



Partnership and Engagement
Involving you, improving care

Public Health Agency
Partnership and Engagement
Strategy – Consultation Survey
Results

March 2026

Public Health Agency Partnership and Engagement Strategy Public Consultation

The activity ran from 09/09/2025 to 21/12/2025

Responses to this survey: 46

Background

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 one Partnership and Engagement team.

Working together through the Regional HSC Personal & Public Involvement (PPI) Forum, service users, carers, experts and advocates in the fields of Involvement and Consultation and other HSC partners, a process was put in place to develop an integrated strategy for Experience and Involvement, the PHA Partnership and Engagement Strategy.

The Strategy seeks to outline the PHA’s Vision and Aim for Experience and Involvement from 2025-2030, with clearly defined priority areas and indicators to support how these will be met.

A 12 week consultation was undertaken between September 2025 and December 2025 on the new Strategy to understand the view of service users, carers, the public and any key partner organisations with an interest in Experience and Involvement.

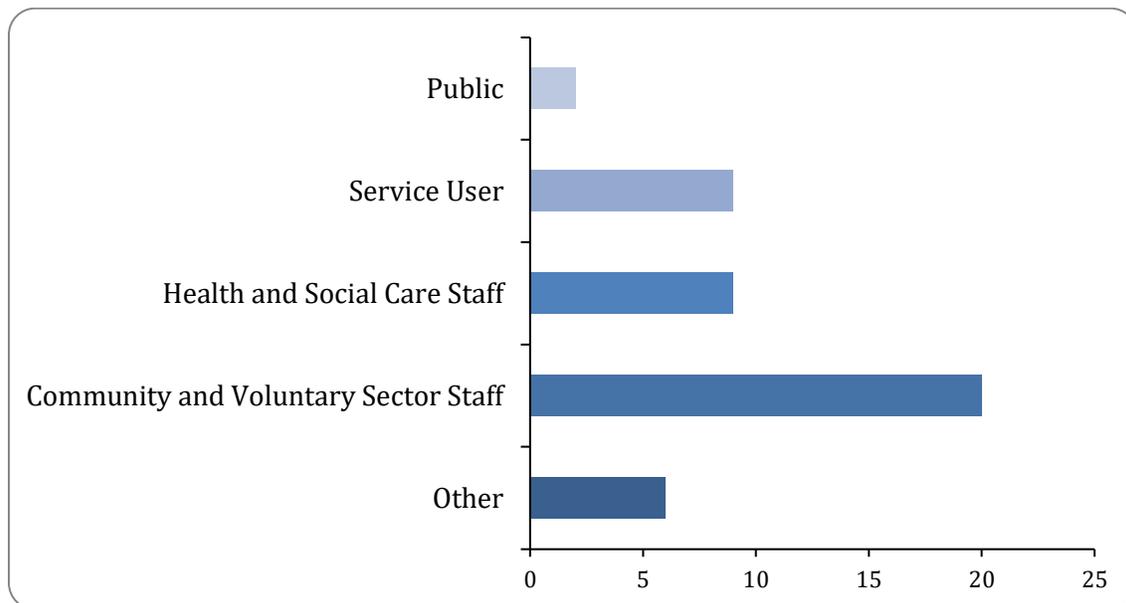
The methods for engagement and response were through a Citizen Space survey, email submissions, and online and face to face

information and engagement sessions. The results of these engagements are shown below.

Responses to this survey: **46**

3: Are you responding to this consultation as a...

There were 46 responses to this part of the question.



Option	Total	Percent
Public	2	4.35%
Service User	9	19.57%
Carer	0	0.00%
Health and Social Care Staff	9	19.57%
Community and Voluntary Sector Staff	20	43.48%
Other	6	13.04%

If other, please specify

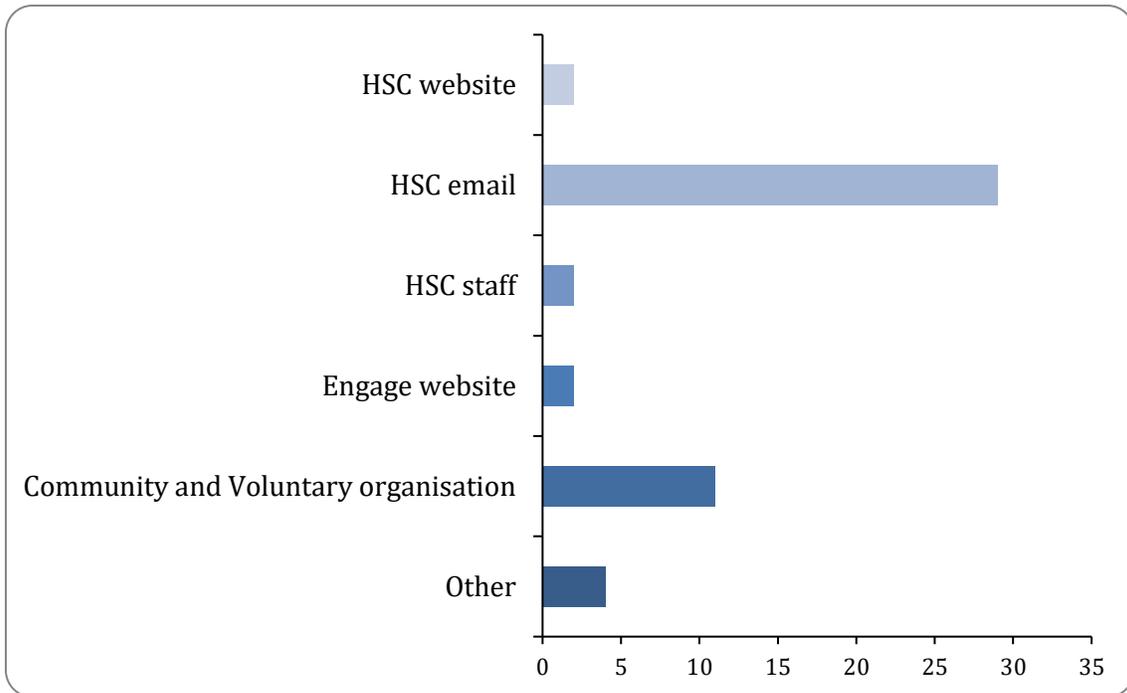
There were 8 responses to this part of the question:

- Contract Service Provider
- On behalf of the Safeguarding Board for Northern Ireland
- Researcher assisting in data analysis of PHA data
- Community Optometrist

- Umbrella organisation
- Local Government Worker
- Inspire Wellbeing
- BHSCCT Involvement Team

4: Where did you hear about this consultation?

