



Partnership and Engagement

Involving you, improving care

Public Health Agency

Partnership and engagement strategy

(2025-2030)



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Our vision for Partnership & Engagement

“To make partnership and engagement working essential to Health and Social Care in a way that supports a healthier population.”

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Chief Executive's foreword

The Public Health Agency (PHA) *Partnership and engagement strategy (2025-2030)* integrates the work of the Regional Personal and Public Involvement (PPI) and the Regional Patient Client Experience (PCE) programmes.

The PHA has regional oversight and responsibility for PPI and PCE across Health and Social Care (HSC). For more than 15 years, the PHA and the HSC have strived to work in partnership with service users, carers, families, communities and the wider public. Through this work, partnership is now recognised as a key component of the effective commissioning, design, delivery and evaluation of services.

In the course of the strategy's development there has been significant change across HSC, notably in digital innovation. This has created both opportunities and challenges for the experience and involvement teams.

The PHA is changing how it works to better support people's health, with plans to deliver services more locally, focusing on neighbourhoods and tackling health inequalities.

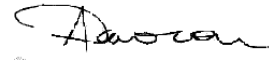
Inside the organisation, the PHA has been making changes too. This programme is called "Reshape and Refresh". It is based on lessons learned from the COVID-19 pandemic and the Hussey Report.

This strategy shows a strong commitment to working closely with people and communities. The *PHA Corporate Plan 2025-2030* clearly states that the PHA aims to: "Protect and improve the health and wellbeing of people, and reduce health inequalities, by working in partnership with individuals, communities, and organisations from the public, private, and voluntary sectors."

The strategy shows that the PHA is renewing its commitment to working in partnership with others. It will do this through two key areas: listening to people's experiences and involving them in shaping services.

As part of this, the PHA plans to create a joined-up team made up of staff from both the PCE and PPI programmes. This team will lead the way across the HSC, helping to set a clear direction.

The team will also make sure the PHA works in the best possible way - by partnering with service users, carers, families, communities, and the public - to improve health and wellbeing for everyone.



Aidan Dawson

PHA Chief Executive

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A message from the Chairs of the Regional HSC PPI Forum

As co-chairs of the Regional HSC PPI Forum, we are delighted to see the launch of the PHA's new *Partnership and Engagement Strategy*. This is an important step forward in helping the PHA - and the wider HSC - put people's experiences and voices at the heart of how services are planned and delivered.

We believe that working in partnership is key to making sure health and social care services meet the real needs of people across Northern Ireland. The strategy supports efforts to reduce health inequalities, promote inclusion, and strengthen public health by making sure service users and carers are involved every step of the way.

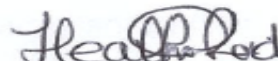
By working together, we can make the most of everyone's knowledge and experience - whether that's from service users, carers, community and voluntary groups, or organisations and staff across the HSC.



Dinah Short
Service User
Co-chair of PPI Forum



Joan Smith
Service User
Co-chair of PPI Forum



Heather Reid
Director of Population Health
Co-Chair of PPI Forum

1.0 The Context

1.1 Strategic background

The way we work with partners and engage with people is based on several important documents. These directly affect how we handle people's experiences and get them involved in what we do:

Guidance on strengthening personal and public involvement in Health and Social Care (2007)

This departmental circular first introduced PPI as a key concept and integral component of the quality agenda. By encouraging partnership working, it aims to improve health and social care service provision in Northern Ireland and the individual experiences of those who use these services.

Health and Social Care Reform Act (2009)

The Act gave all HSC organisations a statutory duty to consult people and involve them to inform and influence the commissioning, planning, delivery and evaluation of HSC services.

Priorities for Action (2010)

Under the direction of the PHA, HSC organisations promote patient client experience standards, including the development of local and regional mechanisms to measure standards through lived experience expressed through stories.

Quality 2020 (2011)

Quality 2020 identified learning through lived experience as a both a driver and a performance measure for quality and safety of services in the HSC. Meaningful engagement and involvement is highlighted as a key priority.

Guidance for HSC organisations on arrangements for implementing effective personal and public involvement policy in the HSC (2012)

This departmental circular outlines the roles and responsibilities for each organisation. This includes PHA responsibility for leading implementation of PPI

policy across the HSC and for ensuring that HSC Trusts meet their PPI statutory and policy responsibilities.

