Department of
Health, Social Services and Public Safety
www.dhsspsni.gov.uk

AN ROINN
Sláinte, Seirbhísí Sóisialta agus Sábháilteachta Poiblí

MÄNNYSTRIE O
Poustie, Resydènter Heisin an Fowk Siccar

DHSSPS

PERSONAL AND PUBLIC INVOLVEMENT CONSULTATION SCHEME

January 2011

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1. INTRODUCTION

1.1 The Department has produced this Personal and Public Involvement (PPI) Consultation Scheme to meet the statutory requirement placed upon it by the Health and Social Care (Reform) Act (NI) 2009 ('the Reform Act').

1.2 Section 19 of the Reform Act requires the Department, along with other specified Health and Social Care (HSC) bodies, to prepare a public involvement consultation scheme, and section 20 sets out the requirements for the scheme. This requires the Department to ensure, in respect of health and social care for which it is responsible, that the following, namely;

- the Patient and Client Council (PCC);
- persons to whom that care is being or may be provided; and the carers of such persons;

are involved in or consulted on;

- the planning of the provision of that care;
- the development and consideration of proposals for changes in the way that care is provided; and
- decisions to be made by that body affecting the provision of that care.

1.3 This document is intended to fulfill that statutory requirement and relates to how DHSSPS carries out all its functions, powers and duties relating to Northern Ireland. The Department is committed to the allocation of the necessary resources to ensure that the statutory duties in respect of involvement are complied with, and will put in place effective internal arrangements to ensure that the

duties are effectively complied with and that progress is monitored and reviewed.

Background

1.4 The reform of the health and social care system in Northern Ireland has its origins in the Review of Public Administration (RPA) which was initiated by the Northern Ireland Executive in June 2002. The purpose of RPA was to review Northern Ireland's system of public administration with a view to putting in place a citizen-centred, accountable and high quality system of public administration.

1.5 Proposals for reforming the local health and social care system were consulted upon extensively, with views received from a wide range of people including patients, clients, carers and HSC staff indicating broad support. The new system is designed to be more streamlined and accountable and is aimed at maximising resources for front-line services and ensuring that people have equitable access to high quality health and social care.

1.6 The Reform Act provides the legislative framework within which the new health and social care structures will operate. It sets out the high level functions of the various health and social care bodies. It also provides the parameters, within which each body must operate, and establishes the necessary governance and accountability arrangements to support the effective delivery of health and social care in Northern Ireland.

Definition of PPI

1.7 Personal and Public Involvement (PPI) is the agreed terminology used as an umbrella term to describe the involvement agenda in

the HSC. It was introduced and defined in the DHSSPS guidance circular HSC (SQSD) 29/07[1], and reflects the integrated nature of services delivered by the HSC. 'Personal' refers to service users, patients, carers, consumers, customers, relations, advocates or any other term used to describe individuals who use HSC services either as individuals or as part of a group. 'Public' refers to the general population and includes locality, community and voluntary groups and other collective organisations. 'Involvement' refers to consulting, informing, engagement, active participation and partnership-working.

DHSSPS Role and Functions

1.8 DHSSPS is one of 11 Northern Ireland Departments created in 1999 as part of the Northern Ireland Executive by the Northern Ireland Act 1998 and the Departments (Northern Ireland) Order 1999.

1.9 It is the Department's mission to improve the health and social well-being of all of the people of Northern Ireland. It endeavours to do so by:

- leading a major programme of cross-government action to improve the health and well-being of the population and reduce health inequalities. This includes interventions involving health promotion and education to encourage people to adopt activities, behaviours and attitudes which lead to better health and well-being. The aim is a population which is much more engaged in ensuring its own health and well-being; and

[1] Link to Guidance Circular 29/07

- ensuring the provision of appropriate health and social care services, both in clinical settings such as hospitals and GPs' surgeries, and in the community through nursing, social work and other professional services.

1.10 The Department has three main business responsibilities:

- Health and Social Care (HSC), which includes policy and legislation for hospitals, family practitioner services and community health and personal social services;

- Public Health, which covers policy, legislation and administrative action to promote and protect the health and well-being of the population; and

- Public Safety, which covers policy and legislation for fire and rescue services.

1.11 Section 2 of the Reform Act places on the Department a general duty to promote an integrated system of:

- health care designed to secure improvement:
    - in the physical and mental health of people in Northern Ireland, and
    - in the prevention, diagnosis and treatment of illness; and;
- social care designed to secure improvement in the social well-being of people in Northern Ireland.

1.12 In terms of service commissioning and provision, the Department

discharges this duty primarily by devolving the exercise of its statutory functions to the Health and Social Care Board (HSCB) and the Public Health Agency (PHA) and to a number of other health and social care bodies created to exercise specific functions on its behalf. All these health and social care bodies are accountable to the Department which in turn is accountable, through the Minister, to the Assembly for the manner in which this duty is performed.