There were 46 responses to this part of the question.



Option	Total	Percent
HSC website	2	4.35%
HSC email	29	63.04%
HSC staff	2	4.35%
Engage website	2	4.35%
Community and Voluntary organisation	11	23.91%
Family or friend	0	0.00%
Other	4	8.70%
Not Answered	0	0.00%

If other, please specify

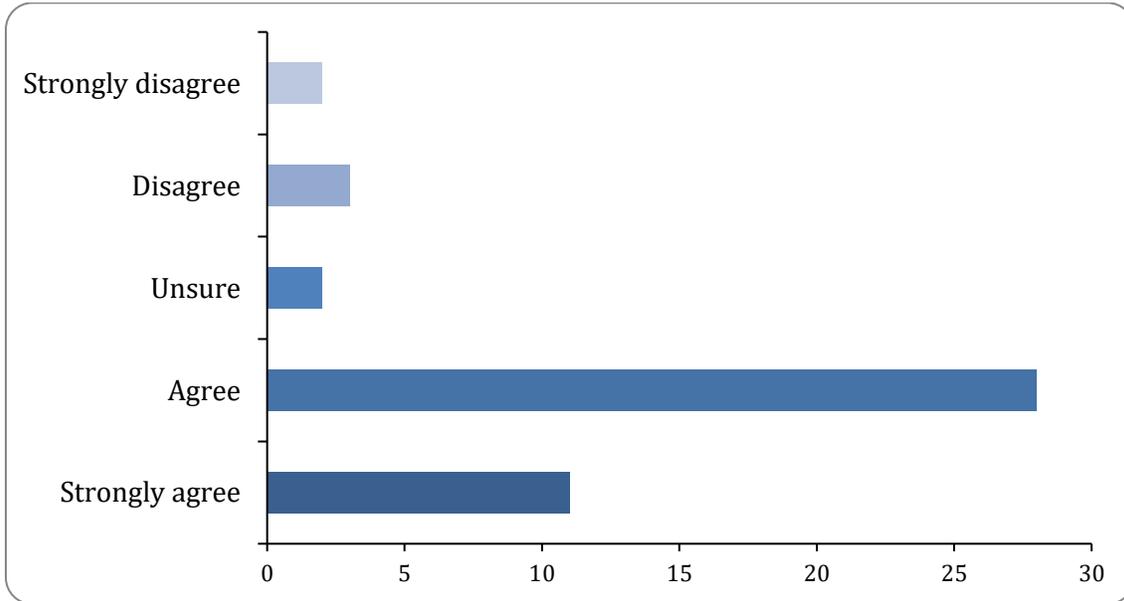
There were 5 responses to this part of the question:

- PHA Hearing Screening lead
- Trust service user committee
- work colleague
- Social Media
- PPI secretary email

5: The information contained in the below sections is easy to understand.

Easy to Understand - Section 1.0 Context of the Strategy

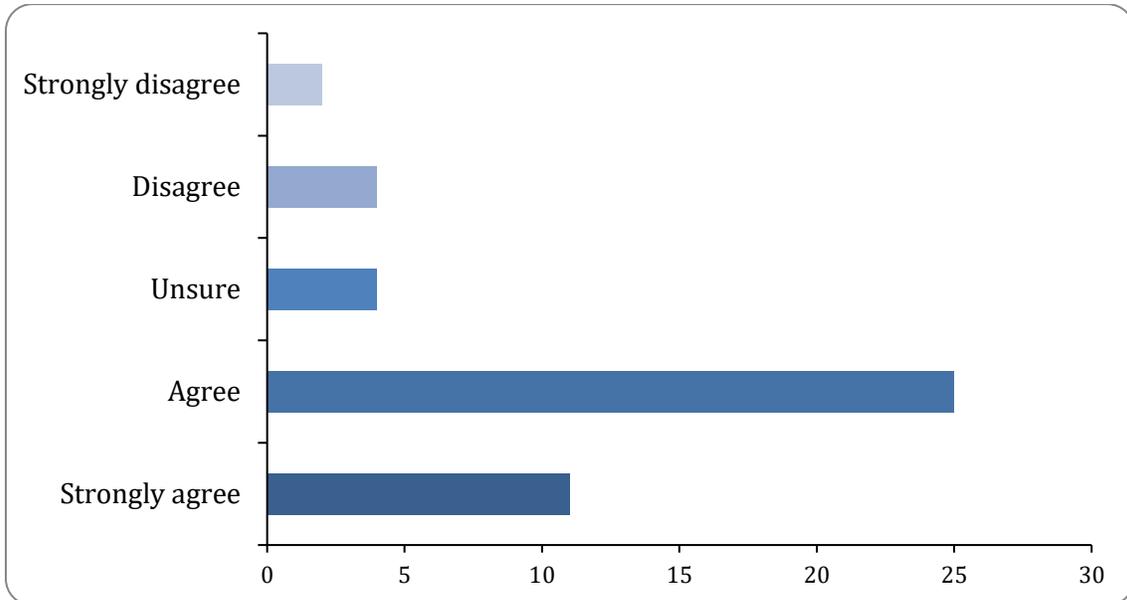
There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	2	4.35%
Disagree	3	6.52%
Unsure	2	4.35%
Agree	28	60.87%
Strongly agree	11	23.91%

