

Participation and Engagement Regional Remuneration Policy

Thought Paper

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**Your Voice,
Our Journey**

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Overview

This Participation and Engagement Regional Remuneration Policy Thought Paper makes a case for a participation and engagement regional remuneration policy to be developed in Northern Ireland.

It further explores a series of potential implementation options and provides some initial evaluation of those options, based on criteria of desirability and feasibility. The paper does not examine the viability of the options, regarding the degree to which each option is financially viable and sustainable.

The paper recognises that a combination of the options outlined may be the preferred approach.

The Case for a Participation and Engagement Regional Remuneration Policy

New Decade New Approach, 2020 set out a commitment to Involvement and Co-design with citizens. The document states:

“the principles and practice of citizen and community engagement and co-design will be a key part of the development and delivery of the Programme for Government and its supporting strategies. This will empower citizens to secure their own rights and wellbeing.”¹

This commitment is supported in Health and Social Care (HSC) specific legislation as set out in sections 19 & 20 of the HSC Reform Act and related circulars and policy guidance including:

- 2007 Guidance on strengthening Personal and Public Involvement (PPI) in HSC
- 2012 Arrangements for implementing effective PPI
- 2018 Co-Production Guide
- Recommendations in the Bengoa Review, Systems not Structures.
- Delivering Together 2026.

¹ Northern Ireland Office (2020) ‘New Decade, New Approach’ [2020-01-08 a new decade a new approach.pdf](https://publishing.service.gov.uk/2020-01-08/a-new-decade-a-new-approach.pdf) (publishing.service.gov.uk)

The benefits of engaging the public

Greater Manchester West NHS: Mental Health NHS Foundation Trust (2015), Service User Engagement Strategy 2016 to 2019, describes how, *“The first-hand experience of service users and carers is invaluable. Service users and carers are the people who know what they need from services. They can bring their ideas forward and hopefully outline any problems they encounter and help to get the best from the service”*².

According to NHS England (2015), *“service user involvement refers to the process by which people who are using or have used a service become involved in the planning, development and delivery of that service. There is a growing recognition that because of their direct experiences of using services, service users have a unique insight into what works, which can be used to improve services”*.

The key benefits as outlined by Dudley and Walsall NHS of involving service users/carers include³:

- It underpins the Trust’s strategic objectives in placing the service user and carer at the heart of service delivery;
- It ensures that the ‘voice’ and views of service users and carers have channels to ensure that they are prominent within decision-making within the Trust;
- It helps to uncover those issues which are of particular importance to service users and carers and ensures that these issues are considered within the wider agenda;
- It supports the growth of a positive culture where clinicians, managers, staff, service users and carers can work together as equal partners; and,
- The Trust has a legislative duty to involve and engage people in strategic decision making.

² Greater Manchester West NHS: Mental Health NHS Foundation Trust (2015), *“Service User Engagement Strategy 2016 to 2019.”*

³ Dudley and Walsall NHS Mental Health Partnership NHS Trust (2009), *“Service User & Carer Involvement Strategy: Putting Users & Carers at the heart of all we do.”*

Service User and Carer Benefits

Research by Queen Mary University shows that the main motivations for becoming involved in a service user and carer role are: to "give back to" the service; to influence positive service change; curiosity; a desire to meet like-minded people; and, to structure the day. The key benefits reported include: sharing experiences; improving self-confidence; feeling valued; having a better understanding of services; overcoming personal fears; developing better coping mechanisms for psychological difficulties; as well as, feeling productive. Being involved helps service users/carers to gain or refresh their listening and interpersonal skills, communication skills, public speaking, creative skills and supports the development of better ways to cope with stress.

Being involved in data analysis can also help build skills which service users/carers may not have had the chance to practise if outside of regular or part-time employment.⁴ Dudley and Walsall NHS Trust also suggests that involvement empowers and supports service users and carers, in some cases enabling people to manage and make decisions about their own circumstances⁵.

The 2023 Patient and Public Voice (PPV) partners and chairs survey 2022-23 found that almost three-quarters of PPV partners (73%) strongly agreed or agreed that PPV involvement leads to better outcomes for patients, and 74% saw a role for PPV partners in reducing health inequalities⁶.

⁴ Curwen, A. Fernandes, J. Howison, R. Binfield, P. Rohricht, F. Giacco, D. (2019), "Research Involvement and Engagement: Exploring Experiences of People Participation Activities in the NHS: A Service User-Led Research Project." Queen Mary University of London.

⁵ Dudley and Walsall NHS Mental Health Partnership NHS Trust (2009), "Service User & Carer Involvement Strategy: Putting Users & Carers at the heart of all we do."

