HSC Public Health Agency

Involvement and Consultation Scheme

March 2025

Personal and Public Involvement (PPI)

Involving you, improving care

Foreword

The Health and Social Care (Reform) Act (Northern Ireland) 2009 brought about reform and modernisation of the health and social care system in Northern Ireland. It helped to restructure the way in which health and social care services were delivered.

It also placed a statutory obligation on Health and Social Care (HSC) organisations to involve the Patient Client Council (PCC), service users and carers and to consult with them in relation to the planning and provision of health and social care.

The Public Health Agency (PHA) are committed to using an agreed generic framework in these areas, to bring about a coherent, co-ordinated approach across Health and Social Care. It embeds and embraces our collective commitment to the culture and practice of Involvement and the values and principles set out in the Personal & Public Involvement (PPI) Circulars of 2007 and 2012. It also reflects our intention to fully and systemically move in the direction of travel set out in the Co-production Guide 2018, to embrace effective Partnership Working with all relevant stakeholders, to ensure the future development and delivery of sustainable and effective services.

This document reaffirms the commitment of the PHA to this way of working and sets out at high level, the arrangements for Involvement and how the organisation will comply with its the legal duties and its policy responsibilities in this regard, in respect of the PCC, service users, carers and the wider public; about the changes that will impact on them, in the commissioning, planning, development, delivery and review of strategies, policies and services.

The PHA will ensure that Involvement and consultations engaged in / undertaken, will meet recognised best practice standards, by monitoring what is done in this regard, seeking feedback, assessing its effectiveness and by learning from and sharing of best practice.

This PHA Consultation Scheme has been developed to meet the statutory requirement and will be known as the PHA Involvement and Consultation Scheme.

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Chief Executive

Signature:

Date:

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Signature:

Date:

1. Introduction

The Health and Social Care (Reform) Act (Northern Ireland) 2009 ("the Reform Act")[1] provides the legislative framework within which the health and social care structures operate. This framework sets out the high level functions of the various Health and Social Care (HSC) Bodies. It also provides the parameters within which, each body must operate and describes the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

HSC organisations are ultimately accountable to the Department of Health (DoH) for the discharge of the functions set out in their founding legislation. The changes introduced by the Reform Act augment, but do not detract from, that fundamental accountability.

The PCC has a number of statutory functions and these are set out in Article 17 of the Reform Act. Article 18 addresses the statutory duty to co-operate with the PCC and Articles 19 and 20 cover areas of public involvement and the requirement for Consultation Schemes.

1 The Health and Social Care (Reform) Act (Northern Ireland) 2009 ("the Reform Act")
https://www.legislation.gov.uk/nia/2009/1/contents

2. Involvement

2.1 Statutory Duty of Involvement and Consultation

Sections 19 and 20 of the Reform Act place a statutory requirement on each organisation to outline how the PCC, service users, carers to whom care is, or may be provided, will be involved and consulted on:

- The planning of the provision of care.
- The development and consideration of proposals for changes in the way that care is provided.
- Decisions to be made by the body who has the responsibility for the provision of that care.
- The efficacy of that care.

This statutory requirement extends to the development of a Consultation Scheme, which must set out how the organisation involves and consults with, the PCC, service users and carers (to whom care is or may be provided) and the wider public about the health and social care for which it is responsible.

2.2 Personal and Public Involvement

The term Personal and Public Involvement (PPI) is used to describe the concept and practice of involving service users, carers, Community/Voluntary sector, advocates and the public in the planning, commissioning, delivery, change, or withdrawal and evaluation of the services they receive, or may receive. PPI is a central policy in the HSC drive to make our services more 'person centred'. The DoH guidance provides further information on PPI in the HSC system and outlines HSC organisations' PPI policy responsibilities as set out in the PPI Circulars of 2007[2] and 2012[3].