Easy to Understand - Section 2.0 Stakeholders

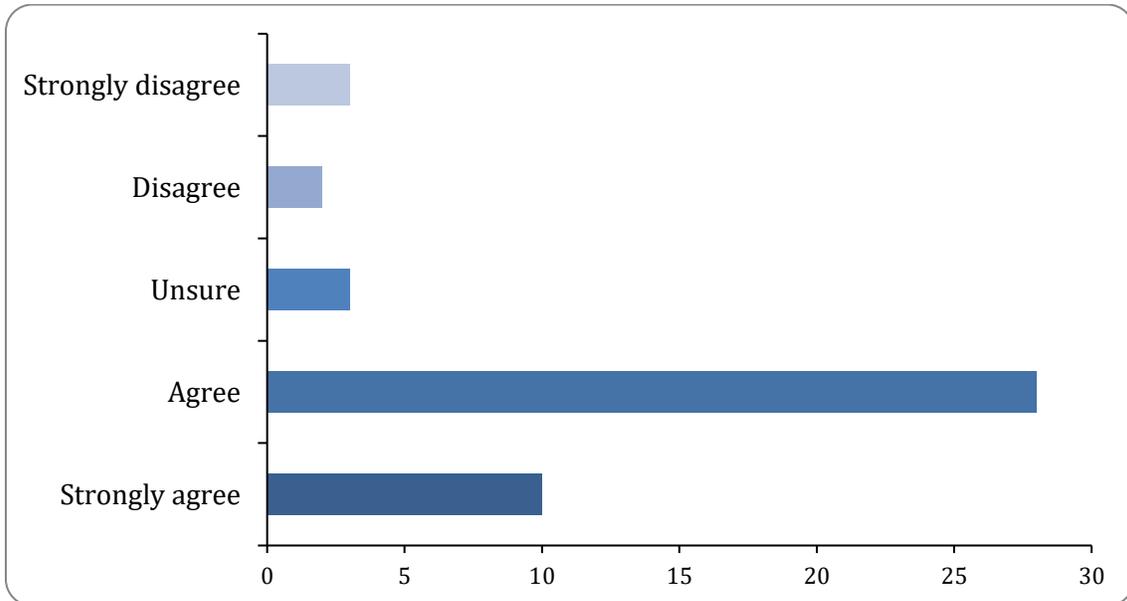
There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	2	4.35%
Disagree	4	8.70%
Unsure	4	8.70%
Agree	25	54.35%
Strongly agree	11	23.91%

Easy to Understand - Section 3.0 The Plan

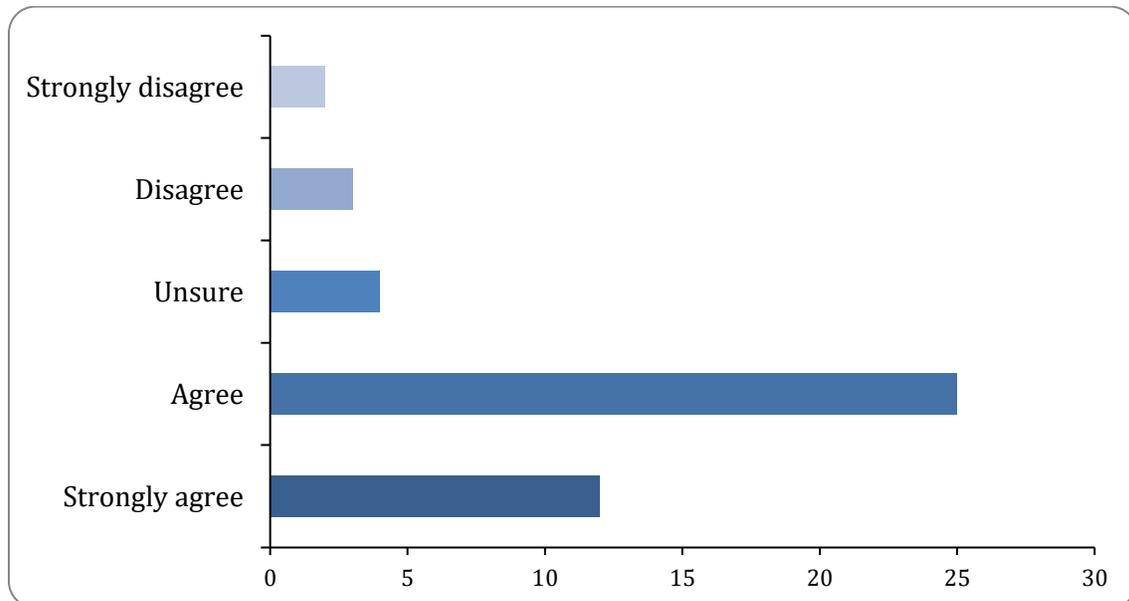
There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	3	6.52%
Disagree	2	4.35%
Unsure	3	6.52%
Agree	28	60.87%
Strongly agree	10	21.74%

Easy to Understand - Section 4.0 Conclusion

There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	2	4.35%
Disagree	3	6.52%
Unsure	4	8.70%
Agree	25	54.35%
Strongly agree	12	26.09%

6: Do you have any other comments on how easy the strategy is to understand?

There were 30 responses to this part of the question, a summary of which can be found below.

Overall Impressions

- Many respondents found the strategy clear, well-structured, and easy to read.
- There is a feeling more needs to be considered around practical outworkings of the strategy.

Key Strengths

- Strong emphasis on partnership and participation.
- A clear alignment with public health priorities.
- Clear commitment to reducing health inequalities.

Areas for Consideration

1. Accessibility & Language

- A feeling that the Strategy may be too wordy and jargon-heavy.
- Acronyms and technical terms (e.g., co-production) are confusing.
- Easy Read and child-friendly versions are needed for inclusivity.
- Some stakeholders (e.g., ARC NI, Barnardo's NI) stressed the need for accessible formats for people with learning disabilities and young people.

