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 reformed and modernised the health and social care system in Northern Ireland. It helped to change the way that health and social care services are delivered.

It also required health and social care organisations to involve the Patient Client Council, service users and carers and to consult with them about planning and providing health and social care.

The Public Health Agency is committed to using an agreed framework to bring about a consistent, co-ordinated approach to **involvement**[1] across health and social care. This is in keeping with the values and principles set out in the Personal & Public Involvement Circulars of 2007 and 2012. It also shows that we intend to move towards the approach set out in the Co-Production Guide 2018. This approach is to work in partnership with all relevant **stakeholders** to ensure the development and delivery of sustainable and effective services.

This document shows again that we are committed to this way of working. It outlines the arrangements for involvement and how we will meet our legal duties and policy responsibilities in this area. It also outlines how we will meet our responsibilities relating to the Patient Client Council, service users, carers and the wider public when considering changes to the commissioning, planning, development, delivery and review of strategies, policies and services that will affect them.

We will ensure that involvement and **consultations** meet best practice standards. We will do this by monitoring what is done, seeking feedback, assessing how effective it is and by learning from and sharing best practice.

This PHA Consultation Scheme meets the legal requirement and will be called the PHA Involvement and Consultation Scheme.

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[1] Words in bold are explained at the end of the document

Name: Aidan Dawson
Chief Executive

Signature:

Date:

Name: Heather Reid
Interim Director Nursing, Midwifery and Allied Health Professionals

Signature:

Date:

1. Introduction

The Health and Social Care (Reform) Act (Northern Ireland) 2009 (called the Reform Act in this document)[2] provides the legal framework within which the health and social care structures work. This framework sets out the high-level functions of the health and social care bodies. It also sets the limits within which each body must operate. It describes the **governance** and **accountability** arrangements needed to support the effective delivery of health and social care in Northern Ireland.

Health and social care organisations must answer to the Department of Health for how they carry out their functions. These functions were set out in legislation made when they were set up. The changes introduced by the Reform Act add to, but do not take away from, that basic accountability.

The Patient Client Council has **statutory** functions that are set out in Article 17 of the Reform Act. Article 18 is about the statutory duty on health and social care organisations to co-operate with the Patient Client Council. Articles 19 and 20 cover public involvement and the need for consultation schemes.

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[2] 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 require each organisation to outline how it will involve the Patient Client Council, service users and their carers, and ask them about:

- planning care
- developing and considering possible changes in the way that care is provided
- decisions that have to be made about care services
- how effective that care is.

The Act requires each organisation to develop a consultation scheme. This must set out how it involves and consults with the Patient Client Council, service users and their carers, and the wider public about the care it provides.

2.2 What is Personal and Public Involvement?

The term **Personal and Public Involvement** means involving service users, carers, the community and voluntary sector, **advocates** and the public in decisions about the services they receive or may receive. This covers planning, **commissioning**, delivering, changing or withdrawing, and evaluating the services. This is central to making these services more 'person centred'. The Department of Health's guidance gives more information about how this works in health and social care and outlines the organisations' policy responsibilities. See the PPI Circulars of 2007[3] and 2012[4].

