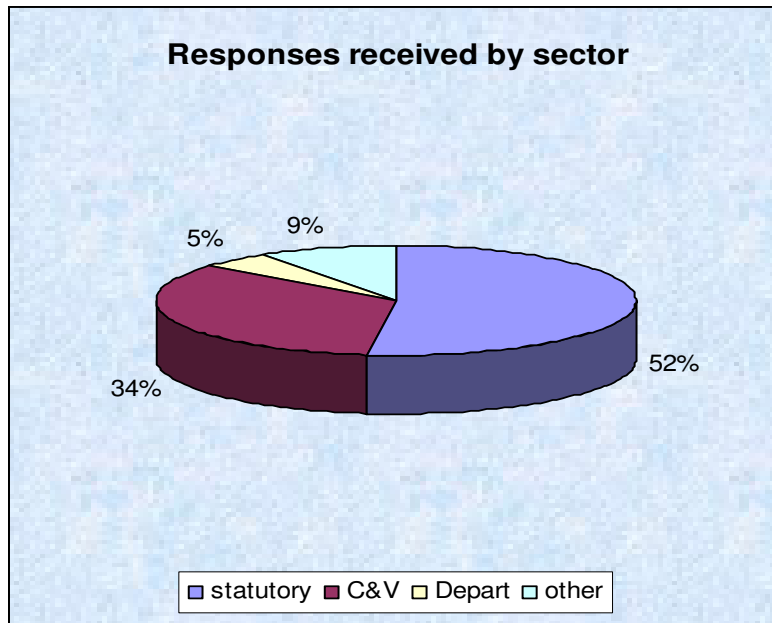
It was important that this should not be viewed as yet another 'talking shop' and it was proposed to utilise the World Café approach. This is a simple process for bringing people together to discuss the 'questions that matter' and it is based on the assumption that people have the capacity to work together irrespective of what sector they represent. Table hosts replaced the traditional facilitators; their role was to welcome the participants keep the dialogue flowing and capture the main discussion.

5. Evaluation

All participants attending the workshop received an evaluation form with their delegate pack. Of the 93 who attended, 42 individuals completed and returned an evaluation form giving a response rate of 45%.

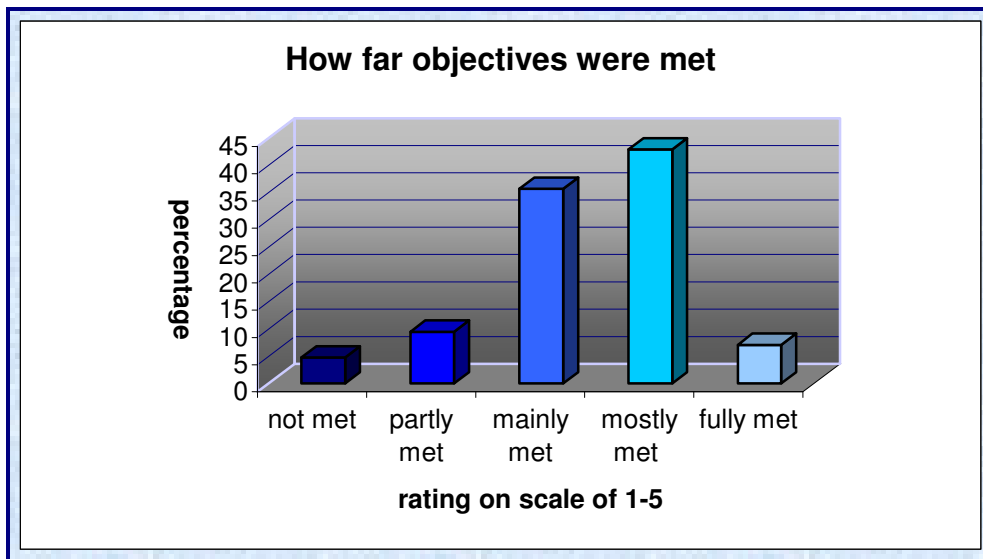
Responses were received from across the sectors; **Figure 1** shows percentage of completed evaluation forms by sector.