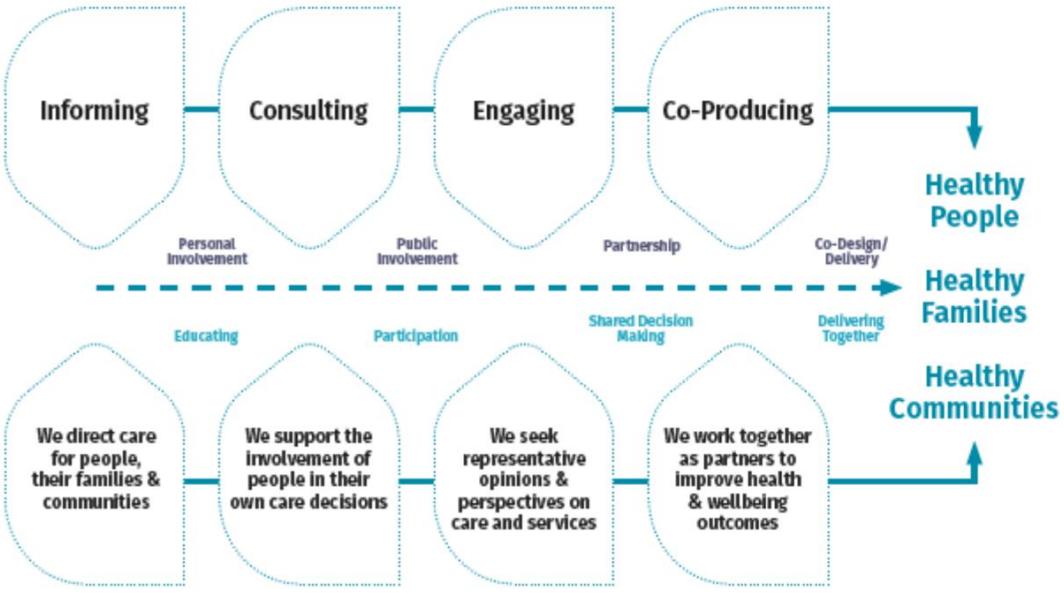
2 Guidance on strengthening Personal and Public Involvement in Health and Social Care. HSC (SQSD) 29/07
https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2029-07_2.pdf

3 Guidance for HSC organisations on arrangements for implementing effective Personal and Public Involvement in the HSC. HSC (SQSD) 03/2012 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2003-12_0.pdf

2.3 Co-production

Co-production[4] is an approach whereby HSC staff, service users, carers and the public, share power to generate policy, plan and deliver services together, recognising that all partners have equal contributions to make in order to transform the HSC. It seeks to combine people's strengths, knowledge, expertise, experiences and resources in order to collaboratively improve personal, family and community health and wellbeing outcomes. Co-production is regarded as the pinnacle of Involvement.

The Co-production Pathway shows how Involvement, Engagement and Co-production approaches are part of a continuum, outlined below[5].



4 Co-Production Guide for Northern Ireland, "Connecting and Realising Value Through People" 2018, available at https://www.health-ni.gov.uk/publications/co-production-guide-northern-ireland-connecting-and-realising-value-through-people

5 Department of Health, Co-Production Guide for Northern Ireland, "Connecting and Realising Value Through People" August 2018, page 17, figure 3.

2.4 Relevant Legislation

Section 75 of the Northern Ireland Act 1998 sets down equality responsibilities for defined groups, which in turn have a clear relevance and connection to PPI and should be evident in how organisations meet their Involvement responsibilities.

The DoH Guidance on Change or Withdrawal of Services[6] sets out specific guidance for HSC organisations, when considering changes or withdrawal of services[6]. The PHA has taken cognisance of this guidance and factored this into this Involvement and Consultation Scheme.