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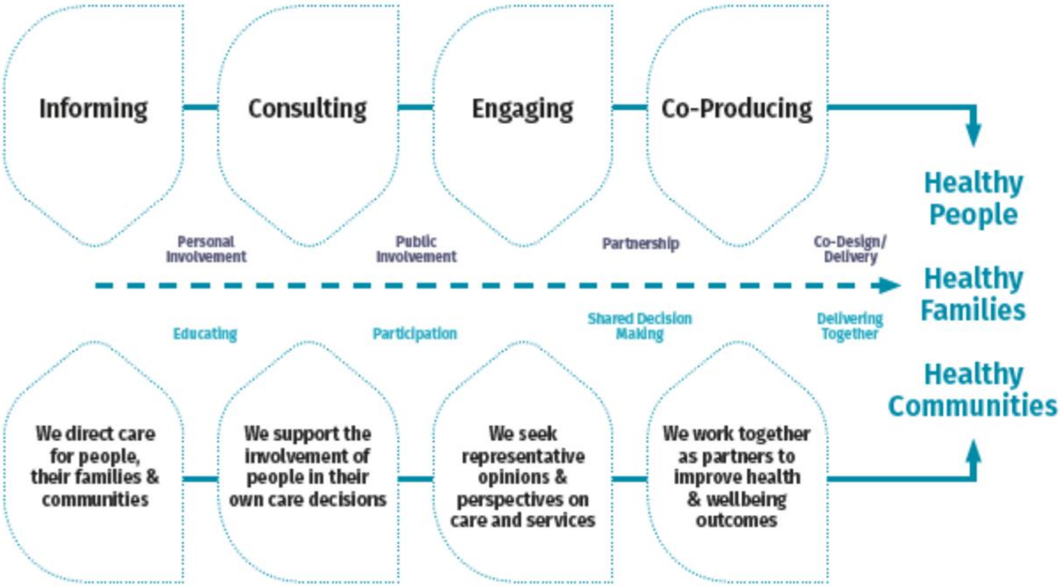
[3] Guidance on strengthening Personal and Public Involvement in Health and Social Care. HSC (SQSD) 29/07 https://www.health-ni.gov.uk/sites/default/files/publications/dhssps/HSC%20%28SQSD%29%2029-07_2.pdf

[4] 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 What is Co-production?

Co-production[5] is an approach to planning and providing services that involves health and social care staff, service users, carers and the public. It recognises that they all contribute equally and share the power to make policy, plan and deliver services to improve health and social care. It seeks to combine people's strengths, knowledge, expertise, experiences and resources to improve personal, family and community health and wellbeing **outcomes**. Co-production is seen as the highest form of involvement.

The image below outlines the Co-production Pathway[6]. It shows how involvement, engagement and co-production approaches are connected.



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[5] 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

[6] 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 requires public authorities to promote equality of opportunity for certain groups. This is clearly relevant and connected to Personal and Public Involvement. The Section 75 requirements should be clear in how organisations meet their involvement responsibilities.

The Department of Health's Guidance on Change or Withdrawal of Services[7] sets out specific guidance for health and social care organisations when they are considering changing or withdrawing services. We have taken on board this guidance in developing this Involvement and Consultation Scheme.

2.5 Governance and standards

Each health and social care organisation must set up suitable governance arrangements to meet its statutory duty of involvement and to maintain and build on progress already made in Personal and Public Involvement. This is in line with the requirements in the Department's guidance circulars**.**

To support this, the PHA and the Regional HSC PPI Forum developed the Standards for Involvement and related **key performance indicators** in Northern Ireland. They are:

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

The standards set out what is expected of organisations and staff. They provide a framework for checking if organisations are meeting their duty of involvement and making progress with Personal and Public Involvement.

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[7] 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

3. What we will do within our organisation to meet the aims of Personal and Public Involvement and Co-production

The Department of Health’s circulars SQSD 29/07 and SQSD 03/2012 tell health and social care organisations how to better involve service users, carers and the public in all aspects of planning and delivering services. This forms part of their governance arrangements. The Co-Production Guide 2018 goes beyond this, aiming for full partnership working with service users, carers and other interested people and organisations, where appropriate.

3.1 What this looks like in practice

Building on the Personal and Public Involvement measures already in place and using the six principles of co-production, we will embed involvement and co-production in our strategic and operational planning, where possible, by:

- **Valuing people** – developing mutual respect, openness and accepting shared ownership of outcomes
- **Building networks that represent a range of people** – moving towards balanced meaningful participation, engagement and shared ownership
- **Building people’s skills** – increasing knowledge, training and using existing involvement resources
- **Recognising everyone’s contribution** – investing in building capacity within the organisation and valuing the contribution of all participants
- **Cross boundary working** – adopting a multi-agency approach to improving outcomes for local communities
- **Enabling** – giving those involved the power and ability to develop solutions that focus on outcomes not outputs.

3.2 How we create and promote opportunities for involvement

We will build on, create and promote opportunities for involvement by making the best use of resources in the organisation to involve and engage people early in the process. We will do this by:

- ensuring there are involvement opportunities within every Directorate
- sharing knowledge, providing training programmes and opportunities for sharing good practice and allowing time to embed these within the system
- ensuring that involvement opportunities are identified, promoted and widely advertised in different ways including in the Patient Client Council newsletter, *Engage*[8] and through other partners
- ensuring that the organisation assesses whether there needs to be a full public consultation on proposals (see Appendix 1, Section 2)
- providing appropriate information, gathering feedback and ensuring that those involved have the opportunity to influence decisions.