DHSSPS Structure

1.13 The Permanent Secretary is also Chief Executive of the Health and Social Care system, as well as Principal Accounting Officer for all the Department's responsibilities.

1.14 Within the Department, the key business groups are the Resources and Performance Management Group, the Healthcare Policy Group, the Social Policy Group, the Health Estates Investment Group (HEIG), the Office of the Chief Medical Officer and the Office of Social Services. The Department also has a Modernisation Directorate and a Human Resources Directorate.

1.15 There are five professional groups within the department, each led by a Chief Professional Officer:

- Chief Medical Officer Group
- Office of Social Services
- Nursing and Midwifery Advisory Directorate
- Dental Services
- Pharmaceutical Advice and Services

1.16 They provide advice to and discharge functions for the Department on medical, nursing, dental, pharmaceutical and social work matters. They also provide advice and services to the wider Northern Ireland Civil Service and the Prison Service in respect of public health, medical and dental services.

1.17 The Department currently employs 750 staff. Details of the Department's corporate planning processes and an outline of the management structure of the Department are set out at Annex A.

2. ACCOUNTABILITY ARRANGEMENTS FOR PPI

2.1 The Department is committed to fulfilling its requirements in respect of public involvement as set out in sections 18-20 of the Health and Social Care (Reform) Act (Northern Ireland) 2009, and will use the following organisational and accountability arrangements to ensure that these are met.

2.2 The Permanent Secretary is accountable to the Minister and will be responsible for ensuring that the Department complies with its statutory obligations in respect of public involvement.

2.3 The Deputy Secretaries, Chief Executive of the Health Estates Investment Group and the Chief Professional Officers will have personal responsibility for providing assurance to the Permanent Secretary that they are conducting their business in accordance with the principles set out in the PPI consultation scheme.

2.4 Directors will be personally responsible for implementing the PPI Consultation Scheme within their areas of responsibility and for providing assurance to the Departmental Board that they are complying with the involvement obligations as laid down in the Scheme. When new policies are being planned or developed or where existing policies are being revised, the Director is responsible for ensuring that papers submitted to the Departmental Board and the Minister take account of the involvement obligation and, where appropriate, provide detail of how the views of the Patient and Client Council, service users and their carers were sought as part of the policy development processes, and how any views expressed have been reflected in the final policy.

2.5 Membership of the Department's Board includes two non-executive Directors, who provide an independent external perspective on, and constructive challenge to, the decisions made by the Department. In addition, the Departmental Audit and Risk Committee supports the Board in its responsibilities for issues of risk control and governance.

2.6 Implementation and management of the Department's PPI scheme will be taken forward through the establishment of a Departmental PPI Co-ordination Group whose function will be to co-ordinate work within the Department on meeting its organisational PPI responsibilities. The group will be chaired by Safety, Quality and Standards Directorate (SQSD) and will include appropriate representation from policy and professional areas. The group will be responsible for producing, implementing and monitoring an action plan setting out how the commitments within the consultation scheme will be operationalised within the Department. The Co-ordination Group may establish as it considers appropriate a number of sub groups under its direction to address specific work areas, such as arrangements for staff training and communication, and indeed the involvement of service users and carers in its co-ordination activity.

2.7 Policy responsibility for PPI within the Department and the wider HSC family rests with Safety, Quality and Standards Directorate within the Chief Medical Officer Group, and the Director of SQSD will have general responsibility for the discharge of the Department's involvement obligations.

3. ARRANGEMENTS FOR COMPLIANCE WITH SECTION 20 OBLIGATIONS

3.1 The requirement to consult and involve those who use health and social care services is not a new one. In general terms, existing statutory duties contained in Equality[2] and Disability[3] legislation have advanced considerably the notion of participative democracy in Northern Ireland, and policy makers now understand that Government can no longer take key policy decisions without considering the views of people who will ultimately be affected by those decisions.

3.2 Accordingly, active and genuine consultation with service users and carers has for some time been a feature of the Department's work, both in relation to the specific requirements of the Equality and Disability legislation but also as an integral part of the Department's planning and decision making processes. Annex B provides details of existing good practice in respect of embedding the principles of involvement in the business of the Department.

3.3 Sections 19 and 20 of the Reform Act put such consultation and involvement on a statutory footing and, in doing so, requires that dialogue with patients, clients and carers, and with the public in general, is formally embedded in the planning and operational processes of the Department. That obligation has now been extended to consulting with the PCC itself on those functions it has been created to perform, for example where the issue is one which might invoke public interest or in the early stages of the Department's decision-making processes.

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[2] Link to Section 75 Northern Ireland Act 1998
[3] Link to Disability Discrimination Act 1995

3.4 The Department meets monthly with the PCC to discuss issues relating to involvement. SQSD in its capacity as lead policy Directorate for PPI represents DHSSPS in these meetings, with the Director of SQSD chairing the meetings. The Department will keep the frequency of these meetings under review, and these may be increased or decreased as required.

