

Connecting Patient and Client Experience, Personal and Public Involvement, and Co-production

2022 – 2025

(Plan extended to 2026)

Helping service users and carers find their voice

Involvement



Northern Health
and Social Care Trust

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Introduction

We deliver a wide range of health and social care services to the population of almost 471,000 people across a geographical area of 1,733 square miles spanning four Council areas (Antrim and Newtownabbey District, Causeway Coast and Glens District, Mid and East Antrim District and Mid Ulster District).

Service users and carers are at the heart of everything we do. Involvement of service users and carers enables us to shape our services and improve patient experience, and enables us to use our resources in ways that have the greatest impact health and wellbeing.

This Plan is underpinned by our strategic vision: We provide compassionate care, with our community, in our community.

For the purpose of this strategy the term “service user” is used to describe patients, clients, service users and the general public accessing our services. The term “carer” is used to describe unpaid family carers who provide significant care to a relative or friend.

Context

Effective involvement is a priority outlined in the Department of Health's (DOH) Health and Wellbeing 2026 – Delivering Together Strategy. Personal and Public Involvement (PPI) has been a statutory requirement since 2009 (Appendix 1) and has been further enhanced by the DOH Co-Production Guidelines which were published on 2018. Patient and Client Experience (PCE) standards have been in place since 2009.

This Plan sets out our vision, commitment and integrated approach to PCE, PPI and Co-production activities. Within Northern Trust, this includes Patient Experience Standards, the Patient Experience Collaborative/real time feedback and 10,000 More Voices, Personal and Public Involvement and Co-Production. From this point on in the Plan, this will be referred to collectively as Involvement.



The Ladder of Involvement

In this plan, the term “involvement” is used to describe a wide range of activities across the ladder of involvement, from patient feedback to co-production.

The Ladder of Involvement (**Appendix 2**) is a widely used model within healthcare and other sectors for describing the range of service user and carer involvement. This comprises a range of activities that includes giving feedback on services, sharing stories and experiences, involvement in focus groups and consultation sessions and working as equals on strategy groups.

Different levels of involvement are appropriate at different times and in different circumstances. Service users and carers should be involved at a level that is most appropriate for them.

Our Approach

This Plan has been co-produced with services users, carers and staff. We held a number of co-design workshops in partnership with our Divisions where we discussed collaborative projects, existing partnerships and how we can build on these to achieve our collective objectives. We carried out a survey of staff, service users and carers to find out what they need to support Involvement. This Plan delivers on a lifetime of investment in relationships with our service users and carers.

We would like to extend our sincere appreciation to all the service users and carers who are involved in the work that we do. Your valuable contributions have helped to shape our Plan and we welcome the opportunity to work together in partnership to improve health and wellbeing outcomes for our communities.



Key Themes

The Plan sets out five key themes against which progress will be measured:

- **Structures and Co-operation** – we will create an integrated process for governance and accountability for involvement
- **Building Relationships and Involvement** – we will create range of meaningful and influential involvement opportunities to individual service users, carers, relevant groups and networks
- **Training and Capacity Building** – we will provide opportunities and tools for enhancing leadership and personal development to enable strong collaborative relationships and impactful involvement
- **Communication** – we will communicate about our work in a way which is informative and engaging to motivate genuine involvement across our stakeholder communities
- **Impact of Involvement** – we will demonstrate clearly, and evidence the effectiveness and impact of involvement

Monitoring

To ensure involvement is at the core of our business agenda we have a range of governance, management and monitoring mechanisms in place to reflect this. Our Engagement, Experience, Equality and Employment Group (Quad EG), chaired by our Director of Operations, seeks assurance that the Trust is compliant with its statutory requirements. An integrated approach to involvement will provide us with valuable data to achieve positive outcomes for staff, service users and carers.

We will monitor this by:

- Using the regional Care Opinion report cards and Trust dashboard
- Observing the number of changes made through Care Opinion.
- Analysing data gathered through 10,000 More Voices.
- Using the Regional PHA PPI Monitoring tool.



Key Theme 1: Structures and Co-operation

We will create processes and structures to support a positive culture of involvement

We will achieve this by:

- Developing an integrated, joined up process for governance and accountability for involvement including PCE, PPI and Co-Production, agreed at executive level and communicated throughout the organisation.
- Supporting Divisions to develop and implement annual involvement plans as part of the corporate planning process.
- Establishing an Engagement Advisory Board to advise on involvement methods and quality assure involvement activity

Key Theme 1: Structures and Co-operation

We will measure our progress by:

- ✓ Having in place a clear accountability and governance structure and processes for involvement.
- ✓ Establishing a joint Patient Experience, PPI and Coproduction Working Group.
- ✓ Providing quarterly reports to Quadruple E Group
- ✓ Providing update reports to PHA
- ✓ The production of an Annual Involvement Report including reporting on PCE, PPI and Coproduction
- ✓ Measuring effectiveness of Advisory Board

Key Theme 2: Building relationships and involvement

We will create a range of meaningful and influential involvement opportunities as appropriate to individual service users and carers, and relevant groups and networks.