The Co-production Guide (2018)

The HSC was further directed to move towards a co-production approach to transform health and social care provision as set out in *Delivering Together 2026*.

1.2 Strategic drivers

The strategy and associated action plan will address identified issues, but it also needs to be responsive to ongoing reforms and innovations across the HSC. Each of these strategic developments are drivers in encouraging collaboration, active listening and learning from the people we serve.

- **The Being Open Framework (led by the Department of Health [DoH])** outlines the essential need for transparency and honesty with service users and carers through all interactions, from routine conversations to formally responding to adverse incidents.
- **The Development of Patient Safety Culture Framework (led by RQIA)** focuses on system-wide learning and continuous improvement, making service user and carer involvement integral to safer care delivery.
- **Creating a New Approach to Integrated Care System [ICS] (led by DoH)** removes barriers between services and encourages collaboration with service users, their families and carers as equal partners. This is achieved through Regional ICS service user forum and Area Integrated Partnership Boards (AIPB).
- **Reshape and Refresh (led by PHA)** details the modernisation of the PHA's role, placing a greater emphasis on strengthening public health through a collaborative, multidisciplinary approach. This work is grounded in collaboration with communities and key stakeholders to protect the public, tackle health inequalities and enhance health services for everyone in Northern Ireland throughout all stages of life.

- **Strategic approach to public engagement (led by DoH)** explores the wider context of public engagement across all HSC organisations and arm's length bodies. This work will seek to offer clarity around roles and responsibilities, highlight areas of best practice for public engagement and identify the areas for improvement.

1.3 Context within the PHA

The PHA sets out a commitment to partnership and engagement in the *Corporate Plan 2025-2030*:

"We must take a 'whole system' approach and make partnership, involvement and engagement central to our work, to make the best use of our combined resources. We must work collaboratively with service users and carers, the community and voluntary sector and across government to have a positive, lasting impact on health and wellbeing".

Following a 2019 directive from the DoH to the HSC, the PHA committed to the integration of the PCE and PPI teams into the partnership and engagement team.

The following summarises the key elements that will be included in the integrated strategy. Further information on these areas can be accessed through the Engage website (<https://engage.hscni.net/>)

Experience

The regional patient client experience (PCE) programme seeks to "proactively enable service users, families and carers to share their narrative/stories of the HSC through a mechanism which enables regional and local analysis and can lead to learning and change at all levels of the HSC system". This is achieved through two regional initiatives – Care Opinion and 10,000 MORE Voices.

Care Opinion is an online user two-way feedback service to support anyone to share their experiences of the HSC at any time. This provides a broad understanding of experiences across the region.

10,000 MORE Voices uses software called Sensemaker® to get a detailed look at people's specific experiences. This software is based on ethnography (the study of people and cultures) and works by collecting lots of short stories from people, then analysing them to understand the bigger picture of what people are experiencing overall.

The experience programme also creates special projects to help people share experiences that are complicated or difficult to talk about. This includes running "listening events" where people can tell their stories, and "digital story telling" where people create their own digital stories. This is often in partnership with the Regional PPI programme.

Involvement

The *Health and Social Care (Reform) Act (NI) 2009* placed a statutory duty of involvement and consultation on HSC organisations. The legislation requires that service users and carers are involved in and consulted on:

- the planning and provision of care;
- the development and consideration of proposals for change in the way that care is provided;
- decisions that affect the provision of care.

The **regional personal and public involvement (PPI) programme** helps the HSC involve patients, clients, service users, carers and communities in a real and meaningful way. The goal is to make sure this involvement works for everyone and benefits all the people involved.

The programme does this by:

- giving professional advice on public involvement strategy;
 - setting up groups where service users and carers can influence how things are done;
 - training HSC staff to work better with people, alongside the HSC Trusts;
 - keeping track of involvement activities across the whole HSC.
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Both programmes are central to the PHA's leadership role through the partnership and engagement team. The team works to inform, influence and challenge how things are done by using research and examples of what works well. This includes

connecting with networks across the UK, Ireland and internationally, reaching out to people who are often left out or ignored by society, and actively working together with the system.

Through this approach, the team will try to make sure their work matches the most important priorities and create a culture that:

- values what service users and carers have to say;
- encourages openness and honesty;
- supports patient safety;
- supports new and better ways of working.

2.0 The Stakeholders

This strategy has been informed and influenced by legislation, policies and strategic developments. However, the most important of influencing factors has been our stakeholders - the people who we work with and those who we work for – our service users, carers, families, communities and the public.

