

PCC Operational Plan

2021 – 2022

The Role of the Patient Client Council

The Patient Client Council (PCC) was established on 1st April 2009 to provide a powerful independent voice for people in Northern Ireland on health and social care issues.

Our Vision and Values

Our vision is *a Health and Social Care service that is shaped by the needs and experience of patients, clients, carers and communities*. In our work we express our values as:

- Put people at the centre of all we do.
- Use evidence from people as a guide to our work.
- Speak independently.
- Work in partnership.
- Are open and transparent about our work.

Our Purpose

Our purpose is to be an independent and influential voice that makes a positive difference to the health and social care experience of people across Northern Ireland.

Setting the Context

The health, social and economic impact of COVID-19 (coronavirus) cannot be understated and our lives have had to change significantly as a result. This has occurred during a time of significant challenge and opportunity for our health services in Northern Ireland. It is critical that the patient and public voice is heard and harnessed to influence ongoing conversations around how services and systems must flex and adapt in response as we move forward in 2021-2022.

This is set within the overarching framework dictated by the New Decade, New Approach agreement and the draft programme for government, in particular Outcome 4: *We help people live long, healthy, active lives, by ensuring satisfaction with health and social care*. Key policies and drivers for change include the reform of adult social care, Future Planning, the dissolution of the Health and Social Care Board and the HSC Rebuild and Recovery programme, all of which signal significant change and opportunity within Northern Ireland's health and social care system.

Within this broader context, the PCC itself has been in a process of significant organisational change that has involved a refocus on our statutory functions and legislative base.

These are as follows:

1. The PCC will represent the interests of the public;
2. The PCC will promote involvement of the public;
3. The PCC will provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care;
4. The PCC will promote the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care;
5. The PCC will undertake research and conduct investigations into the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care; and
6. The PCC is an effective organisation.

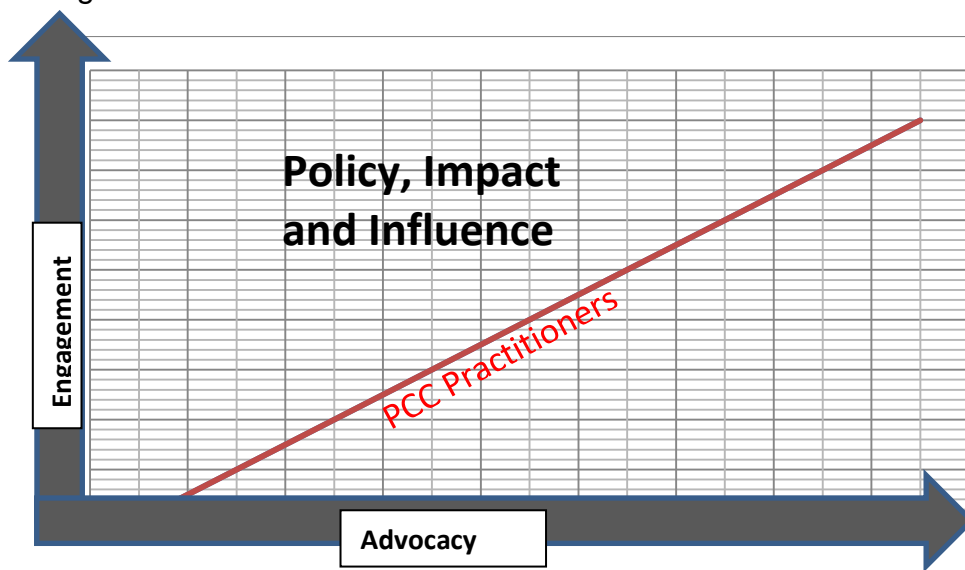
This has prompted a review of the PCC's model of practice and the methodology behind how we engage and support the public and how we harness this to influence and improve health and social care systems and services. Our Operational Plan sets out the Patient and Client Council's priorities and key focus areas for the year 2021-2022. These overlay the PCC practice model and practice methodology which outline the overarching approach and methods that the PCC will adopt across our key priorities and focus areas in order to meet, and exceed, our statutory duties. The OBA Scorecard demonstrates how we will measure performance in each of these areas against the plan.