3.3 How we support service users and carers

We will support services users and carers by:

- giving them the guidance they need through training and leadership
- giving them clear terms of reference when they take part in PHA focus groups or engage with us in other ways. This will include providing an overview setting out the purpose of their role
- building relationships by listening to the needs of service users, carers and our partners
- sharing examples of good practice when involvement makes a difference
- producing clear communications that are easy to understand
- including people’s contributions and ideas and looking for ways to use feedback to support improvement

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

- involving service users and carers by giving them opportunities and the power to influence at all levels. This is particularly important where decisions about policy, strategy, service development or delivery affect them directly
- providing opportunities for service users and carers to talk to and learn from our staff or others so they are confident and able to be actively involved
- ensuring that service users and carers are repaid for any expenses as set out in Regional Reimbursement Guidance
- paying service users and carers for their contribution, when appropriate and where this meets the rules set out in Regional Remuneration Guidance
- ensuring that the service users and carers we work with are aware of the support they can get from the Patient Client Council.

3.4 How we support staff to involve and co-produce

We will raise awareness and understanding of involvement and the responsibilities that come with it with staff and board members by:

- ensuring staff understand their responsibilities in relation to the statutory duty of involvement and consultation, including the need to involve and consult the Patient Client Council
- supporting staff to understand their responsibilities in relation to the Personal and Public Involvement policy and how they can embed the approach in their work. This is especially important when it impacts the planning, delivery or effectiveness of the care they provide
- providing information on how to access key documents including the Health and Social Care (Reform) Act (Northern Ireland) 2009, Personal and Public Involvement policy and the Co-Production Guide for Northern Ireland (Connecting and Realising Value Through People) 2018
- ensuring new staff are told about the statutory duty of involvement and consultation and our Personal and Public Involvement policy obligations

- ensuring staff are kept up to date with developments relating to Personal and Public Involvement, co-production and partnership working
- creating space, time and resources for staff to arrange opportunities for involvement, where appropriate to their role
- encouraging staff and board members to include Personal and Public Involvement and co-production on every agenda for team meetings
- making Personal and Public Involvement and co-production part of all staff appraisals
- providing training opportunities on involvement, co-production and partnership working
- providing specialised training for key staff leading or taking forward involvement, co-production and partnership working schemes.

3.5 How we work with partner organisations

We will work with partner organisations and local communities to increase their understanding of how involvement works across health and social care. We will identify opportunities for working together, where appropriate, by:

- offering training on involvement to partners in the community and voluntary sector
- looking for partnership opportunities and potential partners
- sharing information, tools and guides about involvement and partnership working.

3.6 How we embed involvement and co-production within the Public Health Agency

We are committed to making involvement part of what we do across the whole organisation. We will do this by:

- ensuring that Divisions and Directorates assess their plans, proposals and objectives to see how service users and carers can be involved in developing and implementing them

- appointing Involvement Champions or leads within each Division and Directorate who will support involvement at an operational level
- providing support and guidance from our Personal and Public Involvement Team to the Divisional and Directorate champions and leads
- asking Involvement Champions and leads to ensure that involvement work is included in the monitoring returns
- recognising, celebrating and sharing best practice in involvement
- enabling staff to support each other when they are taking part in involvement activities across their Division or Directorate.

3.7 How we carry out formal public consultations

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

We will engage directly with the Patient Client Council and, where appropriate, with service users, carers, community and voluntary sector partners, advocates and the public to find out how best to involve and consult with them.

4. Governance, reporting and monitoring

4.1 Our governance and reporting arrangements for consultation, involvement and co-production

We have both an internal and an external responsibility in relation to meeting the statutory duty of involvement and implementing Personal and Public Involvement policy.