This strategy has been developed over a period of two years, with input from our partners as detailed in Appendix 2.

Key stakeholders directly involved in the development and delivery of the strategy fall under three broad categories:

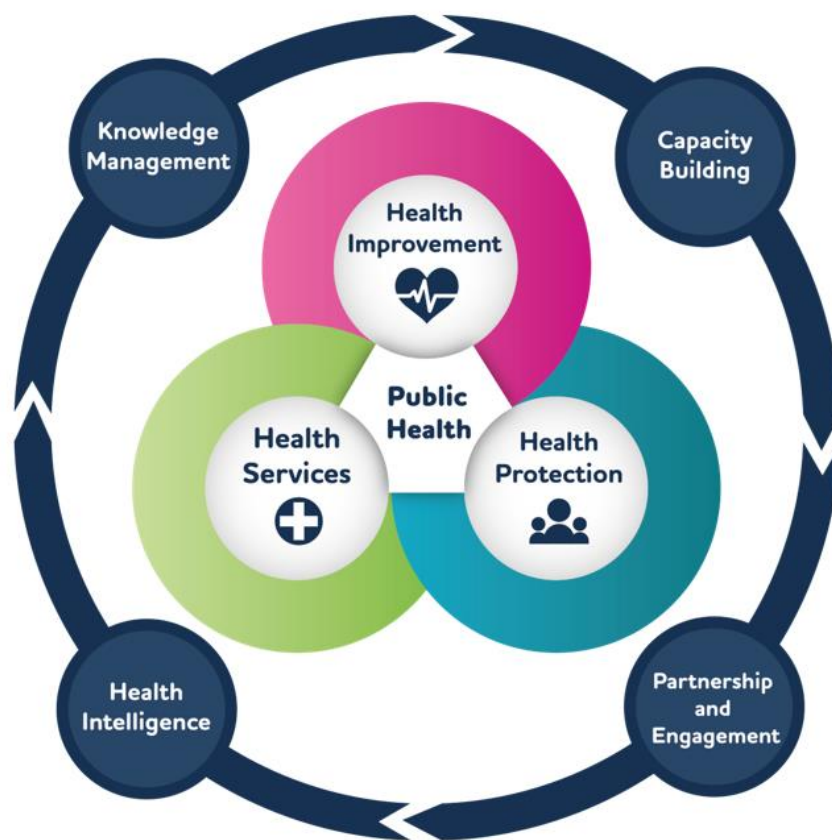
- internal PHA directorates;
- external partners and networks;
- service users, carers, families, communities and the public.

2.1 Internal PHA directorates

Partnership and engagement is critical for health improvement, health protection and the development and delivery of health services, as illustrated in Figure 1. The partnership and engagement team build upon established internal connections to ensure the voices of service users and their families and carers shape the priorities for the PHA. This will be achieved through:

- Leadership, advice and guidance across all PHA directorates and to specific programmes of work.
- Establishment of a PHA partnership and engagement lead forum to create champions outside of the partnership and engagement team to manage day-to-day work.
- Membership within Public Health Planning Teams (PHPTs). The PHPTs aim to bring together different PHA experts to help make decisions about funding and resources. Each PHPT is supported by a nominated lead from the partnership and engagement team and has shaped the approach adopted by each team.

Figure 1. Relationship of three key domains of public health with partnership and engagement



2.2 External partners and networks

Outside the PHA, the partnership and engagement team provides regional strategic leadership and advice through regional groups across HSC organisations. These include:

- Regional HSC PPI Forum.
- Regional PPI Leads Group.
- Regional PCE Working Group.
- Regional PCE Facilitators Group.

Each regional group seeks to have representation from service users, carers and families and reaches out to community and public partners.

There is an important and developing relationship with the work of the Patient Client Council (PCC). The work of PCC compliments the PHA focus on experience and

involvement within HSC organisations, staff and services. Effective and enhanced collaboration with colleagues in PCC is an important part of the cultural change we seek to embed in the HSC.