2. Implementation

- Lack of detail on how partnership will work in practice.
- No explicit mention of fair reimbursement for public contributors, risking tokenism.
- Priority areas lack specificity; action plan details should be integrated into the strategy.

3. Stakeholder Representation

- Community and Voluntary Sector needs to be more clearly highlighted
- Local Government (Councils) not mentioned.

4. Inclusivity & Equity

- Strategy should embed Equality, Diversity, and Inclusion principles more strongly.
- Accessible engagement for all socio-economic groups, ethnic minorities, LGBTQ+, and people with disabilities.

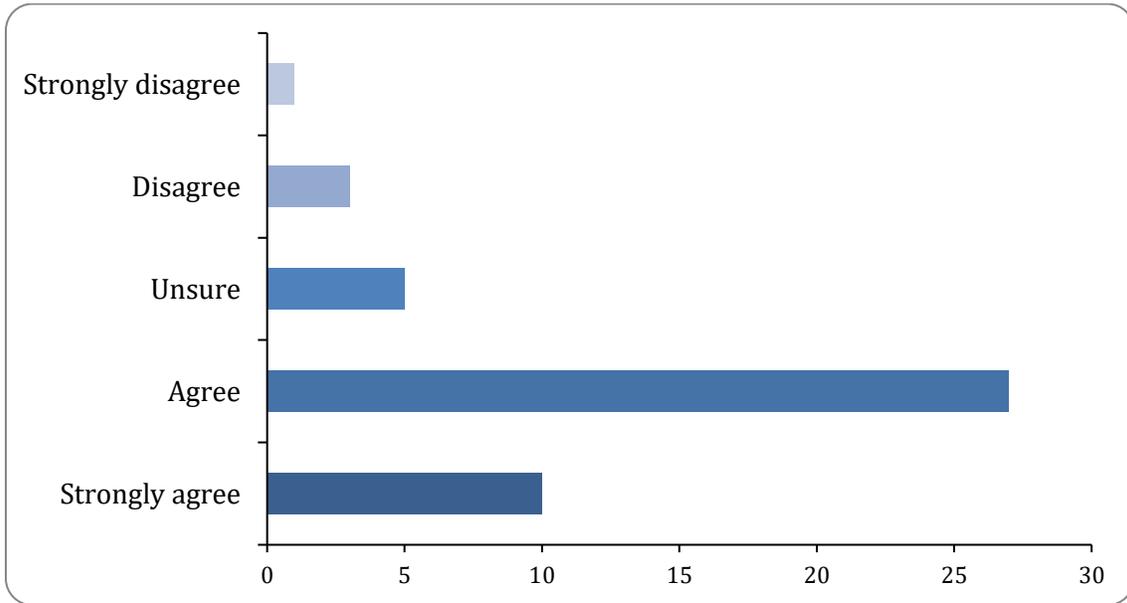
Suggestions for Improvement

- Provide definitions for key terms (experience, involvement, partnership).
- Include diagrams or case examples to illustrate engagement processes.

- Ensure all publications are available in Easy Read and other accessible formats.
- Strengthen stakeholder section
- Integrate evaluation methods for experience and involvement activities.

7: The Partnership and Engagement Strategy clearly states the strategies that drive forward the work of Experience and Involvement.

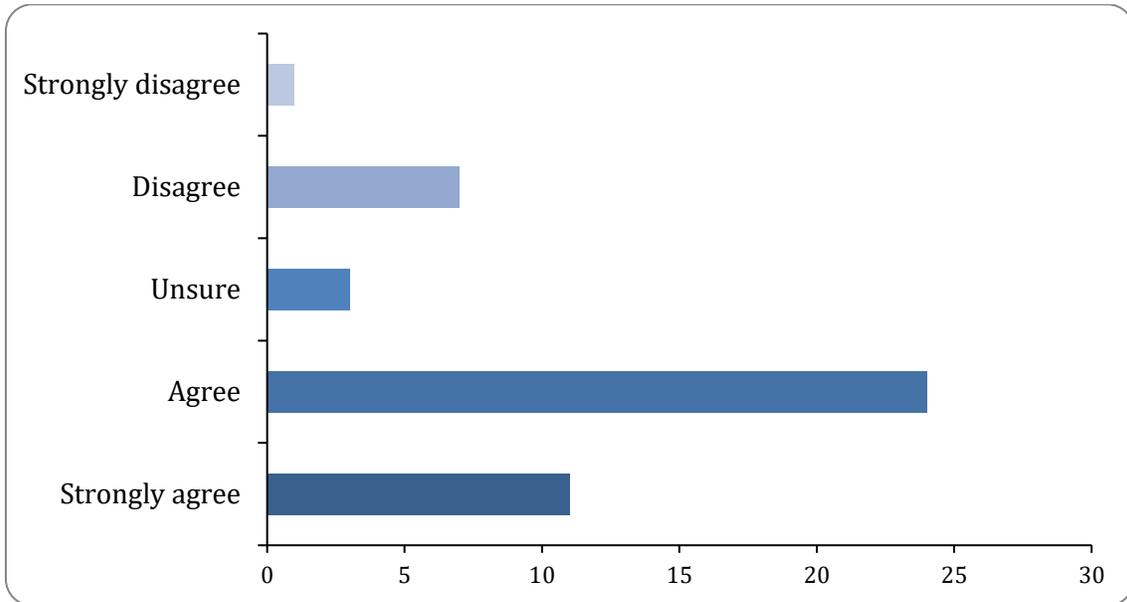
There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	1	2.17%
Disagree	3	6.52%
Unsure	5	10.87%
Agree	27	58.70%
Strongly agree	10	21.74%

8: The Partnership and Engagement Strategy clearly demonstrates the range of internal and external stakeholders impacted by the strategy. Please select only one item

There were 46 responses to this part of the question.