2.5 Governance and Standards

Each individual HSC organisation is responsible for establishing appropriate organisational governance arrangements to meet their statutory duty of Involvement and for maintaining and building on progress already made in relation to embedding PPI, in line with the requirements contained in the Department's PPI guidance circulars**.**

To support this, the Standards for Involvement and associated Key Performance Indicators were developed in Northern Ireland by the PHA in partnership with the Regional HSC PPI Forum. They are:

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

6.Update to The DoH Guidance on Change or Withdrawal to Services Circulars HSC (SSUB-0446-2023) https://www.health-ni.gov.uk/sites/default/files/publications/health/change-or-withdrawal-of-services%E2%80%93guidance-on-roles-and-responsibilities.pdf

The Standards set out what is expected of HSC organisations and staff and provide a framework for monitoring compliance with the statutory duty of Involvement and progress against PPI policy.

3. Organisational arrangements for ensuring compliance with PPI and Co-production

The DOH Guidance on Strengthening PPI in HSC circulars (SQSD) 29/07 & (SQSD) 03/2012 provided HSC organisations with guidance to strengthen and improve service user, carer and public involvement in planning, commissioning, service development, change and withdrawal and evaluation of services as part of their governance arrangements. The Co-production Guide 2018 moves the HSC beyond this, setting a direction of travel towards one of full partnership working with service users, carers and wider stakeholders where appropriate.

3.1 What this looks like in practice

Building on the existing PPI infrastructure and using the six principles of Co-production, the PHA will embed Involvement and Co-production in its strategic and operational planning where feasible by:

- **Valuing People** – developing mutual respect, openness and accepting collective ownership of outcomes.
- **Building Representative People Networks** – move towards balanced meaningful participation, engagement and shared ownership.
- **Building People's Capacity** – increasing knowledge, training and harnessing existing Involvement infrastructure.
- **Reciprocal Recognition** – Investing in building capacity within the organisation and valuing contribution of all participants.
- **Cross Boundary Working** - adopting a multi-agency approach to the improvement of outcomes for local communities.
- **Enabling and Facilitating** – empowering those involved to have solution focused approaches, focusing on outcomes not outputs.

3.2 How we create and promote opportunities for Involvement:

The PHA will build on, create and promote new opportunities for Involvement by maximising the existing infrastructure across the organisation for early involvement and engagement. The PHA will do so through:

- Committing to ensuring that there are Involvement opportunities within every directorate.
- Committing to knowledge sharing, providing training programmes and opportunities for sharing good practice and allowing the time to embed these within the system.
- Ensuring that Involvement opportunities are identified, promoted and widely advertised through various approaches including the PCC Newsletter, Engage[7] and via Community/Voluntary partners etc.
- Ensuring that the organisation assesses whether a full public consultation is required on proposals (see Appendix 1, Section 2).
- Providing appropriate information, gathering feedback and ensuring there are adequate opportunities to influence.

3.3 How we support service users and carers:

The PHA will support services users and carers by:

- Providing the support and guidance they require through training, support and leadership.
- Providing, where appropriate, a clear terms of reference, with an induction, clarity and purpose of role, when they participate in any PHA form of reference / focus group etc.
- Building relationships by listening to the needs of people who we deliver services to, their carers and those we are working in partnership with.
- Sharing good practice of when Involvement makes a difference.
- Having a clear and accessible approach to communications.

7. Engage – the HSC online resource for Involvement, Co-production and Partnership Working – available at https://engage.hscni.net/

- Including people's contributions, ideas and looking for ways to integrate feedback to support improvement.
- Engaging, involving and empowering service users and carers by providing leadership opportunities for them to have influence at all levels and particularly where policy, strategy, service development and/or delivery decisions, affect them directly.
- Providing mentoring opportunities to ensure that new service users and carers are confident and equipped to be actively involved.
- Ensuring that service users and carers are appropriately reimbursed for any out of pocket expenses as set out in Regional Reimbursement Guidance
- When appropriate, the PHA will consider remuneration of service users and carers for their contribution, where this is deemed to fall within the qualifying scope, scale and nature of the eligible criteria, as defined in agreed Regional Remuneration Guidance, when it is finalised and adopted.
- Ensuring service users and carers that we engage / work with, are aware of the advocacy and support role available to them from the PCC

3.4 How we support staff to involve and co-produce:

The PHA will take measures to raise awareness and understanding of Involvement and associated responsibilities with staff and board members by:

- Ensuring staff understand their responsibilities in relation to the statutory duty of Involvement and Consultation, including the duty to involve and consult the PCC.
- Supporting staff to understand their responsibilities in regards to the outworking of PPI policy and how they embed the approach in their work, especially when it impacts the planning, delivery or efficacy of the care they provide.

