



**PATIENT and CLIENT COUNCIL  
Council Meeting**

<b>Date:</b> 9 <sup>th</sup> May 2023		<b>Paper No.</b> Paper 706		<b>Author:</b> Meadhbha Monaghan, Chief Executive			
<b>Title:</b> Operational Plan 2023-24							
<b>Category:</b>	Approval	X	Note		Discussion		Other: Specify
<b>Objective/Issue:</b> Review and approve the Operational plan 2023-24.							
<b>Key points/Summary:</b>							
<b>Recommendation(s):</b> The Council are invited to review and approve the Operational plan 2023-24.							





# OPERATIONAL PLAN

2023 - 2024

## Who we are

The Patient and Client Council (PCC) is an independent, influential voice that connects people to Health and Social Care (HSC) services, so that they can effectively influence these services.

The PCC was established in April 2009 as part of the reform of Health and Social Care (HSC) and provides support to a population of approximately 1.9million\* across Northern Ireland. (\*NISRA 25 June 2021).

Map demonstrating PCC office

### The Role of the PCC is to:

- Represent the interests of the public;
- Promote the involvement of the public;
- Provide assistance (by way of representation or otherwise) to individuals making or intending to make a complaint relating to health and social care;
- Promote the provision of advice and information by HSC bodies to the public about the design, commissioning and delivery of services;
- Undertake research into the best methods and practices for consulting and engaging the public and provide advice regarding those methods and practices to HSC bodies.



## Strategic Context

Our Health and Social Care system is under tremendous strain and significant challenges exist across all health services in Northern Ireland. The longer-term impacts of the COVID-19 pandemic are still being felt and will likely continue to influence the health and social care environment into the future. This has resulted in both a significant increase in demand for PCC advocacy services, and a noted increase in the complexity of cases requiring PCC input. In response to the greater demand for our services, we continue to strive to maximise our resources and work in partnership with the public, community and voluntary sector.

The PCC model places an emphasis on **relationship building as the basis of change processes in advocacy and public engagement in decision-making**. Using the evidence we gather across our engagement and advocacy work on an individual and group basis, has given us a firm foundation to connect the public with decision-makers, through our policy impact work, to influence the health and social care system. It has never been more important that the **voices of patients, clients, carers and communities are at the centre, and their knowledge and experience harnessed** if the changes that are needed to ensure equitable access to high quality health and social care are to be delivered.

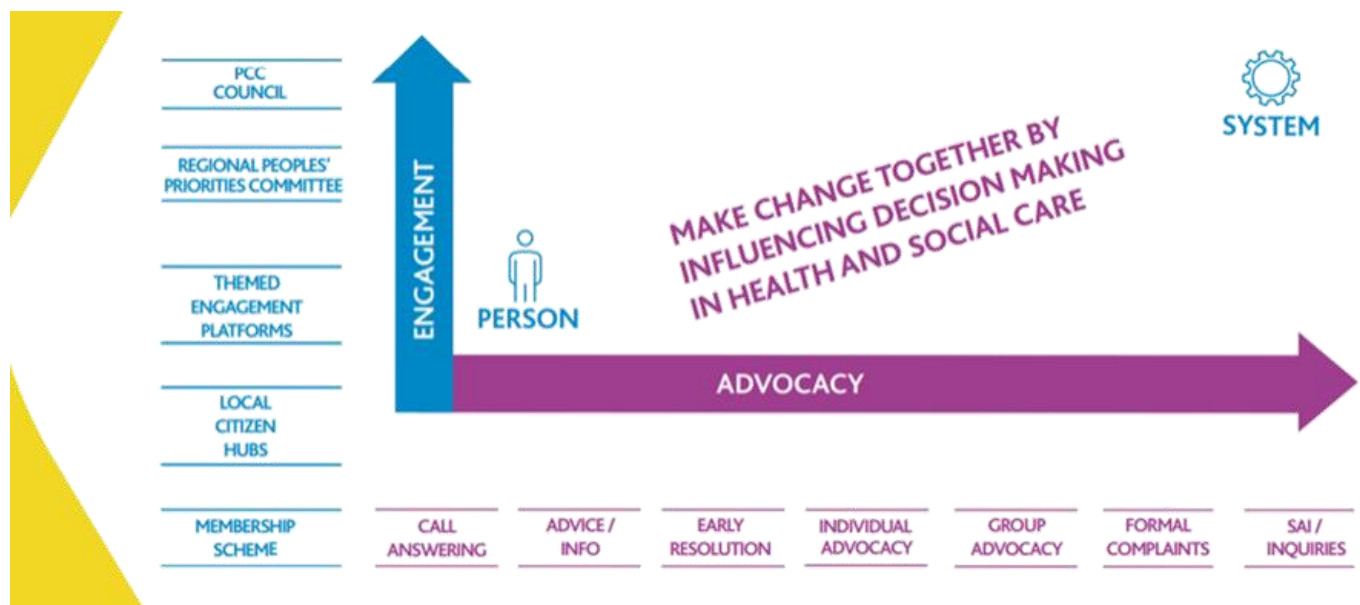
Key policies and drivers for change include:

- 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.*
- Health and Wellbeing 2021: Delivering Together;

- Mental Health Strategy 2021-31;
- Future Planning;
- No More Silos;
- HSC Rebuild Programme

It is within this overarching context and policy environment that the PCC's work and the outcomes we set out to achieve are positioned.

## How we will work



Health and social care is complex, so we help people to find their way through it. We connect them to decision makers by creating a constant conversation between the public and health and social care providers.