Figure 1: Percentage of evaluation forms completed by sector



Of the completed evaluations, 86% (36 respondents) considered the pre-event briefing material adequate. Seventy nine percent felt that the objectives had been mainly or mostly met, with a further 7% indicating they had been fully met. **Figure 2** shows how far respondents considered the objectives had been met.

Figure 2: Extent to which objectives were met.



When asked to rate the style of the workshop on a scale of 1-5, 76% of respondents found the approach good or very good.

Respondents were asked to specify what they found most relevant and responses highlighted the following;

- Conversations/discussion groups
- Hearing different views
- Small group involvement
- Opportunity to 'have our say'
- Good dynamic process

Respondents were asked what they would do as a result of the workshop. The recurring themes focused on feeding back to colleagues, becoming involved in the network and promoting it to others, making links with the Chairs of Local Commissioning Groups and seeking clarity around their roles. A number of respondents proposed to follow up contacts made during the day.

The questionnaire invited respondents to identify other areas they would like to see covered. The majority of respondents, 76%, identified no further issues. The remainder highlighted recurring themes around,

- Political buy in and how to engage politicians
- The opportunity for community/voluntary groups to continue to have input
- Further discussion around involvement issues
- The relationship with other users, for example, carers.

When asked 'are you interested in attending future events?' the vast majority, 95%, indicated that they wished to do so.

Respondents were then asked for comments to help with next steps. Suggestions ranged from inviting political representatives, engaging further with other departments and partnerships, promoting good health and social care news stories and securing more input from DHSSPS. Suggestions for improvements or other remarks included;

- Excellent venue
- Well organised
- Catering very good
- Temperature of room cold

6. Café Conversations

This sections sets out the main themes emerging from Café conversations as identified by participants.

6.1. Conversation 1

What can Stakeholders contribute to assuring the relevance of DHSSPS policy and priorities?

- (i) **Change of culture** and power balance which has a clear value base, is accountable and willing to be challenged to increase the rigor of thinking and analysis and be seen as positive
- (ii) Bring a **coherent articulate voice** to policy makers and planners, using a three tiered approach for involvement, which is balanced and not simply the voice of the loudest.
- (iii) **Building capacity** within organisations and communities to be more effective and innovative, engaged with strategy formulation and taking responsibility for leading health and well being improvements particularly to marginalized communities
- (iv) Advocating a **long term focus** on health and well being
- (v) **Utilising existing networks**, partnerships and models of effective working– networking the networks to detect and connect across the broader determinants of health and well being.
- (vi) **Dialogue** to increase understanding and develop new thinking about improving what we do

What is considered best practice in improving health and wellbeing in Northern Ireland?

- (i) **Building capacity** of individuals, families, communities and stakeholders to engage effectively. This may require training and education
- (ii) Leadership of a **person centred** approach
- (iii) **Changing** how we do things and the old culture; shift how services are delivered and resourced
- (iv) **Shared responsibility** and partnership working necessary to improve health and well being, which requires the clarification of roles and accountability.
- (v) **Mainstreaming and disseminating** good practice, evidencing what works and can be applied to generate benefits
- (vi) **Sharing resources** and developing relationships which promote multi- disciplinary, interagency and cross-sectoral working, holding people and agencies to account for and what they say they will deliver
- (vii) Getting the right people engaged and the need for a **long term strategy**
- (viii) **Prioritization of needs** across Northern Ireland, where there is transparency of the process and two way process for dialogue and increasing understanding, targeting poverty and inequality and ensuring the inclusion of marginalized groups

How can we achieve improvement in health and wellbeing in Northern Ireland?