- Providing information on how to access key documents including, the Health and Social Care (Reform) Act (Northern Ireland) 2009, PPI Policy and the Co-production Guide for Northern Ireland (Connecting and Realising Value Through People) 2018,
- Ensuring the statutory Involvement, Consultation and PPI Policy obligations, form part of the PHA induction programme.
- Ensuring staff are kept up to date with developments relating to PPI, Co-production and Partnership Working.
- Creating space, time and ring-fencing resources for staff to facilitate Involvement opportunities, where appropriate and proportionate to their role.
- Encouraging the inclusion of PPI and Co-production as a recurring agenda item on team meetings.
- Embedding PPI and Co-production into all staff appraisals.
- Provide training opportunities on Involvement, Co-production and Partnership Working for staff.
- Providing specialised training for key staff leading or directly engaged in taking forward implementation of Involvement, Co-production and Partnership Working initiatives.

3.5 Partner organisations

The PHA will work with partner organisations and local communities to increase understanding of how Involvement in the HSC operates and identify opportunities for collaboration and Partnership Working where appropriate by:

- Extending Involvement training opportunities to Community/Voluntary partners.
- Scoping partnership opportunities and identifying potential partners.
- Sharing information, tools and guides for Involvement and Partnership Working.

3.6 How we embed Involvement & Co-production within the PHA & its directorates

The PHA is committed to ensuring systemic involvement across the organisation and will do so by:

- Ensuring that plans, proposals, objectives brought forth from each directorate are where possible, assessed to ascertain how service user and carer input can, or will be factored into their development / implementation.
- Appointing Involvement Champions / Leads within each directorate who will support the delivery of Involvement at an operational level.
- The provision of support and guidance from the PHA PPI Team to the Directorate Champions / Leads.
- Involvement Champions / Leads will help to ensure that Involvement work is captured in the monitoring returns.
- Recognising, celebrating and sharing best practice in Involvement
- Providing peer support to others engaged in Involvement activities across their directorate.

3.7 How we carry out formal public consultations

The PHA will ensure formal public consultation is carried out as required under Sections 19 and 20 of the Reform Act. Planning and delivery of consultations will be conducted in line with the Gunning Principles and best practice guidance on consultations, as outlined in the HSC Consultation Guide (see Appendix 1).

The PHA will engage directly with the PCC and where appropriate, with service users, carers, Community/Voluntary partners, advocates and the public to determine how best to involve and consult with them.

4.0 Governance, reporting and monitoring

4.1 What are the governance and reporting arrangements for Consultation, Involvement and Co-production:

In respect of compliance with the Statutory Duty of Involvement and implementation of PPI policy, the PHA has both an internal and an external responsibility.

In terms of the internal arrangements, these consist of directorate involvement monitoring mechanisms, reports from which are then developed and collated into organisational updates, as part of the production of Annual Reports. These are produced and quality assured by the Assistant Director for Partnership and Engagement and the Director for Nursing, Midwifery and Allied Health Professionals. They are then taken forward through the PHA's internal reporting processes, which includes annual updates to AMT and annual reports to the PHA Board for their consideration and then a line of accountability to the DoH.

The PHA also has a Non-Executive Lead for PPI and Co-production, who acts as a Champion / advocate for Involvement throughout the year, bringing challenge and encouragement on the grounds of Involvement to strategies, plans proposals brought forth to the PHA Board for their information and or consideration.

