



STATEMENT
OF STRATEGIC
INTENT *2022-2025*

STATEMENT OF STRATEGIC INTENT

The PCC Statement of Strategic Intent describes what we want to **see** for people in ***the future***, our purpose and role in achieving that, our values and ways of working and the difference that we want to make.



VISION

Our vision is for a Health and Social Care Service, ***actively shaped*** by the needs and experience of patients, clients, carers and communities, to enable them to live the best lives they can.



== PURPOSE

We are an *independent, influential voice*: a trusted catalyst for change. We connect people to Health and Social Care services so that they make positive policy change. We do this by walking beside people and connecting them to decision makers.

With respect to health and social care services, the PCC:

- represents the interests of the public;
- promotes the involvement of the public;
- assists people making or intending to make a complaint;
- promotes the provision by HSC bodies of advice and information to the public about the design, commissioning and delivery of services;
- undertakes research into the best methods and practices for consulting and engaging the public.



VALUES

We are committed to the HSC values and these will be reflected in our behaviours:



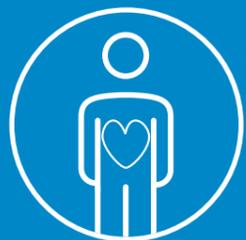
Working Together



Excellence



Openness and Honesty



Compassion

In carrying out our work



We put people at the centre of all we do



We use evidence as a foundation



We speak independently



We work in partnership



≡ OUR WORK

Health and social care is complex, so we help people to ***find their way through*** it. We ***walk beside people*** and ***connect them to decision makers*** by creating a 'constant conversation' between the public and health and social care providers. Through this, ***we can make change together.***

We want to support people to bring their experience, knowledge and skills to influence legislation, policy and practice in health and social care.





HOW WE WORK



ENGAGEMENT

Our engagement structures offer the public a range of opportunities to get involved according to their interest in health and social care.

The foundation for our **engagement** is our PCC Membership Scheme for those interested in regular updates about more general information and developments in health and social care.

The next level of our engagement model is our PCC Citizen Hubs, which are more interactive and happen in each of the Trust areas with a specific hub for learning disability. They offer the public a chance to be involved at a local level and creates the space for monthly updates and conversation about health and social care.

At the next level, our work becomes more focused. Our PCC Engagement Platforms offer the public the chance to be involved in theme-based work, connecting them with representatives across the health and social care and voluntary and community sectors.

The information we gather from the public about what issues and concerns they have and what positive change they want to make, is brought together at our People's Priorities Committee. This is a regional sub-committee of our PCC Council. It provides a strategic forum to look across our practice work to understand what are the people's priorities and how can we bring about positive policy change.

The PCC Council is the Board of the Patient and Client Council. It sets the strategic direction of the organisation as a whole, informed by the People's Priorities Committee and the wider public voice.



≡ ADVOCACY

Our advocacy and support begins with the first point of entry to the PCC, which can often involve the provision of advice and information to the public over the phone or via email.

Our focus is on finding early resolution of issues through conversation and signposting to appropriate services to meet immediate need.

Where early resolution cannot be achieved our advocacy and support carries through to individual and group advocacy casework. In some cases, this **support and advocacy** will, progress to formal complaint processes. This can include independent advocacy services within SAs (serious adverse incidents) and Public Inquiries.

Our practice model focuses on relationship building and a **partnership approach, putting the voice of the patient and client** at the centre of our work. This is important to help us achieve our purpose of promoting the involvement of the public and representing their interests.

This approach, uses advocacy and **mediation skills** on an individual and group basis, to help us support (by way of representation or otherwise) individuals making or intending to make a complaint relating to health and social care in the most effective way.



≡≡≡ POLICY IMPACT AND INFLUENCE

Using the information gathered through this work gives us the foundation for our policy impact and influence efforts.

In order to reach more people, we rely on a '**network of networks**' approach. We build relationships with a range of individuals and organisations, using their knowledge and expertise across all of our work.

The PCC is a channel for '**constant conversations**' across health and social care, recognising the value of bringing the public voice to the decision-making table.

We believe it is important to continue to improve our practice to make sure we make positive policy change. We will focus on the best methods and practices for talking to the public about, and involving them in, matters relating to health and social care.



OUTCOMES

Strategic Outcomes –
In the longer term we will
see two big differences:

- The public voice is influential regionally and locally in the design, planning, commissioning and delivery of health and social care.
- The Health and Social Care system is responding regularly to people with openness, honesty and compassion to address difficulties or failures in standards of care.

Operational Outcomes –
as we move forward we will
see the following improvements:

1. Improved service quality
2. Increased public awareness of rights and entitlements within health care sector
3. Increased public participation in designing the transformation of health and social care
4. Improved communications experience for those making a complaint about HSC
5. Improved health literacy
6. Improved regional approaches across all HSC bodies
7. Increased PCC brand awareness within the HSC and the public

≡ PRIORITIES

Our priorities are informed by engagement with the public (**People's Priorities**), areas of particular focus within Health and Social Care (**Operational Priorities**) and actions required to deliver on our work (**Enabling Priorities**):

From our current engagement work we know that people are most concerned about:

1. Quality safe care
2. Rights, entitlements and information provision
3. Involvement in design and delivery of the rebuild and recovery of health & social services
4. Accessing services

Our Operational Priorities are:

HSC Rebuild and Recovery, in particular:

- Future Planning
- No More Silos
- Cancer
- Clinically Extremely Vulnerable
- Domiciliary care
- Bereavement & Palliative Care
- Advance Care Planning

Our Operational Priorities are:

- Care of Older people
- Mental Health
- Learning Disability
- Adult Safeguarding
- Public Inquiries
- Serious Adverse Incidents
- Gender Identity
- Myalgic Encephalomyelitis (ME)

In order to meet the priorities identified we will work hard at these priorities:

- Individual and Group Advocacy
- Communication and Engagement
- Holding People's Priorities at the heart of PCC
- Developing PCC's digital capacity to support our work

≡ PLANS

Our Statement of Strategic Intent provides direction for our staff, the public and our partners.

Whilst there are many uncertainties (Covid, fiscal, political etc.) our aim is firm. Our job is to bring the voice of the public to the decision-making tables. We are in a period of tremendous transformation and change.

The public want to take their place in the discussions about how we design and provide the Health & Social Services we require. This work will be underpinned by the regional health and social care strategies and plans for transformation, for example:

- The Northern Ireland Programme for Government
- Health and Wellbeing 2026: Delivering Together (Transformation Programme)
- Rebuilding Health and Social Care Services
- Health and Social Care (Reform) Act (Northern Ireland) 2009
- Department of Health Outcomes Framework
- Regional HSC Strategies

Delivery of our priorities is supported by an Annual Operational Plan available on the PCC website.



NOTES





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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