2.3 Service users, carers and families

Central to the design and delivery of the strategy are the voices of service users, carers and families. To achieve this the partnership and engagement team supports meaningful engagement in a number of ways:

- **Regional PPI forum:** Service users, carers and families are represented on the Regional HSC PPI Forum, which is co-chaired by a service user/carers. There are 15 representatives on the forum from across the region with each service user representative reaching out to a larger network across the HSC.
- **Peer Mentor:** Through a dedicated Peer Mentor lead, peer mentoring enables individuals with lived experience to support and guide others. This fosters trust, support and shared learning.
- **Service User Reference Group:** This group offers an opportunity for people to influence the strategic direction of the HSC. This includes equipping service users and carers with knowledge and skills necessary to engage with confidence in the commissioning, design, development and evaluation of services.

As key stakeholders each forum will have an opportunity to inform the implementation and evaluation of this strategy, ensuring it is responsive and grounded in the insights of those with lived experience.

Another core component of partnership and engagement is the consultation process. As set out in the Health and Social Care Reform Act (NI) 2009, consultation with service users and carers is a statutory requirement in the commissioning, development, design and delivery of Health and Social Care (HSC) Services.

All HSC organisations, including the PHA, have developed a consultation scheme which is now in place and sets out how they meet their statutory responsibilities in this field. This scheme underpins PHA commitment to strong partnerships with individuals, communities and other key public, private and voluntary organisations and is supported through the partnership and engagement strategy.

3.0 The Plan

3.1 Vision statement:

The vision for the Partnership and Engagement Strategy is “to embed partnership and engagement working as essential to Health and Social Care and in a way that supports a healthier population.”

3.2 Aim

Through this strategy we aim to “Work in partnership with service users, carers, families, the wider public, PHA and HSC partners, to enable people to work together, to influence and inform meaningful change in our Health and Social Care system.”

3.3 Values and principles

The values and principles which underpin this strategy are echoed in the strategic policy drivers and related HSC standards (appendix 2). They are:

- Collaboration and partnership.
- Dignity and respect.
- Transparency and openness.
- Inclusivity, equity and diversity.

3.4 Priorities

To deliver on the vision statement for partnership and engagement over the next five years this strategy sets out four priority areas. These are:

- provide strategic leadership;
- build understanding, knowledge and skills;
- engage and connect;
- identify and demonstrate impact.

Each priority area is further defined through a series of commitments which will be applied to the workplans for partnership and engagement.

Priority 1. Provide strategic leadership

We will provide professional leadership, advice and guidance for experience and involvement in the HSC. We will seek to:

- Act as a lead partner in the development of strategic priorities and policies, representing the Northern Ireland perspective nationally and internationally.
- Lead on regional forums to ensure consistency of practice and standards across the HSC, including development of mechanisms to engage leaders in the HSC.
- Lead regional experience, involvement and other related programmes of work in the HSC that strengthen the voices and input of service users, carers, families and the public.
- Embed experience and involvement approaches in the PHA to ensure it is an engaged and capable organisation.

Priority 2. Building knowledge, skills and understanding

We will improve understanding and build knowledge and skills for experience and involvement in the HSC. We will seek to:

- develop a regional training framework for partnership and engagement working;
- partner with universities and other healthcare education providers to support the development of appropriate experience and involvement-based training;
- integrate key responsibilities for experience and involvement into staff induction in the PHA and across the HSC;
- advance the knowledge, expertise and skills base of the partnership and engagement team and other staff with responsibility for experience and involvement.

Priority 3. Connect and engage

Connect and engage with the people of Northern Ireland to enable experience and involvement in the HSC. We will seek to:

- establish accessible ways to enable people to play a key role in informing and influencing the commissioning, planning, delivery and evaluation of services;
- lead on the establishment of regional best practice guidance to support the HSC, including priorities such as shared decision making;
- ensure a focus on advancing the concepts and practices of inclusion health for experience and involvement;
- develop a communication plan that raises profile, awareness and understanding of experience and involvement and associated benefits.

Priority 4. Identify learning and demonstrate impact

We will work with HSC partners, service users, carers, families and the public to identify learning and evidence the impact of experience and involvement. We will seek to:

- optimise the monitoring, reporting, governance and mechanisms of experience and involvement in the HSC;
- develop mechanisms that facilitate key information and learning to be identified, replicated and upscaled;
- collaborate with related areas, such as safety and quality, to cross reference issues and analyse trends to support service improvements;
- participate in research to strengthen the evidence base for all aspects of working in partnership with service users, carers, families and the public with a focus on the public health agenda.

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4.0 Conclusion

Much is to be gained from integrating and embedding experience and involvement into the practice and culture of the HSC. It is incumbent upon us all to make the vision of this strategy a reality. Therefore, this strategy will directly inform the workplans of the experience and involvement programmes in an action plan for partnership and engagement.