- (i) **Education** has a key role in building capacity as well as mobilizing resources, through building relationships for example between the voluntary and community sector and government departments
- (ii) **Change of culture** through the meaningful involvement and participation of citizens and development of 'on the ground' partnerships
- (iii) Emphasis on the **responsibilities** of the individual right through to policy makers
- (iv) Real partnership between the statutory sector should be driven and monitored the Office of the First Minister and Deputy First Minister (OFMDFM), by promoting **interdepartmental working** and setting targets to measure achievement e.g. fruit in schools
- (v) Revive the **Investing for Health** strategy and refocus on the basics
- (vi) Getting small things right can have a big effect. Big conversations are necessary to **generate new thinking** and ideas about a model of wellness rather than illness. This involves taking **a holistic approach**, working through and with natural community networks and organisations and planning upstream interventions
- (vii) Need for a long term approach and acceptance that **evaluation** of improvement will not be easy to prove in the short term and that, **new, qualitative measures** of process, impact and outcomes need to be designed.

What is strategic influence? How can stakeholders engage strategically with DHSSPS using this process?

- (i) Strategic overarching influence may be limited if Minister has different priorities from local commissioning. This needs to be recognised and understanding developed through a long term investment in trust and relationship with **the new political system**
- (ii) Having a shared vision and priorities, with a **pathway for implementation** and action, where people are held to account and there are jointly agreed measures of success.
- (iii) Strategic influence is about capacity building, awareness raising, **creating mutual trust** in spite of different perspectives and senior level involvement. This takes time to do effectively, needs creative approaches and management of expectations.
- (iv) Getting voices heard at senior levels through **linking into umbrella organisations** and existing forums, enabling them to have trust and confidence in how the system works, engaging in negotiation towards agreed outcomes rather than one voice being overly dominant
- (v) Influence is a **two way process**, and we need training in collaborative working, role clarification and leadership development to build capacity to work in this way
- (vi) The stakeholder network needs careful planning support and management, recognising that “**one size does not fit all**” and there needs to be a variety of involvement mechanisms
- (vii) Stakeholder involvement can provide **the balance** between evidence and informed opinion, taking into account context specific factors
- (viii) Scope out what is currently going on and rationalise where possible and develop an **integrated stakeholder involvement policy**

6.2. Conversation 2

What support is needed by this network? Who should be invited to participate? What should be the criteria for membership?

- (i) Clarity about gaps in knowledge and roles of new groups e.g. LCGs and PCCs
- (ii) Three tier model approach linking existing grassroots organizations, reliable umbrella conduit mechanisms and department representation with effective feedback processes
- (iii) Range of network support mechanism e.g. websites, forums, papers, conferences with someone given the role of maintaining and supporting the network and involvement

What benefits do we hope we can achieve through this network?

- (i) **Tangible and intangible** benefits should be explicit and measurable using a open and transparent process
- (ii) Hope for quick wins as well as long terms gains
- (iii) Greater accountability through efficiently sharing knowledge and information about good practice: connecting people and ideas
- (iv) Being open to change, new ways of working and taking risks in pursuit of a shared vision
- (v) Reduced cynicism, animosity and distrust between stakeholders, leading to less conflict and more collaboration
- (vi) Participation in debate how resources are allocated and where they will have most impact
- (vii) E -Network for information sharing supported by face to face interaction is necessary
- (viii) Conversation with elected representatives to increase understanding

- (ix) Better cooperation and communication between stakeholders, especially when tackling issues which cause tension
- (x) 10. Invigoration of Investing for Health as a model of good practice

How will impact and effectiveness be measured?