Two key documents which will shape the work of the PCC in 2021-2022 is the PCC Statement of Strategic Intent, currently in development, which will set the corporate vision and direction of travel for the PCC for the forthcoming three years. This in turn will be informed by the People's Priorities Report for 2020-2021 which outlines the public's views on their experience of health and social care services prior to, and during, Covid 19 and what they see as the key priorities that need addressed.

Model

The PCC Practice Model (Fig 1.) is underpinned by the maxim that 'real change happens in real work'. Our PCC practitioners work across the organisation at different levels of complexity, along a continuum of advocacy and engagement. At the nexus of advocacy and engagement, lies our policy impact and influence efforts, aimed at converting the voice and experience of the public in health and social care services into real system change.

Fig. 1 PCC Practice Model



Our engagement and involvement of the public, encapsulated by PCC ‘Make Change Together’ operates across a continuum of complexity, and levels of specificity and interest in health and social care. The foundation for this continuum is our PCC Membership Scheme for those interested in regular updates about more general information and developments in health and social care. This generic ‘keeping in touch’ engagement with PCC and health and social care is enhanced at the next level with our PCC Citizen Hubs, which offer a more interactive and two-way process for engagement. PCC Citizen Hubs operate in each of the Trust areas, with a bespoke Citizen Hub for learning disability. They facilitate an environment for monthly updates, discussions, information sharing and opportunities for involvement at a local level. As we journey through the continuum of complexity of our engagement structures, the focus of the work becomes more distilled and subject-specific, with the nature of the engagement work developing from the more operational to the strategic. Subsequently, our PCC Engagement Platforms offer the opportunity to engage in theme-based, task-oriented work at a more strategic level, with a diversity of representation across the public, health and social care, and voluntary and community sectors. Examples include engagement platforms for Care of Older People, Mental Health, Learning Disability and Neurology.

Running alongside our engagement and involvement structures is the continuum of advocacy and support that the PCC offer in meeting our core statutory function of providing assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care. This continuum begins with the first point of entry to the PCC, which can often involve the provision of advice and information to the public, followed by signposting and supportive passposting to appropriate services to meet immediate need. The continuum of our advocacy and support carries through to individual and group advocacy work, with a focus on early resolution. In some cases, this support and advocacy will, of necessity, progress to formal complaint processes and the provision of independent advocacy services within SAIs (serious adverse incidents), and inquiries.

Particularly critical to the function of the PCC across each of our continuums within our Practice Model is the PCC methodology and approach, detailed below.

Methodology

The following words define the PCC practice methodology:



Across our engagement and involvement continuum, adopting a methodology underpinned by **relationship building** and a **partnership** approach, which places **co-production** and **voice** at the centre of our work, is critical in fulfilling our statutory functions of *promoting the involvement of the public* and *representing their interests*. Similarly, adopting this methodology across our advocacy and support continuum, employing **advocacy** and **mediation** skills and techniques on an individual and group basis, enables us to *provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care* in the most effective way. Connecting this with the policy impact and influence efforts that lie at the nexus of our engagement and advocacy continuum requires a focus on **evidence** compiled through this work.

In order to extend the reach of the PCC, our methodology relies on a 'network of networks' approach, leveraging the networks and connections that we recognise each individual and organisation who engages with PCC has, across the breadth of our work. This in turn maximises the value in these connections and networks, recognising the depth of knowledge and expertise that lies within each. In this way, the PCC's methodology is to act as a catalyst or tool for 'constant conversations' across health and social care, recognising that engagement and involvement should be a dynamic process. Central to this is an emphasis on **innovations** across our practice, in order to maximise the policy impact and influence function of the PCC and ensure a focus on *the best methods and practices for consulting the public about, and involving them in, matters relating to health and social care*.

Key Focus Areas

The Patient and Client Council's priorities and key focus areas for the year 2021-2022 are as follows:

- **HSC Rebuild and Recovery**

- **Future planning** – A programme of work has recently been established to develop an Integrated Care System (ICS) model in Northern Ireland whereby local providers and communities would be empowered to come together to plan, manage and deliver care for their local population, based on a population health approach, with specialised services planned, managed and delivered at a regional level.
- **No More Silos (NMS)** – PCC are engaged at a local and regional level to support NMS through its evolution from Transformation, Review of Urgent and Emergency Care and Response to Covid-19, through to the delivery of the 10 key recommendations outlined in the Covid-19 Urgent and Emergency Care Action Plan, No More Silos 2020. PCC are engaged within the overarching steering group and Co-Production Working Group and have contributed within regional and local HSC workshops. Ensuring that service users and carers are engaged within the planning and implementation, we have undertaken recruitment of service users for localised consultation and engagement. 146 service users have been recruited in total to date, and this work will continue into 2021-2022.
- **Myalgic Encephalomyelitis (ME)** – Our focus in this area will continue in 2021-2022, supporting the ME Representation Group to engage with the HSCB to discuss service commissioning and alignment. This has involved the exploration of aligning ME services within rheumatology. The PCC will continue to promote the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of health and social care in this area
- **Cancer** – A total of 55 service users with lived experience were recruited by PCC to engage within the Cancer Strategy. An online induction in relation to the forthcoming programmes of work has been co-delivered by PCC and DoH. A series of seven sub-group workshops aligned to key recommendations were delivered to participants in readiness for consultation. PCC will support further engagement and stratification of this work in 2021-2022.
- **Clinically Extremely Vulnerable (CEV)** – PCC work in this area began through engagement on 'shielding' and the launch of the Distance Aware Badge scheme in partnership with DoH and PHA. PCC continue to represent on the DoH CEV Cell and engage with individuals and organisations in this area.
- **Domiciliary Care – Rapid Learning Review** – Support from PCC in relation to mechanisms / initiatives that can be established to hear the views of domiciliary care service users and family carers during the pandemic has been sought from DoH. The purpose of this engagement will be to inform learning on service user and family carer experience and findings to inform public and policy discourse. Early indications

highlight the role and importance of an engagement platform and ongoing dialogue with this client group.

- **Gender Identity** - The Department of Health and the Health and Social Care Board are seeking to implement a Regional Gender Identity Service Pathway (RGIS) reflective of 14 key objectives which provide the baseline from which costed proposals can be developed and considered as to where, when and how, a reconfigured RGIS service can be delivered to citizens within NI. This is intended to address existing need and to be capable of meeting increasing demand. PCC have supported the recruitment of lived experience panels to inform and support this programme of work, which will be ongoing in 2021-2022.
- **Bereavement and Palliative Care** – Engagement and policy research was undertaken by the PCC in conjunction with Marie Curie in 2020-2021 to better understand how the pandemic has impacted on end of life care as well as the grief experiences and support needs of people who have been bereaved either due to COVID-19 or another cause of death. Representation of PCC on the NI Bereavement Network and involvement in taking forward the recommendations from the COVID-19 Guidance: Bereavement Advice and Support report will continue in 2021-2022.
- **Advance Care Planning** - PCC support has been sought in relation to maximising public engagement in this area. To date this has yielded 40 successful engagement sessions from December to February 2021, involving 226 individuals within the process. The next stage of the policy development will consider strengthening elements in relation to rights, behaviour and law.

- **Care of Older People**

Covid 19 threw into stark relief the existing challenges in relation to the care of older people, highlighting issues in group living environments including Care Homes and supported housing in relation to family involvement and communication, visiting, care planning and support. The PCC will continue its work with families, carers, residents and partners through the Engagement Platform established in 2021.

- **Mental Health**

As a continuation of its 2020 'Beyond Bamford' project, the PCC will establish independent regional coproduction service user and carer infrastructures for mental health. These structures and 'engagement platform' will serve as a central point for communications, engagement and participatory work on mental health, including the Mental Health Action Plan (2020) and Strategy with overarching objectives and key areas of focus for PCC.

- **Learning Disability**

The PCC's 2020 'Beyond Bamford' project recognised the need to establish independent regional coproduction service user and carer infrastructures for learning disability, separate to those for mental health. Work will be ongoing in 2021/2022 to develop these structures and establish an 'engagement platform' for learning disability, serving as a central point for

communications, engagement and participatory work on learning disability. The model will support implementation of the proposed 'We Matter' (2021) Learning Disability Service Model for Northern Ireland, with particular focus on its six key ambitions;

1. Life Changes;
2. Health and Well-being;
3. Carers and Families;
4. Meaningful Lives and Citizenship;
5. Home;
6. Assessment and Treatment;