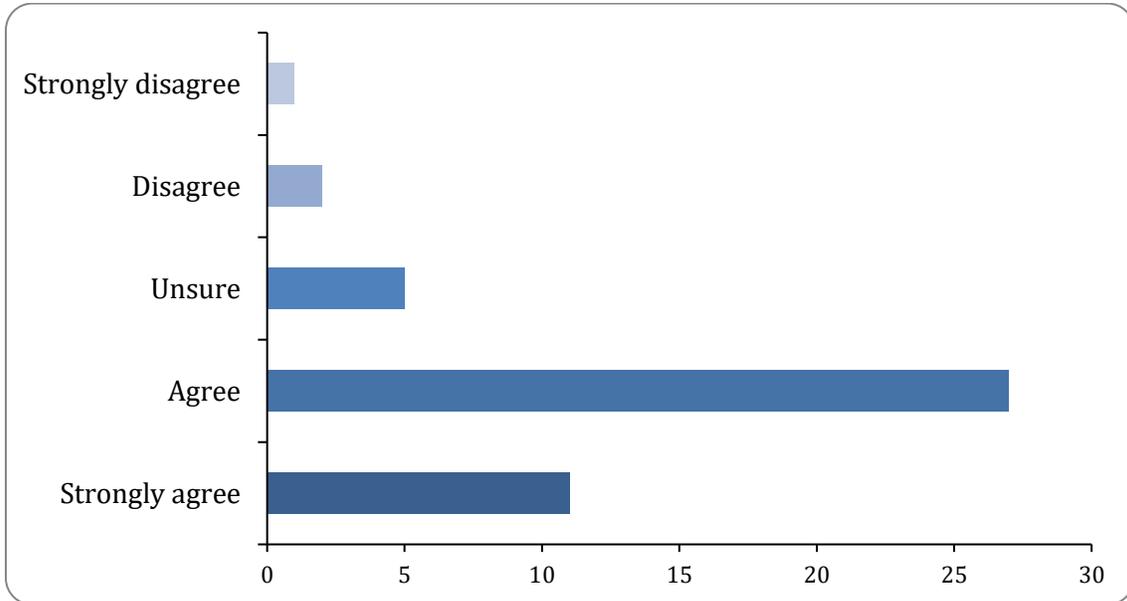


Option	Total	Percent
Strongly disagree	1	2.17%
Disagree	7	15.22%
Unsure	3	6.52%
Agree	24	52.17%
Strongly agree	11	23.91%

9: The Partnership and Engagement Strategy clearly demonstrates the Vision for Experience and Involvement in the PHA.

Vision

There were 46 responses to this part of the question.

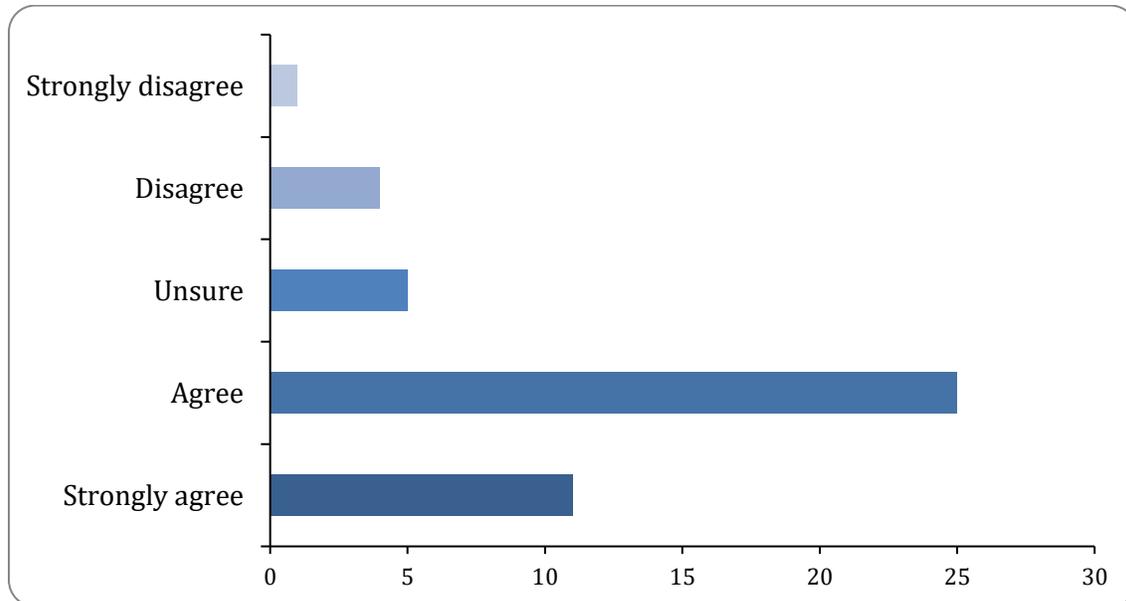


Option	Total	Percent
Strongly disagree	1	2.17%
Disagree	2	4.35%
Unsure	5	10.87%
Agree	27	58.70%
Strongly agree	11	23.91%

10: The Partnership and Engagement Strategy clearly demonstrates the Aim for Experience and Involvement in the PHA.

Aim

There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	1	2.17%
Disagree	4	8.70%
Unsure	5	10.87%
Agree	25	54.35%
Strongly agree	11	23.91%

11: Any further comments on the Vision and Aim of the Strategy?

There were 25 responses to this part of the question, a summary of which can be found below:

The Vision and Aim are widely praised for clarity, inclusivity, and emphasis on partnership, co-production, and listening to service

users. The tone of this section is positive and aspirational, but many comments highlight gaps in practical implementation and measurable outcomes.

Strengths Identified

- Clear articulation of collaboration and engagement principles.
- Recognition of lived experience and stakeholder involvement.
- Alignment with trauma-informed principles and inclusion health.
- Strong stakeholder mapping and commitment to reducing health inequalities.

Areas for Consideration

1. Implementation

- Provide concrete examples, case studies, and delivery mechanisms.
- Needs clarity on accountability, governance, and measurable outcomes.
- Vision and Aim positioned too late in the document (page 18 of 22), reducing prominence.