The PHA also has responsibility for monitoring HSC organisations to whom the legislation pertains, in regards to Involvement, to provide assurances to the DoH (through established accountability arrangements) that they are meeting their Statutory Duty on Involvement and complying with their PPI Policy responsibilities.

In keeping with the duty to co-operate, involve and consult with the PCC, one of the key ways in which this is achieved, is via the PCC's membership of, attendance at and participation in, the Regional HSC PPI Forum. This is a DoH mandated body, which the PHA utilises to advance its regional leadership

responsibilities in the area of Involvement. Other arrangements are in place, including bi-monthly meetings of the PHA's Regional PPI and PCE Leads with senior PCC staff. In addition, as part of the PHA Standing Orders, a PCC representative is invited to attend PHA Board meetings. This is reciprocated by a PHA representative being in attendance at PCC Council meetings.

4.2 What are our monitoring and feedback mechanisms for Involvement:

The PHA is committed to effective monitoring and feedback and commits that it has / will put in place:

- A monitoring process that captures both qualitative and quantitative data when assessing the outputs and impact of Involvement and will provide returns to PHA on an annual basis.
- A standardised collection methodology for PPI and Co-production
- A more Outcomes Based Accountability approach to the monitoring of Involvement work.
- Publication of Monitoring and Annual Reports on the Engage website
- Identification and implementation of more interactive opportunities to provide feedback on Involvement

HSC Public Health Agency

Appendix 1:

Consultation Guide

March 2025

Personal and Public Involvement (PPI) Involving you, improving care

1. Introduction & Context

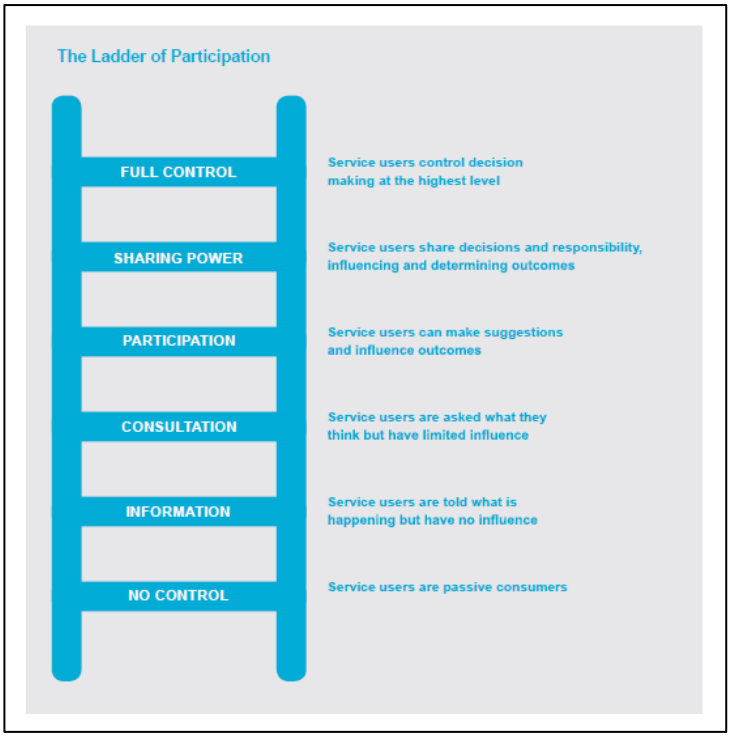
1.1 Context

This document has been developed to support Health and Social Care (HSC) Organisations in their endeavours to meet their statutory duty of Involvement and Consultation, as placed upon them by sections 19 & 20 of The Health and Social Care (Reform) Act (Northern Ireland) 2009. HSC Organisations operate in an environment of constant change. The responsibility to produce fair and transparent consultations which help to ensure inclusivity for all who wish to be involved and to avoid any potential for legal challenge is a key requirement.