3.5 The Department will allocate the necessary resources (in terms of people, time and money) to ensure that the statutory duties in respect of involvement are complied with and its consultation scheme is drawn up and implemented effectively and on time. Communication and training strategies will be drawn up by the Departmental PPI Co-ordination Group to ensure that all relevant Departmental staff are aware of the Department's statutory responsibility in relation to PPI, how this impacts on working practices and the discharge of the Department's business and how the involvement agenda can be actively promoted.

3.6 The training strategy will aim to deliver the following objectives;

- to raise awareness of the policy on involvement, the associated duties under sections 19 and 20 of the Reform Act and the implications of these for relevant staff;

- to provide relevant staff with the necessary skills and knowledge to carry out these duties effectively;

- to provide those staff who deal with complaints in relation to the implementation of the Department's PPI scheme with the

necessary capability to monitor, investigate and resolve such complaints effectively;

- to guide those staff involved in the implementation and monitoring of the Department's PPI scheme; and

- to evaluate the extent to which all participants in this training programme have acquired the necessary skills and knowledge to achieve each of the above objectives.

3.7 All relevant staff within DHSSPS will be made aware of the Department's PPI responsibility and all new staff, where appropriate, will receive training on section 20 requirements as part of the induction process.

3.8 Objectives and targets relating to the statutory involvement obligations will be integrated into the Department's strategic and operational plans and the annual business plans of Directorates and Branches. Officials will ensure that appropriate involvement related targets or actions are included in staff personal development plans and therefore subject to appraisal through performance management arrangements.

4. ARRANGEMENTS FOR ASSESSING EFFECTIVENESS OF PPI

4.1 The Department recognises the importance of developing appropriate and effective systems and methodologies for assessing the effectiveness of PPI.

4.2 Accordingly in order to assess the effectiveness of its internal structures, DHSSPS will conduct an annual review of progress made in implementing the arrangements specified in its PPI consultation scheme and in complying with its statutory duties in respect of involvement. A report will be prepared on the progress made and this will be submitted to the Departmental Management Board. The PPI Co-ordination group will be responsible for overseeing the preparation of this report, and will also consider and make recommendations on how progress should be externally assured.

4.3 The requirement to involve will also be reflected in the Department's annual corporate planning process, and progress will be monitored and reported on through the routine planning and monitoring arrangements associated with this.

4.4 The Department will consult with the PCC on issues relating to meeting its obligations under section 20, and will respond positively to any improvements the Council may propose.

5. ARRANGEMENTS FOR ENSURING PEOPLE ARE AWARE OF THE DHSSPS PPI SCHEME

5.1 The Department will ensure that systems are in place so that, following formal public consultation, the final version of this scheme will be available in a timely fashion in print form and accessible formats free on request**.** It will also be available on the DHSSPS internet site. A copy of the scheme will be sent to all those who responded to the consultation exercise.

5.2 DHSSPS will also issue a press statement and place a prominent advertisement in local newspapers offering to issue copies on request. Copies of the scheme will be issued to all service user and carer representative organisations and to all DHSSPS staff.

5.3 DHSSPS is committed to effective communication with the public generally and specifically with all those who access health and social care services and their carers. It recognises however that there is a risk that some sections of the public may not enjoy equality of opportunity in accessing information provided by DHSSPS. These may include, for example,

- Children and young people, who may have difficulties in accessing or understanding information

- People with sensory or learning disabilities who may have particular difficulties with information in print;

- Members of minority ethnic groups or those whose first language is not English may have difficulties with information provided only in English.

5.4 DHSSPS will actively seek to develop and improve the ways in which it communicates with people or groups who require special attention and in doing so will seek help and advice from representatives of the groups concerned.

5.5 DHSSPS is conscious of the problems that service users, carers and the wider public will face in providing informed responses to what are frequently complex and detailed matters of policy. To prevent this happening, DHSSPS will ensure that sufficient, timely and appropriate information is provided in a manner that will, as far as possible, maximise the capacity of individuals and groups to provide meaningful responses.

5.6 In particular, and reflecting comments made by representative organisations, the information provided will be clear, concise, and jargon free, and will be presented in accessible and user-friendly formats. DHSSPS will actively seek views from those who access and use Departmental communications, and will use these in reviewing and adapting as appropriate the channels of communication it uses.

5.7 In disseminating information through the local press, DHSSPS will ensure that this is carried by an appropriate cross section of both

regional and local newspapers, with a view to providing equity of access for all sections of the community.

5.8 DHSSPS will also give active consideration to innovative methods of disseminating information, making full use of new technologies such as the internet, mobile messaging services or any other potential channels to overcome potential barriers to effective communications. In identifying these, the Department will take account of any views expressed in relation to these by members of the public.

5.9 The Department will ensure that its communications programme in respect of involvement is synchronised with its partner organisations in the HSC.

5.10 The Department will respond to views expressed, detailing any changes which have been made to policy development as a result of these views. This information will be published on the DHSSPS website.

5.11 DHSSPS will continuously monitor access to information to ensure that it is accessible and meets the needs of individuals and groups.