2. Equity & Inclusion

- Work to highlight marginalised groups' ability to engage fully.
- Need for fair recognition, reimbursement, and accessibility.
- Greater focus on learning disability, carers, and hard-to-reach communities.

3. Language & Accessibility

- Wording could be clearer in intent
- Calls for simpler, more user-friendly language.

4. Strategic Alignment

- Update references to current policies
- Link to wider determinants of health and place-based approaches.

5. Data & Measurement

- Lack of clarity on how health inequalities will be measured.
- Suggestion to integrate existing community data and outcome measures.

6. Community & Voluntary Sector

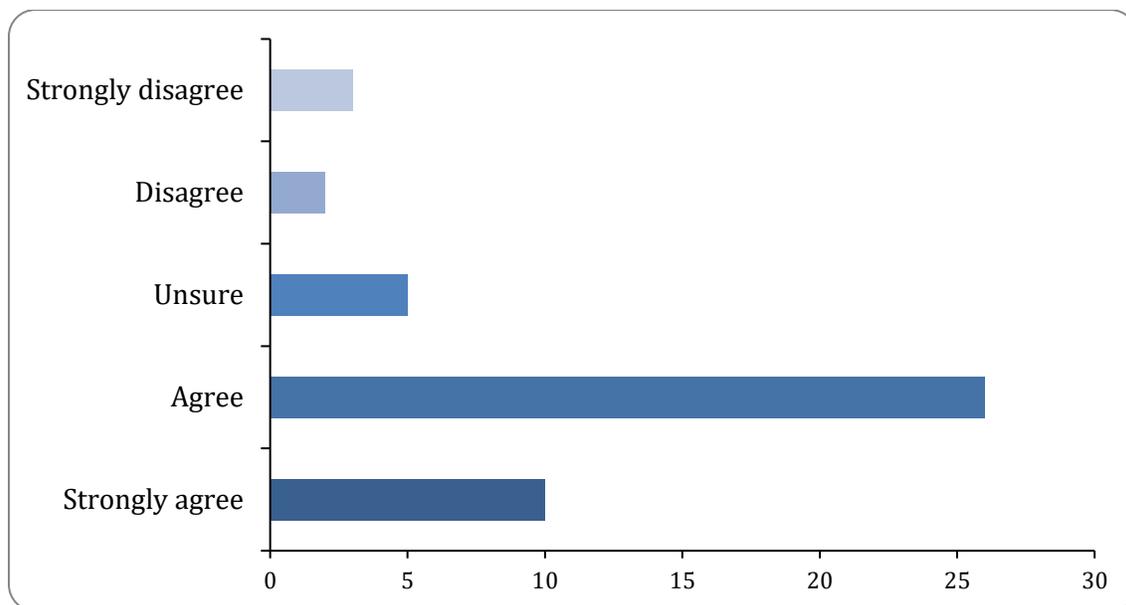
- Underrepresentation of community and voluntary sector roles.
- Need for stronger acknowledgment of their contribution to engagement and inclusion.

7. Innovation & Ambition

- Strategy seen as lacking bold, innovative approaches post-Covid.
- Examples like Inspire’s “If” campaign cited as models of authentic, impactful engagement.

12: The priorities listed in section 3.4 are clearly stated and support the implementation of the Vision and Aim of the Partnership and Engagement Strategy.

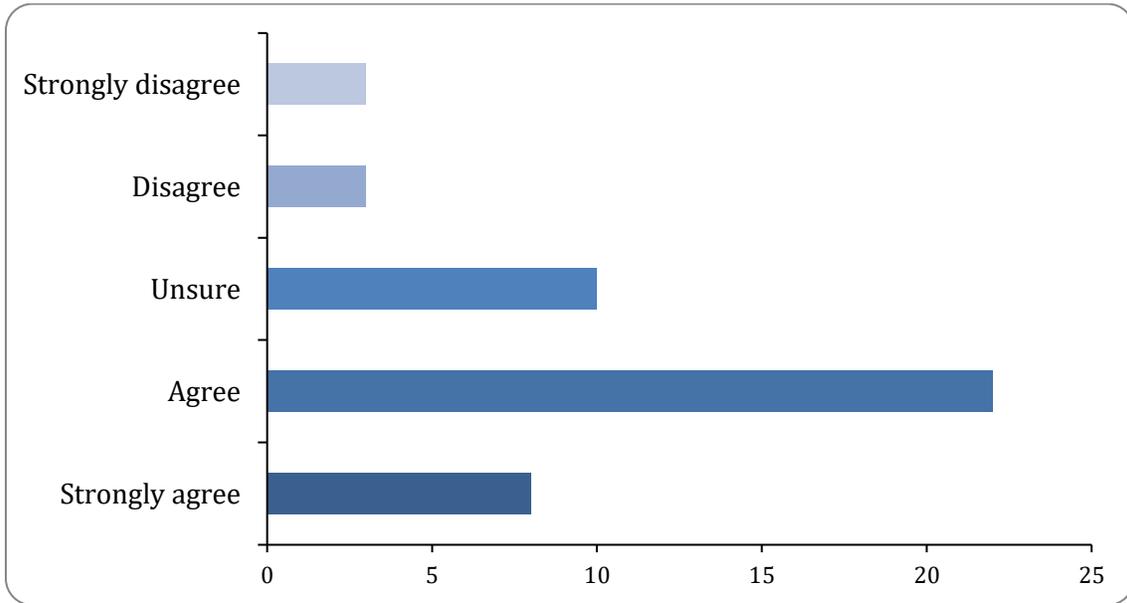
There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	3	6.52%
Disagree	2	4.35%
Unsure	5	10.87%
Agree	26	56.52%
Strongly agree	10	21.74%

13: This question refers to Priority Area 1 – ‘Provide Strategic Leadership’. The indicators set out in this priority area are clear and will support meeting the goal of this priority area