⁶ NHS England, (2023) Patient and Public Voice partners and chairs survey 2022/23 Summary report [B1866-Patient-and-public-voice-partners-and-chairs-survey-2022-to-2023-summary-report.pdf](https://www.england.nhs.uk/publication/patient-and-public-voice-partners-and-chairs-survey-2022-to-2023-summary-report/) (england.nhs.uk)

Remuneration and Reciprocity – an acknowledgement of contribution

The 2018 Department of Health Co-Production Guide⁷ has a section on '*Reciprocal Recognition*'. It notes that at the heart of engagement is a commitment to value, reward and recognise the contribution of all partners, particularly people with lived experience.

Core literature on participation and engagement recognises the principle of reciprocity, which is defined as ensuring that people receive something back for putting something in, and builds on the premise of recognising and valuing people's contribution. Examples of Reciprocity include mutual respect, equality of opportunity, joint learning, recognition, flexible rewards, and **remunerating people for their role and contribution**. This can also include benefits in kind, such as 'out of pocket' expenses, and meeting training and development costs.

In 2019 the Patient and Client Council (PCC) through Transformation Funding, was appointed by the Public Health Agency (PHA) to analyse the potential for paid service user and carer involvement⁸. Analysis concluded that the current model for involving service users and carers does not universally recognise or acknowledge the contribution made by them.

This was supported by service user feedback from a workshop hosted by PCC and PHA in 2022 which found that Service Users and Carers were unanimous in feeling that their contribution should be recognised in a way that is meaningful to them.

There should be a **reciprocal recognition** and remuneration should form a part of how we acknowledge service user and carer involvement. **Creating equality** was also important to Service users and carers. They felt that payment for specific involvement, among other support mechanisms afforded to employees such as personal development opportunities, would have positive impact on creating an environment of mutual respect and true equal partnership.

⁷ Department of Health NI (2018), "Co-production Guide Connecting and Realising Value Through People" [126493 H&SCB - Co-Production Guide.indd \(hscni.net\)](#)

⁸ PCC (2019) '*Exploring Paid Service User/Carer Involvement in Health and Social Care Settings*'

Reflecting on the need to appropriately recognise and acknowledge the contribution made by service users and carers in participation and engagement work, there is a principled and ethical argument, based on acceptance of the principle of reciprocity, to introduce a regional remuneration policy.

Remuneration as a method to increase diversity and inclusion

Whilst there is limited quantitative data in relation to the diversity of service users and carers in participation and engagement activities, throughout our analysis work and engagement with the public, it was considered that service user and carer involvement is largely unrepresentative in terms of the age, socio-economic background and ethnicity of those involved.

Work carried out by organisations seeking service user and carer involvement in scientific research echoes this position. For example, research published in the British Medical Journal (BMJ), when referring to patient involvement in research states that “ensuring diversity—so that the interests of well educated, white, middle class people do not dominate—is challenging. Patients from underserved groups are still excluded from scientific research”⁹. The National Institute for Health and Care Research (NIHR) state that paying people for their involvement in research helps to support more equal partnerships between researchers and members of the public. It also helps to support the inclusion of people who might not otherwise be able to get involved, whether for financial or other reasons relating to access. As a result, it widens the potential pool of people who might influence the course of research¹⁰.

It is vital that participation and engagement activities, which have the potential to help shape future services, are not blind to issues and concerns of marginalised groups and those already facing health inequalities. There are numerous barriers to including individuals from marginalised groups in participation and engagement activities, including language barriers, capacity, physical ability and wellbeing.

⁹ The British Medical Journal (2018) ‘*Involving underserved patient populations in research*’ [Involving underserved patient populations in research | The BMJ](#)

¹⁰ NIHR (2022) ‘*Payment guidance for members of the public considering involvement in research*’ [Payment guidance for members of the public considering involvement in research | NIHR](#)

Financial implications for people providing their time without compensation is a significant consideration as an additional barrier to ensuring diversity and inclusion.

Equity and Regional Consistency

In the absence of a regional policy there is a danger that individual Trusts deliver different and ad hoc remuneration models across Northern Ireland. This leads to questions of equity for members of the public who may be treated differently for the same or additional contributions to participation and engagement.

Recommendation: Based on the stated objective to deliver patient and service user involvement, participation and engagement and recognising the principle of reciprocity, diversity and access issues, a regional participation and engagement remuneration policy should be developed in Northern Ireland.