This action plan will be led by the Assistant Director for Partnership and Engagement, responsible to the Director for Public Health. To demonstrate progress over the five year period, the work will be presented each year to the PHA Board through an annual report.

Listening to people is crucial for trust, accountability and continuous improvement in healthcare. Service users, carers, families, communities and the public have placed their trust in the HSC. If we are to build upon their faith in our commitment to experience and involvement, they expect to see it reflected, not just in the words of a strategy, but in our actions. The implementation of this strategy through defined actions will seek to enable the HSC to fully embrace and embed partnership and engagement into our culture and practice.

For further information about partnership and engagement in the PHA please contact us: ppi.secretary@hscni.net or visit <https://engage.hscni.net/>

5.0 Appendices

Appendix 1 Key drivers

Key strategic policy drivers:

- 2007 PPI Circular
- 2009 HSC Reform Act
- 2010 Equality Act Circular
- 2011 Quality 2020
- 2012 PPI Circular
- PHA PPI Strategy in HSC Research 2014
- 2014 Right Place Right Time
- PHA PPI Strategies of 2012 and 2016
- 2016 Systems, Not Structures - Changing Health and Social Care
- 2016 Programme for Government
- 2016 Health and Wellbeing (2026 Delivering Together)
- 2018 Co-Production Guide
- 2021 Enhance Clinical Care Framework Care Home NI
- 2022 Shared Decision-Making Nice Guidance and Circular
- 2023 Change or Withdrawal of Services Circular

Related HSC Standards

(a) HSC values: Working together, excellence, openness and honesty, and compassion underpin everything we do across the HSC. We recognise that a culture that commits to creating partnerships through meaningful engagement has a major part to play in achieving these values. This strategy puts these values and the people who use our services at the centre of decision making so a positive change can be made to the services we deliver.

(b) PPI Standards: In 2015 the PHA developed a set of standards - leadership, governance, opportunities, knowledge and skills, and measuring outcomes (<https://engage.hscni.net/ppi-standards/>). Endorsed by Department of Health, these standards helped embed PPI into the culture and practice of the PHA and HSC organisations through standardised practice across the system. These standards are echoed in the Partnership and engagement strategy.

(c) PCE Standards: In 2012, the DHSSPS published *Improving the Patient and Client Experience (PCE) standards – respect, attitude, behaviour, communication,*

privacy and dignity. This publication underpinned the development of a Regional PCE programme for Northern Ireland, led by PHA. The programme has evolved alongside safety and quality mechanisms (complaints, incident reporting) and seeks to demonstrate the PCE standards through service user stories and to identify areas for improvement.

Appendix 2: Stakeholder map

	Name of organisation:	How do they contribute to the strategy
INTERNAL	PHA Agency Management Team (AMT)	Oversight and accountability direction for our work
	PHA Executive Board	Set strategic priorities
	PHA Internal PPI Leads	Support the embedding of service user and carer voices into the PHA key work-related strategic objectives
	PHA Internal SPT's	
	PHA Service User Carer (SUC) Reference Group	
	PHA SUC Regional Forum member	Support our strategic objectives
	PHA Public Health Planning Teams	Mobilise strategic opportunity to further the Partnership and Engagement agenda
	5 Nations Involvement Collaborative Forum	Support our strategic objectives for remuneration
EXTERNAL	Business Partners – Care Opinion and Cognitive Edge	Lead mechanisms for the collection, analysis and learning from lived experience
	Care Homes (inc Independent Healthcare Provider - IHCP)	Key mechanism to engage and influence Care Home Sector
	Clinical Education Centre (CEC)	Provide professional training across the HSC system
	Community & Voluntary Sector	Provide networking opportunities

Community & Voluntary SUC Networks	Provide networking opportunities, training and recruitment of SUC
DoH Policy Leads	Oversight, accountability, set strategic priorities
DoH Professional Leads	Mobilise strategic opportunity to further the partnership and engagement agenda
GP Federations	Key mechanism to engage and influence in Primary Care
HSC Staff	Support our strategic objectives
HSCT Management teams	Champion partnership and engagement approach and embed learning under umbrella of safety and quality
HSCT Safety Quality Forums/Governance	Embed learning under umbrella of safety and quality
Health Service Executive (HSE) Engagement & Partnership Team	Cross-border working and learning opportunities and potential EU funding
Northern Ireland Blood Transfusion Service	Support Strategic objective
Northern Ireland Practice Education Council for Nursing & Midwifery (NIPEC)	Support our strategic objectives
Northern Ireland Public Service Ombudsman (NIPSO)	Embed learning under umbrella of Safety safety & and Qualityquality
Northern Ireland Social Care Council (NISCC)	Support our strategic objectives
Patient Client Council (PCC)	Partners in strategic objectives
PPI HSC Regional Forum	Support our strategic objectives and work plans