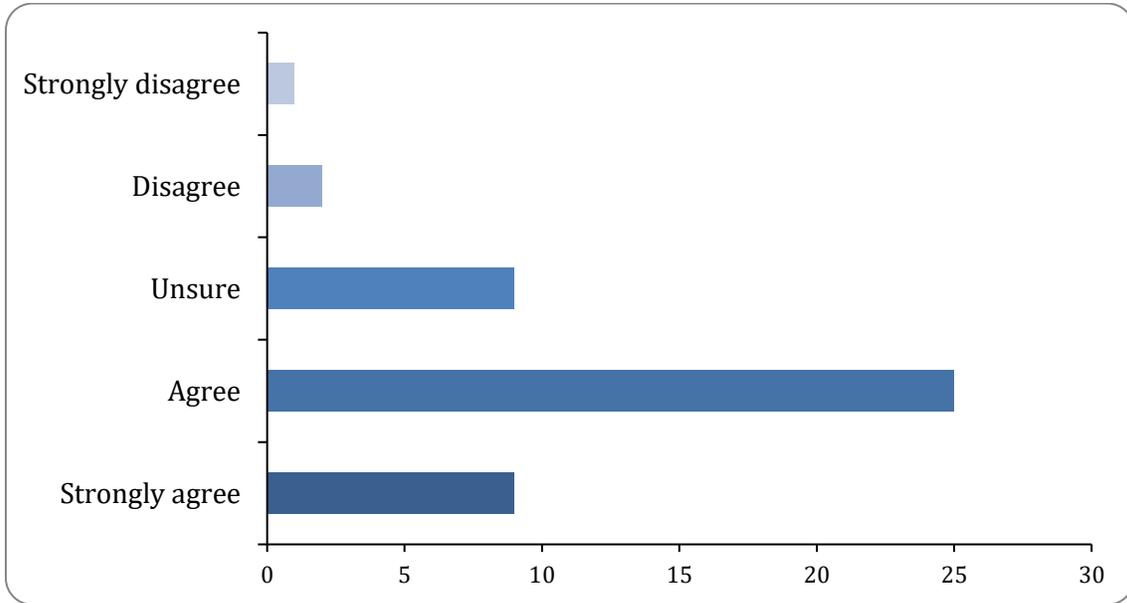
There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	3	6.52%
Disagree	3	6.52%
Unsure	10	21.74%
Agree	22	47.83%
Strongly agree	8	17.39%

14: This question refers to Priority Area 2 - 'Building Knowledge, Skills and Understanding'. The indicators set out in this priority area are clear and will support meeting the goal of this priority area

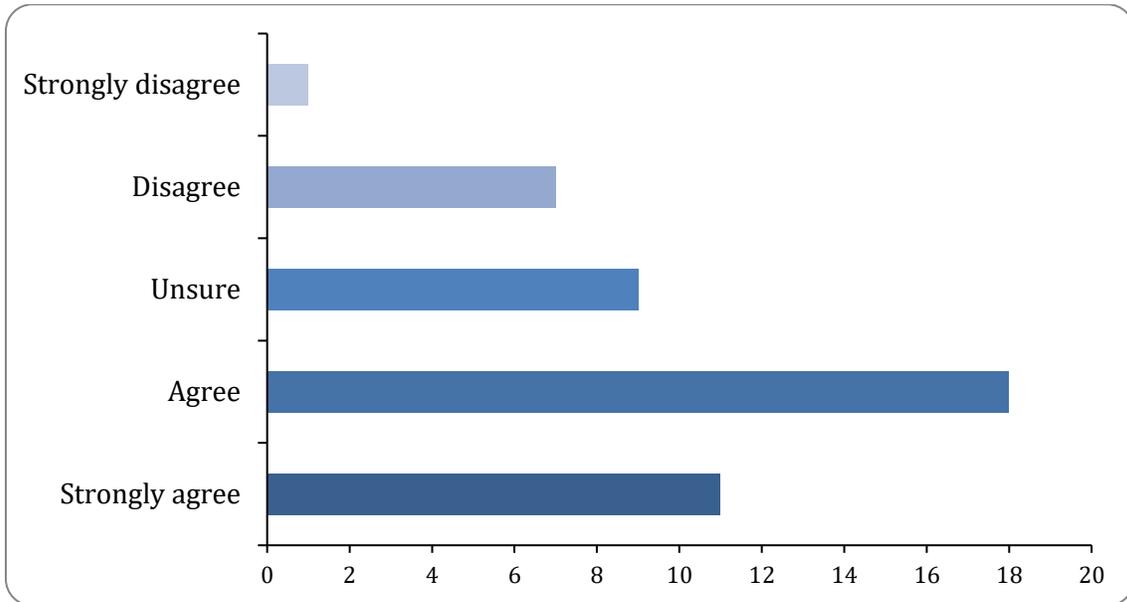
There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	1	2.17%
Disagree	2	4.35%
Unsure	9	19.57%
Agree	25	54.35%
Strongly agree	9	19.57%

15: This question refers to Priority Area 3 - 'Connect and Engage'. The indicators set out in this priority area are clear and will support meeting the goal of this priority area