1.2 Consultation within the wider context of Involvement

It is important to place public consultations within the wider context of Involvement. Individuals, organisations and groups will be involved in a number of ways and in various circumstances. Consultation is a key component of effective and meaningful involvement.

The following diagram ‘Arnstein’s Ladder of Participation’ provides an illustration of different approaches to understanding the various levels of Involvement.



The Engage website[1] provides a range of information, tools and resources that may be of use in the planning, development, implementation and review of consultation. Further resources are also available on The Consultation Institute website[2] (TCi).

[1] Engage Website https://engage.hscni.net/
[2] The Consultation Institute https://www.consultationinstitute.org/

2 Consultation Considerations

2.1 Key considerations

In deciding whether or not a public consultation should take place, HSC Organisations should consider the following:

- Are we seeking or giving information?
- What is the scope to influence change?
- Is there a legal or policy requirement to consult?
- Is the issue considered an operational matter that does not require a public consultation?
- Is there a legitimate expectation amongst stakeholders and the wider public to be consulted?
- The potential of legal challenge based on public consultation case law.
- The impact on the reputation of your organisation if you do not undertake a competent, open and meaningful public consultation process.

2.2 The Gunning Principles

The Gunning Principles are a set of rules for public consultation which, if followed, are designed to make consultation fair and a worthwhile exercise[3].

i) When proposals are at a formative stage

Public bodies need to have an open mind (not an 'empty mind'); they must not pre-determine the outcome of the consultation.

[3] Consultation Principles Guidance 2018 https://www.gov.uk/government/publications/consultation-principles-guidance

ii) Sufficient reason for proposals to permit 'intelligent consideration'

Consultees involved in the consultation process need to have sufficient and appropriate information to enable them to give informed responses; chosen methodologies should maximise the ability and opportunities for people to participate in a meaningful and valued way.

iii) Adequate time for consultation and response

The timing and timescale of the consultation must not present a barrier to participation or effectively reduce the period of consultation. The time allocated for the consultation must be sufficient to allow all those identified as consultees to give intelligent consideration to the proposals and give their response. Consultors must be able to demonstrate that sufficient time was allocated to consider responses and make a decision.

iv) Must be conscientiously considered

Consultors must demonstrate that 'conscientious consideration' is given to all responses by the consultor and the final decision makers.

In 2014, the UK Supreme Court added two further general consultation considerations:

- The degree of specificity regarding the consultation should be influenced by those who are being consulted;
- The demands of fairness are likely to be higher when the consultation relates to a decision that is likely to deprive someone of an existing benefit.

2.3 Legitimate Expectation

Increasingly, legal judgments on consultations undertaken by public bodies are exploring whether there was a legitimate expectation amongst the public that they would be consulted on an issue / proposal that would have a significant impact on them and therefore merit a public consultation.

This point must be considered in relation to decisions on whether to 'involve / engage' rather than 'consult'.

2.4 Equality considerations

Consultation will be undertaken in accordance with Section 75 obligations as outlined in the Equality Commission's guidance "Section 75 of the Northern Ireland Act 1998 – A Guide for Public Authorities (April 2010)"[4].

Organisations should consider their duties to have due regard to the need to ppromote positive attitudes towards disabled people and encourage participation by disabled people in public life ('the Disability Duties') under disability legislation[5].

Under the Rural Needs Act (Northern Ireland) 2016, public authorities must have due regard for rural needs when engaging in:

- Developing a policy, strategy or plan;
- Adopting a policy, strategy or plan;
- Implementing a policy, strategy or plan;
- Revising a policy, strategy or plan;
- Designing a public service;
- Delivering a public service.