5.12 The commitments contained in this scheme with regard to accessing information are without prejudice to rights to information contained in Freedom of Information legislation.

6. USE OF PPI IN THE DEVELOPMENT OF DHSSPS CONSULTATION SCHEME

6.1 In developing this scheme, DHSSPS met regularly with the PCC and worked closely with their representatives to develop and agree the regional template which is being used by HSC organisations to draw up their individual schemes.

6.2 The Department was represented at a regional PPI workshop involving a range of representative organisations, which was held to gather initial views on general principles of involvement and the content of consultation schemes. The views expressed at this event have been taken account of in the development of this draft scheme – for example, schemes should be written in clear jargon free accessible language, and organisational commitment to PPI should be evidenced by a corresponding commitment of resources.

6.3 The draft scheme will be subject to a period of formal consultation and the Department will seek to ensure that this is carried out in a manner which maximises the potential for involvement for as wide a range as possible of interested parties.

6.4 Responses made through this consultation will be carefully considered and the draft scheme will be amended as appropriate. The Department will prepare and publish on its website a summary of the comments received and the response to those comments.

7. ARRANGEMENTS FOR ENSURING PPI IS AN INTEGRAL PART OF DHSSPS BUSINESS

7.1 The Department is committed to using the principles of effective involvement to drive improvements in the discharge of its functions, by putting patients, clients, carers and communities at the centre of decision making in health and social care. The arrangements described in section 2 above set out how the principles will be embedded in Departmental structures, and section 3 sets out a strategy to ensure staff are fully aware of their statutory responsibilities in respect of involvement.

7.2 Annex B sets out examples of the Department's existing good practice in this regard, and the Department is committed to building on its existing expertise to improve its performance in this area. This is evidenced in particular by the commitments in relation to staff communication and training outlined in section 3 above.

7.3 Consideration was given to the development of an individualised departmental PPI scheme however, it was discounted on the basis of the need for the scheme to be flexible to encompass the diverse range of policy areas within the Department. A 'one size fits all' approach was deemed inappropriate as the methods employed to ensure Departmental PPI responsibilities are being met will vary depending on the policy area they are intended for and accordingly, should be tailored and proportionate for that area.

8. HOW TO RESPOND

8.1 If you wish to comment on the issues raised in this document, please complete and return the response questionnaire which can be found in **Annex C** to this consultation document or may be downloaded from the E-Consultation section of the Department's website (http://www.dhsspsni.gov.uk/index/consultations/current_consultations.htm).

8.2 Additional copies of the consultation can be obtained by contacting George Russell (contact details below) or can also be downloaded from the E-Consultation section of the Department's website.

8.3 If you require any of these documents in another format or language, please contact George Russell (contact details below).

8.4 The closing date for responses is **13th April 2011**. Responses received after this date will only be considered in exceptional circumstances and with prior agreement from the Department.

8.5 The completed response questionnaire can be returned by e-mail, post or fax and all queries you may have regarding this consultation should be addressed to:-

George M Russell,
Department of Health, Social Services and Public Safety
Standards and Guidelines Unit,
Room C3.21,
Castle Buildings,
Stormont,
Belfast, BT4 3SQ
Tel: 028 90520710 Fax 028 90520725

E-mail: george.russell@dhsspsni.gov.uk

8.6 Please ensure that the completed response questionnaire includes: your name, organisation (if relevant), address and telephone number, and whether your comments represent your own view or the corporate view of your organisation.

8.7 Please note that responses to this consultation will be subject to the Freedom of Information Act 2000 (see section 9 below) which gives the right of access to information held by public authorities.

9. FREEDOM OF INFORMATION ACT 2000 – CONFIDENTIALITY OF CONSULTATIONS

9.1 The Department will publish a summary of responses following completion of the consultation process. Your response, and all other responses to the consultation, may be disclosed on request. The Department can only refuse to disclose information in exceptional circumstances. **Before** you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

9.2 The Freedom of Information Act gives the public a right of access to any information held by a public authority, namely, the Department in this case. This right of access to information includes information provided in response to a consultation. The Department cannot automatically consider as confidential information supplied to it in response to a consultation. However, it does have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity should be made public or be treated as confidential.

9.3 This means that information provided by you in response to the consultation is unlikely to be treated as confidential, except in very particular circumstances. The Lord Chancellor's Code of Practice on the Freedom of Information Act provides that:

- the Department should only accept information from third parties in confidence if it is necessary to obtain that information in connection with the exercise of any of the

Department's functions and it would not otherwise be provided;

- the Department should not agree to hold information received from third parties "in confidence" which is not confidential in nature; and
- acceptance by the Department of confidentiality provisions must be for good reasons, capable of being justified to the Information Commissioner.

9.4 For further information about confidentiality of responses please contact the Information Commissioner's Office (or see website at: **http://www.informationcommissioner.gov.uk/**).