The internal arrangements are Divisional and Directorate monitoring systems. Reports based on monitoring information are developed and brought together into organisational updates, as part of the production of annual reports. Our Personal and Public Involvement team produces and checks the quality of these updates. They are reviewed and signed off by the Assistant Director for Partnership and Engagement and the Director for Nursing, Midwifery and Allied Health Professionals. They become part of our internal reporting processes, which include annual updates to the Agency Management Team and annual reports to our board. Finally, we are accountable to the Department of Health.

We also have a Non-Executive Lead for PPI & Co-Production, who acts as a champion for involvement throughout the year. They challenge strategies, plans and proposals that come before the board on the grounds of involvement.

We are also responsible for monitoring health and social care organisations covered by the legislation in relation to involvement. We do this to assure the Department of Health that they are meeting their statutory duty on involvement and their responsibilities relating to Personal and Public Involvement policy.

The Regional HSC PPI Forum is a body set up by the Department of Health, which we use to provide leadership around involvement. The Patient Client Council is a member of this body and takes part in. This is a key way for us to consult with the Patient Client Council. There are also twice monthly meetings between senior Patient Client Council staff and our Regional Personal and

Public Involvement and Patient Client Experience leads. Also, as part of our Standing Orders, a Patient Client Council representative is invited to attend our board meetings. A Public Health Agency representative also attends Patient Client Council meetings.

4.2 Our monitoring and feedback mechanisms for involvement

We are committed to effective monitoring and feedback and have already or will put in place:

- a monitoring process that captures both **qualitative** and **quantitative** data when assessing the outputs and impact of involvement. We will provide annual returns to our board
- a standard way of collecting information about Personal and Public Involvement and co-production
- an approach to monitoring involvement that looks more at the outcomes
- publication of monitoring and annual reports on the Engage website
- ways of identifying and putting in place more interactive opportunities to provide feedback on involvement.

Appendix 1:

Consultation Guide

March 2025

1. Introduction and context

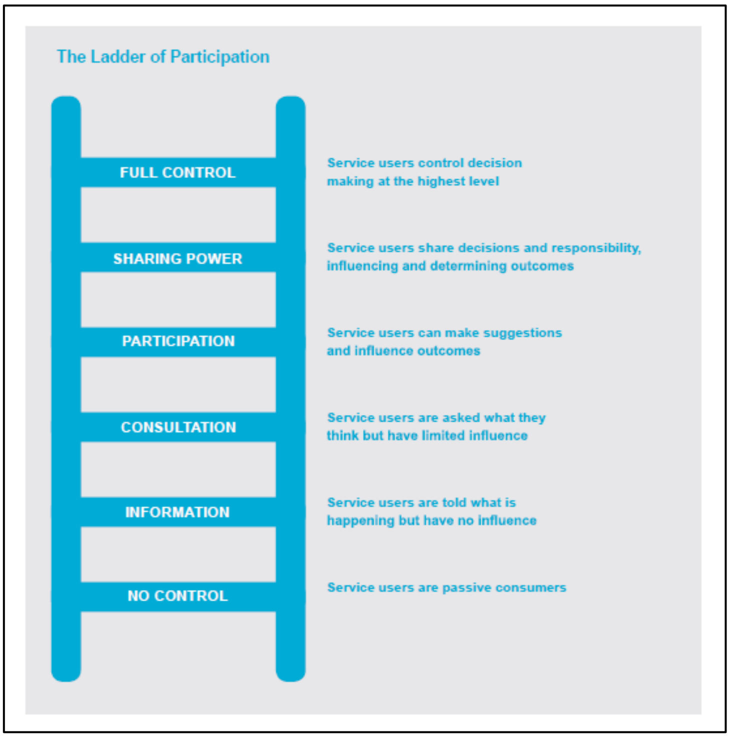
1.1 Why we created this document

We developed this document to support health and social care organisations to meet their statutory duty of involvement and consultation. This duty is placed upon them by Sections 19 and 20 of the Health and Social Care (Reform) Act (Northern Ireland) 2009. These organisations operate in an environment of constant change. It is important for them to produce fair and transparent consultations which help to ensure that everyone who wants to be involved can be involved. Such consultations also avoid the possibility of legal challenge.

1.2 Consultation as part 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 part of effective and meaningful involvement.

The following diagram, Arnstein's Ladder of Participation, shows different approaches to understanding the various levels of involvement.