- (i) **Equality proofing** the network for involvement of 'hard to reach' groups
- (ii) Frequency and prevalence of involvement in the stakeholder network
- (iii) Joint outcomes across departments, shared targets and integrated measures which are distinct from other initiatives for example trust or LCG user involvement.
- (iv) Developing an **agreed performance management and evaluation framework** with short medium and long term objectives using of qualitative and quantitative techniques to measure issues like;
 - Extent of **person centred approaches** being used.
 - Impact on politicians
 - **Culture change** which can be indicated through language and policy change
 - Dissemination of good practice and changes in consultation process of PFA targets
 - Mainstreaming user involvement and measuring impact on services

What structure would enable effective involvement around special interest areas e.g. formation of subgroups in regard to specific issues?

- (i) **Clear framework and terms of reference** developed along the lines of the three tier system (Derry Well Centre model)
- (ii) **Regional system** linked to locally sensitive mechanisms
- (iii) Use existing networks and forums at community and departmental levels
- (iv) **Build leadership capacity**
- (v) Open, transparent feedback loop
- (vi) Special interest themes can be acknowledged and **use existing mechanisms as appropriate**
- (vii) Use a variety of methods and **consider barriers to participation** which need to be removed
- (viii) Ministerial participation and support to drive **cross departmental targets** and involvement
- (ix) **Focus on Northern Ireland wide best interest** not local self-interest. There is a need to seriously join-up, pool funding, come out of our silos and rationalise.

7. Recommendations

- to develop a framework for achieving effective stakeholder involvement
- to initiate internal discussion around involvement processes
- to develop a culture change in the way in which HSC in Northern Ireland interacts with the citizens it serves and the way in which services are delivered whether in hospitals or in the community.
- to host further workshops/face to face discussions to develop a stakeholder network
- to develop a internet website to facilitate ongoing communication exchange.

8. The way forward

There is a strong and widely held view that involving stakeholders in decisions about health and social care at both a personal and strategic level is fundamentally important to the improvement of health and social care services, as well as a basic human right. The inference from the workshop confirmed the necessity for a “network of networks” or ‘meta’ network which represents organisations or networks at a Northern Ireland level to create a regional system.

The emphasis of this network would be on creating genuine, ongoing partnership where all those involved are acknowledged as having a particular and unique contribution and views are respected. Proposals from the workshop suggest a 3-4 tier model based on that adopted by the Derry Well Women’s Centre, see **Table 1**. Proposals for this will be set out in a Stakeholder Involvement Framework, which will outline a structure for creating a stronger stakeholder involvement voice in the development of health and social care in Northern Ireland.

Table 1 - Levels for HSC Stakeholder Involvement Network

Levels	Purpose	Responsibility	Process
0 Client/patient	Greater participation and partnership with clinical team in developing and agreeing treatment/care at a personal level	Individual practitioner at provider level	Individual Care Plan
1 Local	Focus on Influencing/ advocacy of commissioning priorities and how services are delivered	<ul style="list-style-type: none"> ➤ LCGs ➤ Intersectoral partnerships e.g. IfH ➤ Health and social Care Councils ➤ Trust local involvement 	Local involvement for <ul style="list-style-type: none"> ➤ Service design/ re-design ➤ Change management ➤ Local needs assessment ➤ Co-ordination of stakeholder groups
2 Regional	<ul style="list-style-type: none"> ➤ The coherent regional voice for emerging priorities and concerns ➤ Engaging in strategic debate and dialogue ➤ Northern Ireland resource for consultation on policy and priorities 	<ul style="list-style-type: none"> ➤ HSCA level/LCGs ➤ Stakeholders – IfH, Service Framework Groups ➤ Health and social Care Councils 	Regional involvement for <ul style="list-style-type: none"> ➤ E- network membership ➤ Face to face interactions ➤ Influencing Priorities for action ➤ Regional evaluation of services ➤ Co-ordination of stakeholder groups
3 Strategic	<ul style="list-style-type: none"> ➤ Policy formulation ➤ Cross departmental working 	<ul style="list-style-type: none"> ➤ The Minister ➤ DHSSPS 	<ul style="list-style-type: none"> ➤ Priorities for Action ➤ Programme for Government ➤ Co-ordination of stakeholder groups