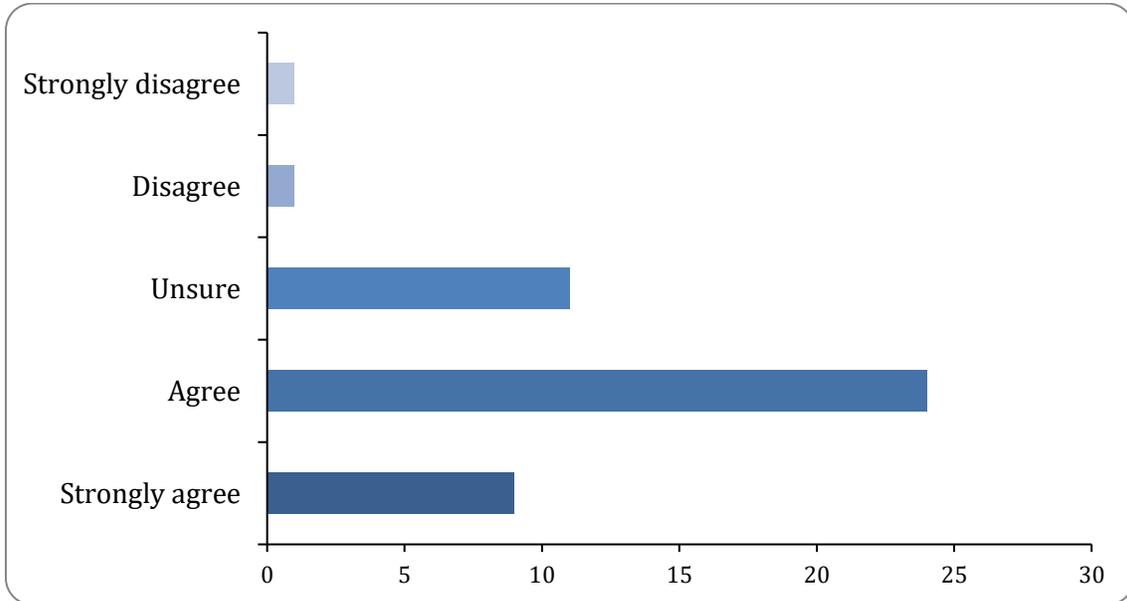
There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	1	2.17%
Disagree	7	15.22%
Unsure	9	19.57%
Agree	18	39.13%
Strongly agree	11	23.91%

16: This question refers to Priority Area 4 - 'Identify Learning and Demonstrate Impact'. The indicators set out in this priority area are clear and will support meeting the goal of this priority area

There were 46 responses to this part of the question.



Option	Total	Percent
Strongly disagree	1	2.17%
Disagree	1	2.17%
Unsure	11	23.91%
Agree	24	52.17%
Strongly agree	9	19.57%

17: Do you have any other comments to support your answers regarding the priority areas?

Other Comments Priorities

There were 30 responses to this part of the question, a summary of which can be found below.

Overall, the priorities are seen as clear and well-structured, but several recurring themes and concerns emerge:

Strengths

- The priorities provide a strong framework for partnership, engagement, and reducing health inequalities.
- Emphasis on connection, inclusion, and learning aligns with best practices and WHO guidance.
- Support for training and development for staff and service users to enable meaningful involvement.

Areas for Consideration

1. Lack of Measurable Indicators

- Comments highlight the need for clear, time-bound, and measurable outcomes for each priority.
- Indicators are perceived as vague and aspirational rather than actionable.

2. Operational Clarity

- Stakeholders request more detail on *how* priorities will be implemented, including roles, accountability, and resources.
- Concerns about insufficient funding and support for community and voluntary organisations.

3. Inclusivity & Accessibility

- Need for explicit reference to children, young people, and marginalised groups.
- Barriers such as digital exclusion, rural access, and disability inclusion require concrete solutions.
- A need for Easy Read and Plain English versions of documents.

4. Co-Production & Lived Experience

- Recognition and support for contributors, including payment and training, are essential.

5. Training & Capacity Building

- Strong support for formalised training for staff and service users.
- Suggestions to extend training to schools and community organisations.

6. Data & Impact Measurement

- Priority 4 (Learning and Impact needs indicators and robust data systems).
- Need for clear evaluation frameworks and reporting mechanisms.

7. Language & Tone

- Phrases like “We will seek to...” considered too vague; stakeholders want firm commitments.

Additional Suggestions

- Link priorities to existing standards (e.g., PPI Standards) and local partnerships.
- Ensure representation from all population groups.
- Develop multiple engagement channels (online, in-person, telephone).
- Strengthen governance and accountability mechanisms.

18: Overall, do you have any final comments to make on the Partnership and Engagement Strategy?

Overall Thoughts:

- The strategy is widely praised as clear, comprehensive, and forward-thinking, with strong emphasis on collaboration, leadership, and evidence-based learning.
- Many see it as a positive step toward improving public health through partnership and engagement.

Key Strengths Highlighted:

- Clear aims and constructive tone.

- Integration of PPI (Personal and Public Involvement) and PCE (Patient Client Experience) programs.
- Recognition of health inequalities and inclusivity.
- Potential to become a landmark strategy for Northern Ireland.

Main Areas for Consideration:

1. Accessibility & Engagement:

- Document is “wordy” and not easily understood by the general public.
- Calls for easy-read, child-friendly versions, and alternative formats (video, audio).
- Use of plain English and less jargon recommended.

2. Lived Experience & Co-Production:

- Strong demand for meaningful involvement of people with lived experience.
- Need for clear mechanisms on how voices will shape decisions.
- Suggestions to embed co-production in both design and implementation.

3. Equity & Standards:

- A need to align with UK-wide PPIE standards (payment, equity, accountability).

4. Measurement & Actionability:

- Strategy lacks detail on how success will be measured.
- Calls for specific, measurable objectives, timelines, and indicators.
- Greater clarity on feasibility given resource constraints.

5. Specific Groups:

- ARC NI urges prioritisation of people with learning disabilities, with dedicated structures and data monitoring.
- Young people want clearer language and formats suited to different age ranges.

6. Presentation & Communication:

- Suggestions for more engaging formats (e.g., YouTube shorts, visuals, quotes).
- Need for a robust communication plan internally and externally.

Summary of Feedback on the Partnership and Engagement Strategy

Overall Impressions

- Strategy praised for clarity, structure, and alignment with public health priorities.
- Strong emphasis on partnership, participation, and reducing health inequalities.
- Concerns about practical implementation and accessibility.

Key Strengths

- Clear vision and aims focused on collaboration, co-production, and inclusivity.
- Recognition of lived experience and trauma-informed principles.
- Integration of PPI (Personal and Public Involvement) and PCE (Patient Client Experience) programs.



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