The Ladder of Participation

FULL CONTROL	Service users control decision making at the highest level
SHARING POWER	Service users share decisions and responsibility, influencing and determining outcomes
PARTICIPATION	Service users can make suggestions and influence outcomes
CONSULTATION	Service users are asked what they think but have limited influence
INFORMATION	Service users are told what is happening but have no influence
NO CONTROL	Service users are passive consumers

The Engage website[1] provides information, tools and resources that may be useful in planning, developing, carrying out and reviewing a consultation. Further resources are available on The Consultation Institute website[2].

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[1] Engage Website https://engage.hscni.net/

[2] The Consultation Institute https://www.consultationinstitute.org/

2 Things to consider when carrying out a consultation

2.1 Questions to ask

In deciding whether a public consultation should take place, health and social care 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?
- Do stakeholders and the wider public expect to be consulted?
- Is there a possibility of legal challenge based on public consultation case law?
- What would be the impact on the organisation's reputation if we 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) Consult when proposals are being developed

Public bodies need to have an open mind (not an 'empty mind'); they must not decide the outcome of the consultation in advance.

ii) Provide enough information to allow 'intelligent consideration'

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

Those involved in the consultation process need to have enough appropriate information so that they can give informed responses. The process should give people the most opportunities to take part in a meaningful and valued way.

iii) There should be enough time for consultation and response

The timing and timescale of the consultation must not prevent people from taking part or shorten the consultation. The consultation must be long enough to allow all those involved to properly consider the proposals and give their response. The organisation that is consulting must be able to show this.

iv) Responses must be carefully considered

The organisation that is consulting must show that it and the final decision makers have given ‘conscientious consideration’ to all responses.

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 Does the public expect to be consulted?

Increasingly, legal judgements on consultations carried out by public bodies are looking at whether the public really expected to be consulted on an issue or proposal that would significantly impact them.

This point must be considered when deciding whether to ‘involve and engage’ rather than ‘consult’.

2.4 Equality considerations

Consultation will be carried out in line 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].

Disability legislation says that organisations have a duty to promote positive attitudes towards disabled people and encourage disabled people to take part in public life ('the Disability Duties')[5].

Under the Rural Needs Act (Northern Ireland) 2016, public authorities must consider rural needs when:

- 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.

Organisations should consider whether they should complete a Rural Needs Impact Assessment and share this as part of the consultation process[6].

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[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)

[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

3 What organisations should do when carrying out a consultation

This section sets out how health and social care organisations can ensure that they follow best practice when doing consultations.

3.1 Before the consultation

Before any public consultation the organisation should have a period of pre-consultation. This should involve a number of interested stakeholders, specifically carers and users of the service that is being looked at.

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 other stakeholders can add value to the pre-consultation process. They bring different points of view and insights that will help in preparing a formal consultation.

3.2 How long the consultation should last

The formal consultation period, as recommended by the Northern Ireland Executive, normally lasts for at least eight weeks. This allows enough time for meaningful engagement and for groups to talk among themselves to form a view. Best practice recommendations suggest that a 12-week consultation is the best period. Where a Section 75 screening indicates that a full Equality Impact Assessment is required, the consultation period must be 12 weeks.

There may be exceptional circumstances[7] when this timescale is not possible. For example:

- changes (either permanent or temporary) which must be made immediately to protect public health or safety
- changes (either permanent or temporary) which must be made urgently to comply with a court judgement or legal obligations.

Under these exceptional circumstances, the organisation still has to engage with those directly affected by the change or withdrawal of the service about how that will be carried out. The organisation must ensure that any impacts of the decision or policy are fully understood and considered.

If a consultation is about the change or withdrawal of services, the organisation must tell the Strategic Planning and Performance Group as outlined in the 2023 Circular.

In such cases, the Department of Health must approve any consultation documents that refer to regional policies, strategies and standards. This is in line with the Department's guidance[8].

If a consultation is to take place when those involved are less able to respond, for example, over a holiday period, the organisation should allow more time for it. This also applies if the policy under review is complex.

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[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

3.3 Key stakeholders

The health and social care organisation must make sure the following people are involved and consulted, either directly or through representatives:

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

In line with Personal and Public Involvement policy, organisations should also engage with the community and voluntary sector, advocates and the public in their consultations.