Produced by:

Safety, Quality and Standards Directorate

Department of Health, Social Services and Public Safety

Castle Buildings

BELFAST BT4 3SQ]

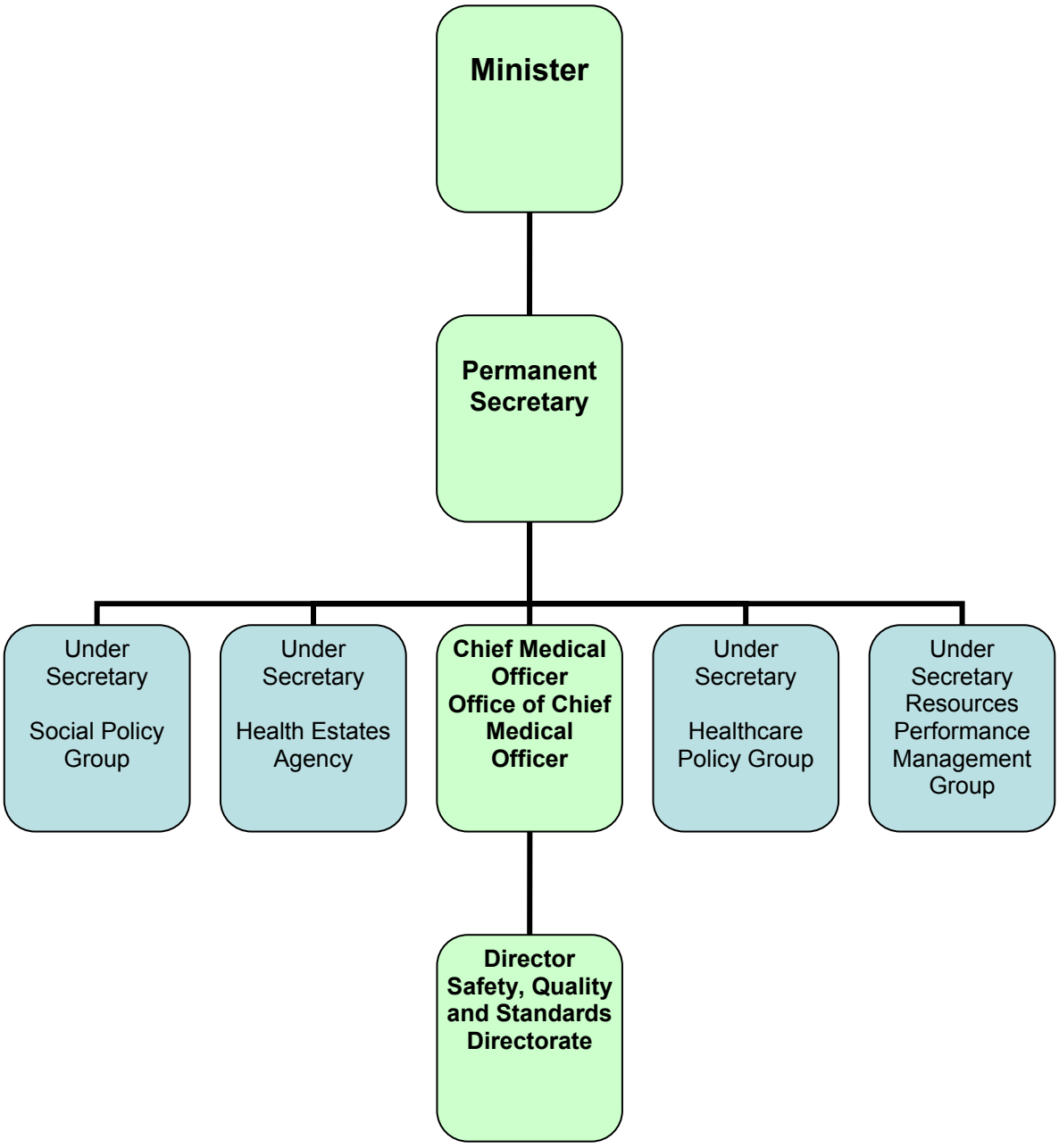
Telephone: (028) 90522175

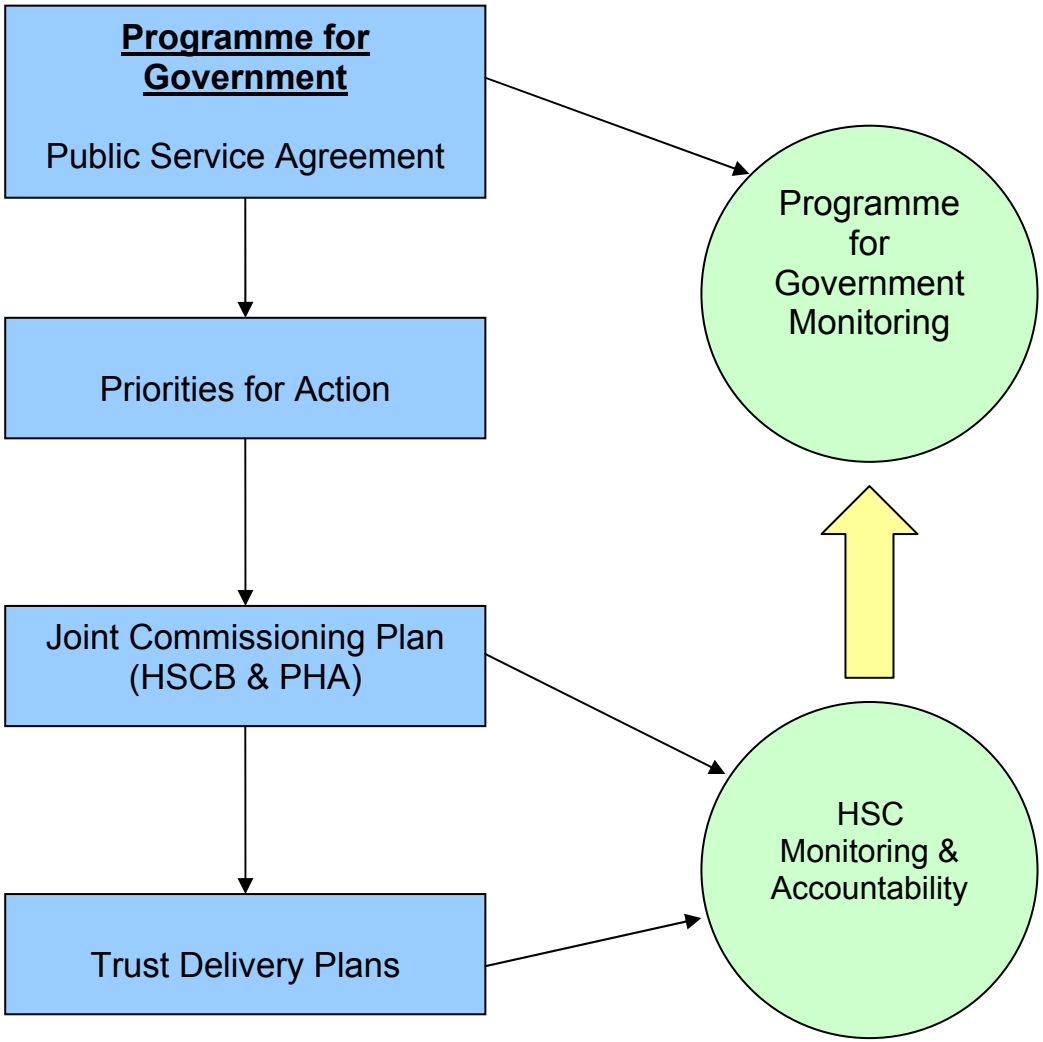
www.dhsspsni.gov.uk

2011

ANNEX A

ORGANISATIONAL CHART




Programme for Government
Public Service Agreement
Priorities for Action
Joint Commissioning Plan (HSCB & PHA)
Trust Delivery Plans
Programme for Government Monitoring
HSC Monitoring & Accountability

ANNEX B

EXAMPLES OF EXISTING GOOD PRACTICE

The health and social care reforms which were established on 1st April 2009 by the commencement of the Health and Social Care (Reform) Act (Northern Ireland) 2009 resulted in the setting up of Local Commissioning Groups and the Patient and Client Council to help ensure that local people are given a strong voice in the health and social care system.

As part of the consultation process on proposals for the Health and Social Care reforms, the Department met with the Omnibus Partnership and held five workshops with the voluntary, community, Trade Union and independent sectors in Belfast, Newry, Ballymena and Londonderry. A further meeting was also held with Chief Officers 3rd Sector, and, to engage with hard to reach groups, the Department met with a Social Care Users Group and a children's user group of the Children's Commissioner's office.

Through the Modernisation and Improvement Programme led by DHSSPS which oversaw the reform of the HSC system, DHSSPS took steps to assist health and social care bodies to increase stakeholder involvement in their work. In April 2008, a new website "Engage" (www.engage.hscni.net) was launched. This is the e-network for the Department's stakeholder involvement programme which was developed as a key communication tool for information sharing and support. As part of revised structures post RPA responsibility for this resource has since transferred to the PHA.

In addition, the Department published guidance in September 2007 to assist the newly established HSC organisations to strengthen arrangements for PPI. This guidance, which was developed in collaboration with service users, carers, local communities and service providers, required HSC organisations to designate a senior professional at Board level to provide leadership on stakeholder involvement and encourage good practice, to develop an action plan with clearly defined targets to strengthen and improve stakeholder involvement and to provide regular updates on progress to their Boards. HSC organisations are also required to include a specific section in their Annual Reports to report progress on their PPI work related to clinical

and social care governance, both what has been achieved and what is planned for subsequent years.