We will achieve this by:

- Supporting Divisions to identifying opportunities for involvement to directly influence transformation of services and quality improvement
- Actively encouraging new service users and carers to become involved in the work of the Trust, and identifying opportunities which align with their areas of interest
- Expanding our Involvement Network of service users, carers and groups to strengthen connections with the Trust
- Strengthening relationships with colleagues and partnerships in the community and voluntary sector to promote opportunities for involvement

Key Theme 2: Building relationships and involvement

- Recognising and valuing the involvement of service users and carers, through annual recognition events, involvement awards
- Ensuring that service users, carers and communities are provided with feedback on changes they have influenced

We will measure our progress by:

- ✓ Increasing the number of service users and carers involved by 10% year on year
- ✓ Having a detailed profile of our existing databases and other information assets across the organisation which can be potentially linked / co-ordinated to support our Involvement Network
- ✓ Evaluating involvement activity
- ✓ Capturing stories of success and awards we receive to reflect achievement.



Key Theme 3: Training and Capacity Building

We will provide opportunities and tools for enhancing learning, leadership and personal development to enable strong collaborative relationships and impactful involvement.

We will achieve this by:

- Developing an understanding of teams' training and learning needs to develop their skills and confidence to lead their own involvement
- Developing a programme of induction and training for service users and carers which incorporates all levels of involvement
- Reviewing current training to ensure that it incorporates all levels of involvement as defined in this document
- Introducing and capturing best practice and innovative approaches to involvement work and sharing this across the Trust and with partners

Key Theme 3: Training and Capacity Building

We will measure progress by:

- ✓ Increasing the number of staff completing involvement training by 10% year on year
- ✓ Increasing the number of service users and carers trained by 10% year on year
- ✓ Evaluating the participants experience of training, good practice and networking events
- ✓ Analysing visitor traffic to our Involvement Network website

Key Theme 4: Communication

We will communicate in a way that is informative and engaging to motivate genuine involvement across our stakeholder communities.

We will achieve this by:

- Developing innovative ways to communicate through virtual technologies, including creating spaces to connect and continue involvement remotely
- Developing our range of updates and feedback information on outcomes of service user and carer involvement
- Publicising opportunities for service users and carers to get involved
- Developing digital engagement through our NHSCT social media platforms to expand our online community to promote involvement opportunities, communicate updates/feedback and good news stories

Key Theme 4: Communication

We will measure this by:

- ✓ Monitoring the number of social media posts relating to involvement opportunities
- ✓ Producing bi annual Involvement Newsletters and regular updates for service users, carers and community stakeholders.
- ✓ Monitoring the number of virtual involvement opportunities
- ✓ Producing an Involvement Annual Report for wide dissemination
- ✓ Analysing feedback from social media activity and Care Opinion

Key Theme 5: Impact of Involvement

We will evaluate and evidence the effectiveness and impact of involvement on NHSCT services

We will achieve this by:

- Measuring the impact of involvement activities through the completion of the Regional PPI monitoring tool.
- Using PCE mechanisms to gather feedback following improvements and changes
- Producing an Involvement Annual Report to meet our performance reporting requirements

Key Theme 5: Impact of Involvement

We will measure this by:

- ✓ Increasing the range of opportunities for service users and carers to be involved
- ✓ Using the regional monitoring tool across Divisions and teams, recording how they have developed their involvement approaches to improve their service outcomes
- ✓ Surveying samples of staff and service users, carers and other relevant stakeholders on the impact of the involvement support provided on their work and personal development.

Appendix 1 Definitions

Patient & Client Experience (PCE) is about people's perception of the quality of the care they receive. It relates directly to the experience the patient receives when they are interacting with the health and social care system. PCE is a key indicator of quality and is measured against a set of five standards, published in the Department of Health's 'Improving the Patient and Client Experience' document in April 2009.

Personal and Public Involvement (PPI) is the term used to describe the active and meaningful involvement of patients, clients, service users, carers and communities in health and social care in ways that are relevant to them. Personal refers to service users, patients, carers, consumers, customers, relations, advocates or any other term to describe people who use services as an individual or part of a family. Public refers the general population and includes locality, community and voluntary groups and other collective organisations. Involvement means more than consulting and informing. It includes engagement, active participation and partnership working.

Co-production is a highly person centred approach which enables partnership working between people in order to achieve positive and agreed change in the design, delivery and experience of Health and Social Care. It is a genuine partnership approach to finding shared solutions. In practice, this involves staff, service users and carers partnering from the start to the end of any change that affects them. It empowers people to influence decision-making and service delivery. Achieving genuine and meaningful co-production takes time and commitment.

Appendix 2 The Ladder of Involvement

Involvement Level		What This Means	Examples
Co-producing		Service users control decision making at the highest level	Personal Health Budgets; Service User Consultants
Co-designing	Doing with	Working as equals, service users share decisions and responsibility, determining outcomes	Reference Groups; citizens panels
Engaging	Doing for	Service users can make suggestions and influence outcomes	Partnership boards; reference groups; service users on policy groups; service user forums
Consulting		Service users are asked what they think but have limited influence	Surveys; citizens' panels and focus groups
Educating		Instructing service users about what is happening	Information leaflets; promotional material about services
Informing	Doing to	Service users are told what is happening but have no influence	Websites; newsletters; flyers; press releases

Adapted from Arnstein's Ladder of Participation (S. Arnstein, 1969)