## What we will do

In 2023/24, the PCC Operational Plan will focus on developing and delivering our services under 4 broad pillars: **PCC Support, PCC Connect, PCC Engage and PCC Impact.**

### PCC Support

Our advocacy and support model focuses on **relationship building** and a **partnership approach**, putting the voice of the patient and client at the centre of our work. This approach, uses **advocacy and mediation skills** on an individual and group basis, to enable 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. We will continue to deliver individual and group advocacy support to the public across the advocacy continuum; from advice and information, early resolution of issues, advocacy, formal complaints, Serious Adverse Incidents (SAIs) and Public Inquiries.

## PCC Connect

PCC Connect captures the ethos behind PCC engagement structures; in particular our PCC Connect Freephone service, our Membership Scheme and our 'Make Change Together' involvement methodology, supported by a 'network of networks' approach and the development of 'positive passporting'. 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. As part of this approach, we have adopted the concept of '**positive passporting**' to meet the needs of service users engaging with the PCC, who may require additional services that PCC may not provide. This concept uses the PCC service standards of mediation, partnership and relationship-based approach to working in partnership with other agencies to ensure the service user is 'positively passported' to the right support at the right time. The development of positive passporting and our 'network of networks' will continue into 2023-2024.

## PCC Engage

Our engagement structures offer the public a range of opportunities to get involved and **connect them with representatives across health and social care** and voluntary and community sectors. This is critical in fulfilling our statutory functions of *promoting the involvement of the public* and *representing their interests*. In 23-24 our focus will be on further developing our engagement structures, working alongside the public and our partners, and building on the learning from 21-22 when these structures were first introduced. This is in line with our statutory function to *undertake research into the best methods and practices for consulting and engaging the public*.

Themed engagement platforms provide a forum for engagement on themed areas of work. Feedback from the public in 2022-2023 indicated that they wished the PCC to continue our work across the key focus areas outlined in our 2022-2023 Operational Plan.

The key focus areas that we will work on in 2023-2024 are:

- **Mental Health**
- **Learning Disability**
- **Care of Older People**
- **Grief and Bereavement**

- **Adult Safeguarding**
- **Independent Advocacy - SAIs and Public Inquiries**

In our Operational plan 2022/23, we indicated that an emerging theme that the public wished to see the PCC engage in was GP Access and Primary Care and chronic and long-term pain. Our engagement with the public indicates that these continue to be issues regionally. The public are also concerned about the pressures that they see across the health and social care system and the impact it has. This will be reflected in our work in 23-24 across all of PCC's statutory functions.

New Decade, New Approach 2020 set out a commitment to involvement and Co-production with citizens. In 2023/24, PCC will also focus on building the capacity of individuals to be involved and to engage with the health and social care system. We will do this through our **Co-production Associate Project**, which seeks to implement an innovative model for remunerating those with lived experience for their contribution in engagement and involvement in Health and Social Care. Under this project, PCC have developed an OCN-accredited bespoke training course: *The Role of Representatives of Lived Experience in Health and Social Care*. This unit will enable the learner to understand the role of representatives of lived experience in Health and Social Care and how they can influence legislation, policy and practice within HSC.

## **PCC Impact**

In 23-24 PCC will focus on measuring and demonstrating the impact of our work, and communicating this externally. PCC impact on an individual, collective and systems level. Our role is to secure a **'seat at the table' for the public**. Our goal is to connect the evidence gathered through our advocacy and engagement work to influence change. 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.

## How we will measure our Impact

The following OBA Scorecard details how the PCC will measure its performance and impact in 2023-2024. 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.

<b>Outputs</b>	<b>Indicative Target for Year</b>
Number of calls to PCC Connect Freephone	3000
Number of people given advice and information through PCC Connects Service	600
Total number of people provided with advocacy through PCC Support	700
Number of new SAI cases	25
Number of people supported with SAIs	50
Number of participants attending Citizen Hubs (LACs)	100
Number of engagement platform participants (PCC Engage)	70
% of active engagement with PCC Connects membership newsletter	50%
Number of people recruited for engagement activities through Make Change Together (PCC Connect)	130
Number of attendees at engagement events facilitated under Make Change Together (PCC Connect)	No indicative target
Percentage of evaluation feedback from people supported or engaged through PCC	40%
% of people supported by or engaged with PCC from marginalised groups and those facing health inequalities	10%
Number of Coproduction Associates recruited	3
Number of Coproduction Associates consultation sessions	No indicative target
Number of people trained in OCN level 2- Representing lived experience	48



Outputs	Indicative Target for Year
Number of PCC Connect Positive Passporting partnerships established	No indicative target
Number of engagements with Departmental and statutory bodies/external bodies (PCC Impact)	60
Number of reports that reflect people's lived experience (PCC Impact)	5
% Engagement with PCC social media (PCC Impact)	No indicative target
Number of people engaging with PCC website (PCC Impact)	25,000

Through these outputs we aim to achieve the following outcomes:

- ① Improved service quality
- ② Increased public awareness of rights & entitlements within health care sector
- ③ Increased brand awareness within the HSC & public
- ④ Increased public participation in designing the transformation of HSC
- ⑤ Increased staff morale
- ⑥ Regional approaches across all HSC bodies
- ⑦ Improved communication experience for those making a complaint about HSC
- ⑧ DoH have a better understanding of public perception
- ⑨ Improved health literacy

These will contribute to the overall outcome for the whole population:

**Programme for Government (PfG) Outcome 4: *We help people live long, healthy, active lives, by ensuring satisfaction with health and social care.***



## OUR JOURNEY YOUR VOICE

FOR FURTHER INFORMATION ON OUR  
INTENT OR ANY OTHER ASPECT OF OUR  
WORK PLEASE CONTACT US BY:

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