The Department employs a range of methodologies for ensuring that the views of service users and their carers contribute to the discharge of its functions. Some examples of recent and current good practice of involvement include;

Having acknowledged the health inequalities faced by Irish Travellers in Northern Ireland, the Department has been working in collaboration with the Republic of Ireland's Department of Health and Children, in the design and commissioning of an all-Ireland Traveller Health Study. It will identify the health status of Travellers and the factors influencing their health, and will highlight the barriers to access, participation and outcomes from health services. The first part of the study, which consisted of a census of the Traveller population and a survey of their experiences of health and social care provision, was completed in 2008/09. In recognition of their status as a 'hard to reach' group, an innovative approach was taken to this survey which involved training members of the Traveller community to act as peer interviewers thereby improving participation rates. Work has commenced on further stages which include studies of traveller births and deaths over a 12-month period and a survey of health and social care professionals.

Development of a range of Service Frameworks

The Department is currently overseeing work that is ongoing to develop a range of Service Frameworks which will improve the health and wellbeing of the population of Northern Ireland. The development of each service framework is taken forward by a wide range of HSC professionals in conjunction with service users and carers. Consultation strategies and communication plans are in place and each of the frameworks contains generic standards which relate to effective communication and involvement. In addition, consultation workshops and meetings are held prior to the finalisation of a framework and, once finalised, an easy-access version of the framework is produced to facilitate widespread understanding of the standards contained within the document.

GP Patient Experience survey

In many instances, the Department uses survey data to supplement the administrative data it holds. For example, in December 2008, the GP Patient Experience Survey, 'Your Doctor, Your Experience, Your Say', was launched and aimed at measuring the quality of services that

patients receive and provide greater public accountability to delivering services that better meet the needs of local patients. The survey questionnaire also included questions on access and was issued to around 241,000 patients throughout Northern Ireland from January 2009–March 2009.

Sexual Orientation Working Group
A sexual orientation working group has been established to facilitate engagement with representatives of the key Lesbian Gay and Bisexual representative organisations in the development of an action plan to address heterosexism and homophobia in health and social care promotion and service delivery.

Health Protection
In the area of health protection, the Department has formed Regional Advisory Groups for Breast Cancer and Cervical Cancer. A patient representative sits on both Groups alongside staff from DHSSPS and various HSC Organisations. The Groups make decisions following advice from National Screening Programmes and are responsible for the provision of best practice guidance.

A Bowel Screening Project Team and Project Board were also established to implement bowel cancer screening in Northern Ireland by 1 April 2010 and the Northern Ireland Cancer Network (NICaN) is represented on both. NICaN provides a link to personal and public involvement through their Regional Patient and Public Forum, a Group which allows the Network to come together with individual charities and support Groups to share information and experiences in order to shape the future delivery of cancer care in Northern Ireland.

Personal and public involvement was further encouraged in November 2009 when the Department issued a consultation document to seek public opinion on whether the sunbed industry in Northern Ireland should be subject to some form of regulation and, if so, views on how this should be attained.

The Healthcare Associated Infections Strategic Steering Group oversees the development of the 'Changing Culture Action Plan 2009-2011 and has representation from the DHSSPS, HSC Board, Public Health Agency and the Patient and Client Council (PCC). During the development of the Plan, the Group held a workshop attended by staff from the HSC Trusts, the HSC Board and the PCC, ensuring the views of all interested parties were taken account of.

Health Improvement Branch
In the development of strategies and action plans for a number of health promotion policies (including sexual health, breastfeeding and home accident prevention), the Department has established working groups comprising key stakeholders and representatives from the statutory, voluntary and community sectors. Prior to publication, the strategies and action plans are issued for public consultation and, if required, focus groups/workshops/meetings are arranged with interested parties. In addition, the implementation groups, set up to oversee the implementation of the strategies and action plans, have representation from the voluntary and community sectors.

The implementation of the Suicide Prevention Strategy, Project Life, continues to be overseen by a multi-sectoral regional advisory body, the Suicide Prevention Strategy Implementation Body (SSIB) and its sub-group whose membership includes statutory, community and voluntary organisations. SSIB advises on the implementation of the Strategy and can, if necessary, challenge the Department and/or the HSC over progress on implementation. A new crisis helpline 'Lifeline' has recently been launched. The Lifeline service works closely in partnership with the existing network of statutory and community counselling and support services to ensure people get the best packages of care. Delivery of the Lifeline project is overseen by a departmental led cross sectoral Steering Group, comprising member from the HSC Board, the Public Health Authority, Trusts, Community and Voluntary Organisations as well as those families and other individuals who have been directly affected by suicide.

The Department is undertaking a review of the Project Life Strategy and, as part of the process, sought the views of the wider public by placing an advertisement in the main newspapers inviting feedback on the Strategy's implementation, its impact to date and opinions on how the Strategy could be updated to meet the challenges of the future.

A Strategy Development Writing Group for Mental Health and Wellbeing Promotion Strategy was established with a broader Reference Group made up of appropriate representation from the public, voluntary and community sectors. Consultation involved face to face meetings, telephone and email contact. An advertisement was placed in the local press inviting the wider public to forward their views and contributions to the development of the new strategy and it is planned that a formal public consultation to seek the views and input of all key stakeholders,

interested parties and those likely to be affected by the strategy's proposals, will issue 2011.