PPI Trust Leads & and Partnership Working Officer (PWO)	Support the embedding of SUC service user and carer voices into the HSC key work-related strategic objectives
Regional PCE Facilitator Group	Champion Partnership & Engagement approach and embed learning under umbrella of Safety & and Quality
Regional PCE Working Group (HSCT)	Champion Partnership & Engagement approach and embed learning under umbrella of Safety & and Quality
RQIA	Embed learning under umbrella of Safety & and Quality
Service users, carers and family	Support our strategic objectives
Strategic Planning and Performance Group (SPPG) -Commissioning Teams	Commission services across HSC
SPPG - Governance Teams	Embed learning under umbrella of Safety & and Quality
Transformation Advisory Group (TAG)/ Transformation Implementation Group (TIG)	Mobilise strategic opportunity to further the Partnership and Engagement agenda
The Consultation Institution	Provide training and professional accreditation
University Programmes	Champion Partnership and Engagement approach and embed learning under umbrella of Safety & and Quality across undergraduate and postgraduate programmes

Appendix 3: Glossary of common terms

Advocate	<p>A person who publicly supports or recommends a particular cause or policy</p>
Carer	<p>From the HSC perspective an individual who is not employed as such, but who provide a substantial amount of care, on a regular basis, for a person who would be entitled to the provision of health and social care support</p>
Commissioning	<p>The continual process of planning, agreeing and monitoring services</p> <p>A highly person-centred approach which enables partnership working between people in order to achieve positive and agreed change in the design, delivery and experience of Health and Social Care. It is a genuine partnership approach to finding shared solutions. In practice, this involves staff, service users and carers partnering from the start to the end of any change that affects them. It empowers people to influence decision-making and service delivery.</p>
Co-Production	
Directorates	<p>A department or organisation that is responsible for one particular thing</p> <p>Informal supportive network who are closely involved in or understand deeply the experience of a service user– including relatives and close friends. It is important to note families often fulfil the role of the carer, but may not define themselves as a carer</p>
Families	
Governance	<p>The process of making and enforcing decisions within an organisation or society</p>
Health and Social Care Northern Ireland	<p>Collective term for the organisations responsible for delivering on the integrated health and social care services across the region. This includes the 6 Health and Social Care Trusts, independent sector (such as Primary care, Care Homes) and arm's length bodies including DoH, SPPG, PCC and RQIA</p>
Health Inequalities	<p>Unfair and avoidable differences in health across the population and between different groups within society</p> <p>an umbrella term used to describe people who are socially excluded, who typically experience multiple overlapping risk factors for poor health, such as poverty, violence and complex trauma. This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.</p>
Inclusion Health	
Leadership	<p>The action of leading a group of people or an organisation</p>

Partnership Working	brings together different stakeholders, so that they can benefit from pooled expertise, knowledge, resources and effective collaboration. The goal of Partnership Working is to add value, to enhance the efficiency and quality of service development and delivery helping to achieve the shared goals of staff, service users, carers, the local community and staff
Public	A broad term for the people as a whole who may be at some stage be impacted by service across HSC
Service user	A service user is identified as someone who is currently, or has previously, used Health and Social Care services. Services can include treatment, care or support

Appendix 4 Abbreviations

DHCNI	Digital Health and Care Northern Ireland
DOH	Department of Health
GP	General Practice
HSC	Health and Social Care
HSCNI	Health and Social Care Northern Ireland
HSCT	Health and Social Care Trusts (including Northern Ireland Ambulance Service)
PCC	Patient Client Council
PCE	Patient Client Experience
PHA	Public Health Agency
PHPT	Public Health Planning Teams
PPI	Person & Public Involvement
PWO	Partnership Working Officer
RQIA	Regulation and Quality Improvement Authority
SPPG	Strategic Planning and Performance Group
SUC	Service User and Carer

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