[4] https://www.equalityni.org/ECNI/media/ECNI/Publications/Employers%20and%20Service%20Providers/S75GuideforPublicAuthoritiesApril2010.pdf

[5] Section 49A of the Disability Discrimination Act 1995 (DDA 1995) (as amended by Article 5 of the Disability Discrimination (Northern Ireland) Order 2006)

Organisations should consider whether a Rural Needs Impact Assessment should be completed and shared alongside the consultation process to fulfil their due regard duties.[6]

3. Organisational arrangements for consultation

This section sets out how HSC Organisations can ensure that they comply with best practice in consultation.

3.1 Pre-Consultation

Prior to any public consultation the organisation should undertake a period of pre-consultation. This should involve / engage a number of interested stakeholders, specifically to include service users and carers of the area under consideration.

Pre-Consultations are "discussions which take place between a consultor, key influencers and key stakeholders, with a view to clarifying the issues, determining the scope and considering the processes of a forthcoming consultation" (The Consultation Institute). Input from wider stakeholders has the potential to add value to the pre-consultation process, bringing additional perspectives and insights into preparation for a formal consultation.

3.2 Consultation period

The formal consultation period, as recommended by the Northern Ireland Executive, normally lasts for a minimum of eight weeks, to allow adequate time for meaningful engagement and for groups to consult amongst themselves as part of the process of forming a view. Best

[6] A Guide to the Rural Needs Act (NI) 2016 for Public Authorities (Revised) April 2018 - https://www.daera-ni.gov.uk/sites/default/files/publications/daera/Guidance%20on%20the%20Rural%20Needs%20Act%20%28NI%29%202016%20for%20Public%20Authorities%20%28Revise....pdf

practice recommendations suggest that a 12 week consultation is the optimum period. Where a Section 75 screening indicates that a full Equality Impact Assessment (EQIA) is required, a 12 week consultation period must be undertaken.

There may be exceptional circumstances[7] when this timescale is not feasible; for example:

- changes (either permanent or temporary) which must be implemented immediately to protect public health and/or safety;
- changes (either permanent or temporary) which must be implemented urgently to comply with a court judgment, or legislative obligations.

Under the exceptional circumstances referenced above, the HSC Organisation is still required to engage with those directly affected in the service change/withdrawal in regards to how that will be implemented. There is a requirement to ensure that any impacts of the decision/policy are fully understood and considered.

If your consultation is in relation to the change or withdrawal of services there are notification requirements to SPPG as outlined in the 2023 Circular.

In such circumstances, any consultation documents that refer to regional policies, strategies and standards the DoH must approve such references. This is in line with DoH Guidance on Change or Withdrawal to Services[8].

[7] Personal and Public Involvement – Regional Protocol on Exceptional Circumstances for Consultation Schemes HSC (SQSD) 01/12 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC %28SQSD%29 01-12_0.pdf

[8] Change or Withdrawal of Services – Guidance on Roles and Responsibilities https://www.health-ni.gov.uk/sites/default/files/publications/health/change-or-withdrawal-of-services%E2%80%93guidance-on-roles-and-responsibilities.pdf

If a consultation exercise is to take place over a period when consultees are less able to respond, for example, over a holiday period, or if the policy under consideration is particularly complex, the HSC Organisation should consider the feasibility of allowing a longer period for the consultation.

3.3 Key stakeholders

The HSC Organisation is responsible for ensuring that the following are (directly or through representatives) involved in and consulted with:

A) The Patient Client Council (PCC);
B) Persons to whom care is being or may be provided;
C) The carers of such persons.

In accordance with PPI policy, HSC Organisations should also take cognisance of, and engage with the community/voluntary sector, advocates and the public in its consultations.

To ensure the most effective use of consultees' resources, a targeted approach should be taken to ensure that those with a particular interest in the policy, strategy or service are actively involved and consulted with.

3.4 Approaches to support Involvement and consultation

The HSC Organisation's approach to consultations should be clearly set out on HSC Organisation's website.

Additional recommendations would include:

- Enhancing accessibility by having copies of the consultation available in different formats including easy read, print form and also available in different languages on request.
- Development of and use of standardised data collection templates where appropriate.
- All copies of the consultation documentation should be Health Literacy friendly.
- A named point of contact should be provided for each consultation process.