Health Promotion

In the development of health promotion strategies and action plans such as the 'New Strategic Direction for Alcohol and Drugs' and the 'Obesity Prevention Strategic Framework', the Department has established Advisory Groups comprising key stakeholders/representative from the statutory, voluntary and community sectors and service users where appropriate. The health promotion strategies and action plans are issued for public consultation prior to publication and, once finalised, are overseen by Implementation Groups whose membership also includes representatives from the voluntary and community sectors and service users where relevant. It is anticipated that there will be a formal public consultation on both the forthcoming 'Obesity Prevention Strategic Framework' and the extension of the 'New Strategic Direction for Alcohol and Drugs' during 2010.

The Investing for Health (IfH) Partnerships which are made up of representatives from the local statutory, community, voluntary and private sector continue to take forward local actions to support the IfH Strategy. An independent review of the strategy is currently being undertaken by consultants and incorporates an element of consultation with key stakeholders which includes the use of community and voluntary sector network organisations. It is expected that the review will conclude in April 2010 and that it will be closely followed by further policy development with formal public consultation anticipated for around 2010-2011.

The Department's Emergency Planning Branch have been closely involved with HSC organisations in relation to pandemic flu, consulting with key staff across the HSC on health focused pandemic flu guidance. Involvement with the HSC has been in the form of a HSC wide workshop on swine flu and preparedness and through the establishment of working groups with HSC partners to strengthen existing networks to take forward pandemic flu planning once the work of the swine flu programme board concludes in early 2010.

The Emergency Planning forum provides the opportunity to promote HSC-wide communications and to discuss issues in health emergency planning and HSC-wide Emergency Planners workshops have been

held on Emergency Support Centres, Hospital Lockdown and Revision of the Controls Assurance Standard for Emergency Planning.

Secondary Care

Following an Assembly debate in October 2007, a review of the criteria for publicly funded fertility treatment was undertaken. A workshop held to discuss the proposed changes to the criteria was attended by clinicians, patient/user groups, the Patient and Client Council and individual patients. A public consultation then followed and revised criterion issued in March 2009.

A Bereavement Strategy has been developed to improve the quality of care delivered in the HSC for families, friends and carers of people who are dying. CRUSE was represented on the working group and the numerous workshops had representation from various community and religious organisations. Following public consultation in December 2008, the NI Health and Social Care Strategy for Bereavement Care was published in June 2009.

The Northern Ireland Stroke Strategy's Regional Implementation Group has representation from NICHSA and Stroke Association NI and both groups are represented within the six workstreams. Patients and carers have been involved in numerous workshops.
Over 300 stroke survivors, their carers and families "meaningfully consulted on the document and their views were incorporated into the final recommendations"[4]. One year later, the comments and views of over 500 stroke survivors, their families and carers that arose from a series of service user events organised by the Stroke Association NI were taken to a high level seminar attended by DHSSPS, the Regional Stroke Implementation Group and various HSC Organisations.

Patient representatives are also full members of various working groups, including the Renal Implementation working group, the Improving Access to Myalgic Encephalomyelitis/Chronic Fatigue Syndrome working group and the Improving Access to Neuromuscular working group.

The Bamford Action Plan, which was published by the Department in October 2009 in support of the Executive's response to the Bamford Review recommendations, acknowledges that the changes envisaged by the Bamford Review are only achievable if health and social care

[4] Link to the Stroke Association NI - Stroke Strategy

staff, education professionals and government Departments and agencies work in partnership with service users, carers and the voluntary sector. The plan includes a specific commitment to promote PPI in the planning, commissioning, delivery and monitoring of services. Progress towards achieving this goal will be monitored through the Inter-Departmental Group on Mental Health and Learning Disability, and there will be a new Bamford Monitoring Group which will harness the views of service users, carers and relevant organisations to ensure that change is happening in front line services, recognising the contribution of all Departments.

A multi-agency Sexual Health Promotion Network has been established to oversee implementation of the Sexual Health Promotion Strategy and Action Plan.

DHSSPS has taken steps to ensure that the views of children and young people are taken account of - for example, the Department produced in 2007 a child-friendly version of the 'Care Matters in Northern Ireland' strategy, which seeks to improve outcomes for young people in care. The document was launched at a consultation event targeted at care-experienced young people, at which young people were facilitated in expressing their views. The views of young people are reflected in the consultation summary and have informed implementation of the strategy.

The Department is currently consulting on vetting arrangements in adoption, fostering and private fostering. As the policy has implications for children and young people from a variety of backgrounds, the Department will be engaging directly with a cross-section of children and young people (in partnership with voluntary sector agencies) to ascertain their views, which will inform decision-making in respect of this policy.

The establishment of 5 new Local Commissioning Groups will bring local people together for the common cause of improving health and wellbeing and tackling inequalities, and such positive interaction helps to break down barriers and foster better relations.