• **Public Inquiries**

Support has been sought from the PCC to maximise engagement and involvement of those affected by a number of public inquiries announced in relation to issues in health and social care. The provision of independent advocacy support from the PCC in some cases has also been sought. These include inquiries in relation to Neurology, Urology, Muckamore Abbey Hospital and IHRD. PCC work in this area will be ongoing in 2021-2022

• **SAIs**

There has been increasing demand for independent advocacy support from the PCC for individuals and families involved in Serious Adverse Incidents (SAIs). In 2020-2021, the PCC developed a proposal to establish a bespoke advocacy service for those involved in SAIs, based on the regional strategic and policy context, existing service provision, and most importantly, the experience and feedback gained from individuals and families who had navigated this process. Work on the implementation of a pilot service to test this model will continue in 2021-2022.

• **Individual and Group Advocacy**

The PCC will continue to provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care through the provision of individual and group advocacy services. The primary areas of concern for those who approach us for support include:

1. Safeguarding
2. Access to Mental Health Services
3. Child Protection and Family and Childcare
4. Care Homes
5. Supported Living
6. Adult Learning Disability
7. GPs and Primary Care
8. Hospitals and Acute Care

• **Make Change Together**

The PCC will continue to develop its broader engagement and involvement structures through Make Change Together, with a focus on understanding the current and emerging issues that matter to the public in health and social care through 'People's Priorities' and the PCC Citizen

Hubs, and connecting this with our advocacy work in these areas in order to achieve policy impact and influence.

- **Communication + Engagement**

Critical to the development of PCC Make Change Together is an investment in communication and engagement across the organisation and our spheres of influence. In our 2021-2022 Operational Plan, this will take shape through:

- Digital Strategy – the development and implementation of a new PCC Digital Strategy
- Rebranding – the launch of the PCC rebranding
- Promoting Service User Feedback and Care Opinion – an emphasis on the promotion of service user feedback across PCC programming, using Care Opinion as resource and a tool to inform, enhance and complement our work across involvement, engagement, advocacy and policy impact.

OBA Scorecard

The following OBA Scorecard details how the PCC will measure its performance and impact in 2021-2022. It details the outputs, with indicative annual targets, that will be measured across the key focus areas outlined above. These outputs, and the resulting outcomes, will be achieved through the PCC Practice Model, employing the methodology described, across all key focus areas.

Patient and Client Council

Your voice in health and social care

OUTPUTS	ANNUAL TARGET	OUTCOMES
Number of citizen hub meetings	72	Improved service quality
Number of citizen hubs	6	Increased public awareness of rights and entitlements within health care sector
Number of participants of citizen hubs	2880	
Number of coproduction associate hours	200	Increased PCC brand awareness within the HSC and the public
Number of coproduction associates recruited	5	
Number of coproduction associates trained	5	Increased public participation in designing the transformation of health and social care
Number of engagement platforms	4	
Number of engagement platform meetings	48	
Number of new PCC members	435	
Number of PCC member engagement events	5	Increased staff morale
Number of PCC members from marginalised communities	10%	Regional approaches across all HSC bodies
Number of sessions with the public on their rights and entitlements	4	Improved communications experience for those making a complaint about HSC
Number of MCT training events for public	6	
Environmental scanning in HSC to target messages	12	DOH have a better understanding of public perception
Evaluation Report on effectiveness of involvement and co-production methodologies	4	
Number of policy impact and influence workshops convened (internal)	26	Improved health literacy
Number of policy impact and influence workshops convened (external)	6	
Number of engagements with Departmental and statutory bodies to influence policy /action	4	
Number of equality assessments at early stage of project work to diversify membership	4	
Number of evidence-based recommendations / reports that influence health service improvement	4	

Number of respondents to policy research campaign	1145
Number of social media updates	261
Number of visits to PCC website	30000
Number of website updates	48
Number of cases	615
Average response time from open - closed complaints	125 days
Number of closed cases	506
Number of individuals supported with SAIs	11
Percentage of cases resolved prior to formal complaint stage	60%
Number of calls to PCC	1135
Number of people supported through advocacy	214
Number of people given advice and information	527
Percentage of evaluation feedback from people supported or engaged with PCC	60%
Number of training events for staff	6

HOW DO OUR OUTPUTS AND OUR OUTCOMES RELATE TO THE WHOLE POPULATION? WHAT DO WE MEASURE HERE?

People live long, healthy, active lives

People are satisfied with health and social care