**Public Health Agency**

**Personal and Public Involvement (PPI)**

**Actions 2016-19**

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**Background**

The Public Health Agency (PHA) is responsible for overseeing implementation of Personal and Public Involvement (PPI) in Health and Social Care services (HSC) in Northern Ireland. PPI is used to describe the concept and practice of involving service users, carers and the public in the planning, commissioning, delivery and evaluation of the HSC services they receive. This consultation exercise is being undertaken to seek stakeholder views on the summary of the actions to be progressed by the PHA during 2016-19.

The PPI Action Plan is based on the PPI Standards. Please consider the actions outlined in conjunction with the PPI Standards click here and answer a few short questions.

It would be helpful if you could take some time to complete the questions and return your comments to [ppi.secretary@hscni.net](mailto:ppi.secretary@hscni.net) by 30 November 2016.

**Format of the PPI Action Plan**

The actions are presented under each PPI Standard, which are:

1. Leadership;
2. Governance;
3. Opportunities and support for involvement;
4. Knowledge and skills;
5. Measuring outcomes.

In order to distinguish between the actions to be progressed by the PHA, these have been divided into regional and internal sections. This is in line with the PHA’s dual function, both as the HSC regional implementation lead and also its own internal PPI responsibilities.

**PPI Proposed Actions 2016-19**

**Standard 1 - Leadership**

HSC Organisations will have in place, clear leadership arrangements to provide assurances that PPI is embedded into policy and practice.

**Regional Actions**

* Lead the implementation of PPI policy at a strategic level across the HSC.
* Lead, support and facilitate the work of the Regional HSC PPI Forum.
* Promote the adoption and implementation of the HSC PPI Standards regionally and beyond.
* Continue to provide professional leadership, guidance and advice for PPI in the PHA and across the HSC.

**Internal Actions**

* Review PHA PPI Strategy and develop updated Action Plan 2016-19.
* Provide PPI leadership in the PHA at a corporate and operational level.
* Enhance PHA Directorate and Divisional PPI capability.

**Standard 2 - Governance**

HSC organisations will have in place, clear corporate governance arrangements to provide assurances that PPI is embedded into policy and practice.

**Regional Actions**

* Review models of PPI governance across HSC bodies, identifying areas of best practice and encouraging adoption.
* Develop a PPI Annual Report.

**Internal Actions**

* Ensure robust reporting and monitoring mechanisms are in place for PPI across the organisation.
* Address recommendations as outlined in the PHA PPI internal monitoring report.

**Standard 3 - Opportunities and Support for Involvement**

HSC organisations will provide clear and accessible opportunities for involvement at all levels, facilitating and supporting the involvement of service users, carers and the public in the planning, delivery and evaluation of services.

**Regional Actions**

* Update and implement an annual communications plan to raise awareness of PPI.
* Establish an e-forum with voluntary and community sector partnerships to interact with and inform the work of the PHA and the Regional Forum.
* Support the Regional HSC PPI Forum to organise an annual showcase event to share/learn from PPI best practice and recognise barriers to involvement.
* Further develop PPI resources and best practice, including support for regional strategic projects and the testing of innovative approaches to PPI.

**Internal Actions**

* Review current engagement activity and identify further opportunities to involve service users and carers.
* Support PHA staff to involve service users and carers in all areas of work by introducing best practice supports, training and PPI planning support.

**Standard 4 - Knowledge and Skills**

HSC organisations will provide PPI awareness raising and training opportunities as appropriate to need, to enable all staff to deliver on their statutory PPI obligations.

**Regional Actions**

* Guide the roll out of the Engage & Involve PPI training programme and explore future development opportunities.
* Develop and promote PPI best practice through the establishment of web based resources.

**Internal Actions**

* Integrate PPI as a key responsibility for all staff.
* Develop and disseminate a range of PPI tools and guides to support PHA staff.
* Advance awareness, understanding and knowledge of PPI through research.
* Explore the development of a third level PPI qualification.

**Standard 5 - Monitoring Outcomes**

HSC organisations will measure the impact and evaluate outcome of PPI activity.

**Regional Actions**

* Undertake, review and evaluate on-going PPI monitoring for HSC Trusts.
* Encourage HSC organisations to establish and undertake an internal monitoring process.

**Internal Actions**

* Review, update and implement monitoring arrangements for PHA.

**PPI Action Plan 2016-19**

**Consultation Questionnaire**

1. Do the actions outlined support the PHA in its commitment to the regionally agreed PPI Standards?
2. Are there any additional areas you feel would support the PHA deliver its PPI responsibilities (see appendix b)? If so, please outline your suggestion below.
3. Do you have any comments not covered by the previous questions?

**Appendix a**

**What is Personal and Public Involvement (PPI)?**

PPI is a term that was formally introduced by the Department of Health, Social Services and Public Safety (DHSSPS) in 2007. It is used to describe the concept and practice of involving service users, carers and the public in the planning, commissioning, delivery and evaluation of the HSC services they receive. PPI policy is a central plank in the HSC drive to make services more ‘person centred’. . It is also now incorporated within the legislative framework that governs HSC, through the Statutory Duty to involve and consult, which formed part of the 2009 HSC Reform Act.

PPI is about putting the patient first, about working in partnership with service users and carers. It is about ensuring that their knowledge, expertise and views are heard, listened to and factored into decisions, plans and developments. Co-design and Co-production are synonymous with PPI, bringing about improvements through a meaningful and genuine partnership between HSC and service users, carers, advocates and the public. Effective PPI can and does change things for people who use our health and social care services, tailoring services to need, improving efficiency and effectiveness of services, enhancing experience of the service people receive and the quality and safety of their care.

**Appendix b**

**PHA’s PPI Leadership and Responsibilities**

The PHA has lead responsibility within the HSC family, in terms of overseeing the implementation of PPI policy (assigned by the DHSSPS under the 2012 PPI Circular). This responsibility for the PHA extends to:

* Providing leadership through the operation of the Regional HSC PPI Forum;
* Promotion and sharing of best PPI practice;
* Raising awareness and understanding of PPI;
* Development of PPI training and;
* Undertaking of PPI monitoring.

As part of this leadership function, the PHA regularly takes the lead in a number of additional HSC wide developments in the PPI field. In recent times this has included the co-production of:

* Regional Standards for PPI;
* Regional monitoring arrangements for PPI;
* Engage & Involve PPI training programme.

In addition, the PHA has an internal responsibility to comply with the Duty to involve and consult. In order to meet this responsibility the PHA has:

* Established corporate leadership and governance arrangements;
* Appointed an executive and non-executive Director for PPI;
* Established a directorate PPI Leads Group;
* Included PPI in significant strategic areas of work across the PHA, e.g. Making Life Better, Early Intervention Transformation Programme (EITP), R&D PPI Panel, Regional Pain Forum;
* Established and undertake an annual internal PPI monitoring process.