Organisations should take a targeted approach 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 health and social care organisation’s approach to consultations should be clearly set out on its website.

We also recommend:

- making sure the consultation document is accessible to everyone by making copies available in different formats including easy read, print form and other languages on request.
- developing and using standard data collection templates where appropriate
- making sure that all copies of the consultation documentation are in keeping with **Health Literacy** advice
- providing a named point of contact for each consultation
- working with organisations that represent hard to reach or easy to ignore groups to come up with the most effective way to involve and consult with them

- staying flexible and able to adapt to changes or to take account of other issues to ensure the consultation process is as effective and robust as possible.

3.5 How organisations can involve people

Ways of engaging with the Patient Client Council, service users, carers, community and voluntary sector, advocates and the public to identify how best to involve and consult them[9] may include:

- meeting with them
- focus groups
- online platforms that are easy to use and understand
- documents that offer the opportunity to comment in writing
- questionnaires
- public meetings
- getting them to take part on steering groups or project boards
- emails giving them an opportunity to opt in or opt out of the consultation
- workshops
- social media or internet discussions, or
- telephone consultations.

When setting up a meeting, the organisation should consider the following:

- the time of day
- how suitable the venue is, in particular whether those with disabilities can access it
- how it will run the meeting
- what language will be suitable
- whether a signer or interpreter is needed, and
- whether childcare and support for carers is required.

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[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/

3.6 Using feedback to shape decisions

The health and social care organisation needs to have an effective process that enables contributions by all stakeholders to be fairly considered when decisions are being made. This process should include:

- a robust way of analysing data to establish what those consulted have said
- looking at other relevant information
- interpreting the responses against agreed criteria and translating them into recommendations
- making sure it is clear why decisions were taken
- publishing the final decisions and the reasons those decisions were made
- detailing the impact of the decisions.

3.7 Publishing the responses to a consultation

When a consultation ends, the organisation should create a summary report and publish it. Those who responded to the consultation should be made aware that this report has been published. In line with best practice, this should take place within 12 weeks of the consultation ending. If this is not possible, an explanation should be provided. There is no requirement in law that all consultation responses should be published. Nevertheless, best practice guidance advises that consultation responses should be published in full (taking into account GDPR protections). This can occur during a consultation to inform those taking part as they continue to consider matters. It also promotes 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]) it says: *'keep your stakeholders informed throughout the process. Nothing should be a surprise or present an opportunity for legal challenge'.* This document also emphasises the need to produce an analysis of the responses and to publish a summary of these.

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[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

4. Monitoring and evaluation

Following the consultation, it is recommended that health and social care organisations should evaluate the consultation process and how it was carried out. This may include:

- reviewing who was involved (taking into account Section 75 of the Northern Ireland Act 1998)
- using online surveys and feedback
- reviewing what stakeholders said
- analysing how the consultation influenced the decision-making process and outcomes
- learning from this evaluation to inform future practice.

The requirement to involve and consult stakeholders should also be reflected in the organisation’s annual business planning process. Progress against involvement targets should be monitored and reported on through the routine planning and monitoring arrangements.

Sample template for giving notice of a consultation

When undertaking a consultation process, complete the following and share it with your Personal and Public Involvement lead. This will enable the organisation to collate information on consultations undertaken which will be used for annual reporting. The information can be shared with other health and social care organisations as appropriate.

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	

Explanation of some words used in this document

accessible	easy to use and understand
accountability	being answerable for actions taken
advocate	a person who speaks for someone else
commissioning	buying services or organising their delivery
consultation	asking people their opinion
co-production	a way of working that involves people who use health and care services in planning and designing the services
governance	the rules about how an organisation is controlled and held to account
health literacy	being able to access, understand and use information and services to promote and maintain good health and well-being
involvement	the approach of involving a wide range of people in planning and designing health and social care services
key performance indicator	a way of measuring progress against objectives
outcomes	the effects of health care or services provided
Patient Client Council	a group that represents the interest of the public and helps them to get involved in service design
Personal and Public Involvement	the policy about involving the public in planning and developing health and social care services
qualitative data	data that describes the qualities of something
quantitative data	data that counts or measures something
stakeholders	a person who has an interest in something
statutory duty	a requirement set down in law