Implementation Options

Based on the development work we have carried out to date, we consider that the following options, or a combination of these options, may be available to the Department in relation to developing and implementing regional remuneration policy and guidance. We have carried out an initial analysis against desirability and feasibility. We have not included viability as we are not in a position to carry out regional cost estimations and subsequent financial sustainability assessments.

Options	Desirability	Feasibility
Option 1: Do nothing	Based on arguments above, reflecting on the objectives within New Decade New Approach and Coproduction Guide, and reflecting on issues relating to reciprocity, inclusion/diversity/health inequalities and equity, the PCC considers that doing nothing is not a desirable option.	There are feasibility issues related to this option.
Option 2: Expenses covered or reimbursed - remuneration through a voucher scheme offered and administered by the HSC organisation. Those involved in engagement and participation work would be offered Vouchers which may be	This option would go some way to addressing reciprocity issues, but for more complex engagement it is unlikely to fully fulfil this objective. Likewise, it may be more limited in relation to addressing access issues concerning people from low	- Issues with benefits a Participation and Engagement Associate may receive - High street or gift vouchers may be treated as earnings, and viewed by the benefits authorities in the same way as other forms of payment. These payments need to be declared in the same way as cash, cheques or bank transfers. However, in some

Options	Desirability	Feasibility
used on the High Street and online as a means for remuneration.	income brackets compared to direct remuneration. • May increase accessibility and diversity due to the reach of V&C and their networks. • High street vouchers are often the preferred option for rewarding young people where they are under the age of 16 years old and will not be in receipt of benefits. • On face value such a scheme would be relatively more simplistic to introduce.	circumstances HMRC will treat vouchers as a gift and not subject to National Insurance or tax deductions. In this case the Department for Work and Pensions follows suit and treats the vouchers as a gift that does not affect benefits. The vouchers can be used to obtain goods in supermarkets. An organisation that wishes to be able to provide vouchers for service user involvement that will be treated as gifts should contact their tax office to request a ruling. Low amounts such as a £30 voucher will be more likely to be agreed.
Option 3: Expenses covered or reimbursed – remuneration through a voucher schemes offered and administered by 3rd party organisations e.g.	• This option would go some way to addressing reciprocity issues, but for more complex engagement it is unlikely to fully fulfil this objective. Likewise, it	• Issues with benefits a Participation and Engagement Associate may receive • High street or gift vouchers may be treated as earnings, and viewed by the benefits authorities in the same way as other forms

Options	Desirability	Feasibility
community and voluntary sector, but funded by the relevant HSC Programme of work	may be more limited in relation to addressing access issues concerning people from low income brackets compared to direct remuneration. • High street vouchers are often the preferred option for rewarding young people where they are under the age of 16 years old and will not be in receipt of benefits. On face value such a scheme would be relatively more simplistic to introduce	of payment. These payments need to be declared in the same way as cash, cheques or bank transfers. However, in some circumstances HMRC will treat vouchers as a gift and not subject to National Insurance or tax deductions. In this case the Department for Work and Pensions follows suit and treats the vouchers as a gift that does not affect benefits. The vouchers can be used to obtain goods in supermarkets. An organisation that wishes to be able to provide vouchers for service user involvement that will be treated as gifts should contact their tax office to request a ruling. Low amounts such as a £30 voucher will be more likely to be agreed.
Option 4: Expenses covered or reimbursed - Payment in kind	• Provides an opportunity for Participation and Engagement	• Would require appropriate and consistent training opportunities, with requisite budget

Options	Desirability	Feasibility
offered e.g. training opportunities for service users and carers	Associates to enhance their skills. Unlikely to fully address reciprocity and access issues. Might not attract diverse enough people, especially those who have responsibilities already and struggled to find time to take part, only to have to find more time to undertake training opportunities or other payments in kind.	and administration to be in place on a regional basis. This provision does not currently exist.
Option 5: A Participation and Engagement Associate Model. Participation and Engagement Associates are recruited through an open and transparent selection process to contribute lived experience to the HSC in a	This option has the potential to meet reciprocity, inclusion and equity requirements as outlined above.	Employment Status Such an approach presents a significant risk in determining the employment status of a Participation and Engagement Associate role.