- Working with organisations representing hard to reach/easy to ignore groups in order to facilitate the most effective means of involvement/consultation.
- Flexibility to adapt to change in circumstances or to take account of additional considerations to ensure the consultation process is as effective and robust as possible.

3.5 Methodologies

The HSC Organisation should engage with the PCC, service users, carers, community/voluntary sector, advocates and the public, to identify how best to involve/consult them. Methods of engagement[9] may include:

- engagement meetings;
- focus groups;
- accessible online platforms;
- written documents with the opportunity to comment in writing;
- questionnaires;
- public meetings;
- participation on steering groups/project boards;
- information/notification by email with an opportunity to opt in/opt out of the consultation;
- workshops;
- social media or internet discussions or
- telephone consultations.

The HSC organisation should consider, for example, the time of day, the appropriateness of the venue, in particular whether it can be accessed by those with disabilities, how the meeting is to be conducted, the use of appropriate language, whether a

[9] A list of methods of engagement may be found at http://engage.hscni.net/get-involved/involving-people/methods-of-involvement/co-production-and-involvement-tools/

signer/interpreter is necessary, and whether the provision of childcare and support for carers is required.

3.6 Shaping decisions/feedback

In making any decision with respect to a policy, strategy or service development, change or withdrawal, the HSC Organisation needs to have an effective process that enables contributions by all stakeholders to be fairly and equitably considered in response to the consultation and the decision-making process. This should include:

- A robust data analysis process to establish what consultees have said;
- Consideration of other relevant information and intelligence sources;
- Interpretation of the responses against agreed criteria and translation into recommendations;
- Transparency in the decision-making process;
- Publication of the final decisions and the rationale behind those decisions;
- Details of the identified impacts of the decisions.

3.7 Consultation Responses

Following the closing of a consultation, a summary analysis and report of the consultation will be published and its publication highlighted to those who responded. In accordance with best practice this should take place within 12 weeks of the consultation or an explanation provided if this is not possible. There is no legislative directive or statutory instrument requiring the complete publication of consultation responses. Nevertheless, best practice guidance would advise that consultation responses are published in full (subject to GDPR protections). This feedback can occur during a consultation, in order to

inform consultees as the debate continues and to promote openness and transparency.

In the Fresh Start Agreement (2015), (Section F, Page 63 (8 Steps to Good Practice in Public Consultation) and specifically point 6.6)[10] where Feedback is referenced: *'keep your stakeholders informed throughout the process. Nothing should be a surprise or present an opportunity for legal challenge'.* From this documentation, the guidance again emphasises the need to produce an analysis of the responses and to publish a summary of these.

4. Monitoring and Evaluation

Following the consultation, it is recommended that HSC Organisations should undertake an evaluation of the consultation process and how it was implemented. This may include:

- Carrying out a review of stakeholder analysis (take cognisance of section 75);
- Use of online surveys and feedback;
- Stakeholder testimonials and observations;
- Analysis of how the consultation influenced the decision-making process and outcomes;
- Consultor should undertake reflective learning to inform future practice.

The requirement to involve and consult stakeholders should also be reflected in the HSC Organisation annual business planning process, and progress will be monitored and reported on through the routine planning and monitoring arrangements associated with this.

10 https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/479116/A_Fresh_Start_-_The_Stormont_Agreement_and_Implementation_Plan_-_Final_Version_20_Nov_2015_for_PDF.pdf

Example of Notification of Consultation Template

When undertaking a consultation process, complete the following and share with your PPI Lead. This will enable the organisation to collate information on consultations undertaken which will be used for annual reporting, and also shared with other HSC Organisations as applicable.

Organisation name	
Date	
Contact details	**Consultation Lead:** **Email:**
Consultation details	**Consultation name:** **Purpose of consultation:**
Consultation timeframe and dates	
Outline actions taken to engage with stakeholders	