Options	Desirability	Feasibility
personal capacity or on behalf of a group on time bound, dedicated or commissioned work, such as co-design teams or co-delivery of peer work. Expenses covered or reimbursed and involvement/ honorarium recognition payment offered on a full day or half day basis, including preparation time. Suggested this is offered at a threshold of involvement activity reflecting the complexity and contribution of work.		PCC understand that an individual's employment status is their legal status at work and effects what employment rights they are entitled to. There are three main types of employment status under the Employment Rights Act 1996; • Worker • Employee • Self Employed An agreement or contract in writing can suggest employment status however it is the way in which the organisation and individual work together in practice that ultimately determines employment status for employment rights purposes. These are presented in the HMRC Employment Status Manual. Issues concerning the ability to have a substitute are important in this regard

Options	Desirability	Feasibility
		These questions have potentially significant implications for those individuals on benefits who may wish to become a Participation and Engagement Associate. This is also an area with developing case law, with recent cases relating to zero-hour contracts and consultancy work being heard in court. Payment Challenges Public sector bodies such as HSCNI operate inflexible payment systems that are often set up for professional, corporate suppliers rather than individual members of the public. Where participants are involved in more activity (e.g. they may be involved in multiple meetings and projects within HSC), they may end up claiming for multiple remunerable activity. This may cause HR and finance departments to raise queries

Options	Desirability	Feasibility
		about the employment status relating to the payments; so, status needs to be clear from the outset. The means of payment, for example cheques/cash or BACs, would need to be agreed and regionalised.

In relation to option 5, it should be noted that NHS England Patient and Public Voice Partners Policy¹¹ has been in place since 2017 and sets out how NHS England supports PPV partners to be involved in their work. PPV partners are people who are willing to share their perspective and experience with NHS England to inform health services in a range different ways. PPV partners¹² include patients, service users, carers, families and other members of the public. In their Reimbursing expenses and paying involvement payments document, NHS England and NHS Improvement have determined three different categories of financial support for PPV Partners:

- **Category A:** No financial support.
- **Category B:** Out-of-pocket expenses are covered or reimbursed.
- **Category C:** Out-of-pocket expenses are covered or reimbursed AND an involvement payment is offered.

In England the different participation opportunities they offer are categorised into four different types of roles¹³. These roles have been linked to the categories of financial support, as follows:

- **Role 1:** People choose to respond or comment on open access engagement opportunities, for example responding to online surveys. No financial support is given and no expenses can be claimed.
- **Role 2:** PPV Partner is invited to attend workshops/events/focus groups on a 'one off' basis. Expenses are covered or reimbursed.
- **Role 3:** PPV Partner is a member of regular working group meetings. Expenses Category B (out-of-pocket expenses are covered or reimbursed).

¹¹ NHS England (2017) 'NHS England Patient and Public Voice Partners Policy' [patient-and-public-voice-partners-policy-july-2017.pdf \(england.nhs.uk\)](#)

¹² NHS England (2021) 'Patient and Public Voice (PPV) Partner Application Pack: Programmes of Care (PoC) Member' [Programme-of-Care-patient-and-public-voice-application-information-pack_2021.pdf \(england.nhs.uk\)](#)

¹³ NHS England (2021) 'Working with our patient and public voices (PPV) partners Reimbursing expenses and paying involvement payments' [B0869 Working-with-patient-and-public-voice-partners-reimbursing-expenses-and-paying-involvement-payments.pdf \(england.nhs.uk\)](#)

- **Role 4:** PPV partners are in Role 4 PPV Partner roles that demonstrate strategic and accountable leadership and decision-making activity. Expenses are covered or reimbursed and an involvement payment is offered.

PPV Expert Advisor roles are those that demonstrate strategic and accountable leadership and decision-making activity, for example members of the national clinical reference groups, or individual funding request panels or formally agreed participation and engagement forums. The involvement payments are to recognise the significant level of input of skills, expertise and accountability that they bring.

Since 1 April 2021, NHS England and NHS Improvement pays Role 4 PPV Partners involvement payments through their payroll system. The payment is paid directly to their bank account rather than receiving a cheque. Payments are subject to statutory deductions including tax and national insurance, dependent on individuals' earnings and tax code. PPV Partners do not have a contract of employment.

The PCC is not aware of any formal assessment or review of this policy both in terms of its impact on HSC policies and services, any increase in diversity and equity. Likewise, we are not aware of any review regarding the potential implications or issues that PPV Partners may have faced regarding their employment status and potential benefit claims.

Conclusion

In carrying out this work, we have concluded that remuneration for participation, engagement and involvement is the right policy and approach to address issues of reciprocity, inclusion and equity. We are also aware that since we initiated this work developments related to the Integrated Care System (ICS) have taken place regionally. We have also come to the position and recognition, that in light of the feasibility questions outlined above, not least the developing legal position, and potential sustainability issues not addressed in this paper, there is a need to develop a regional Participation and Engagement Policy and Guidance for all HSC organisations.

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