PCC
PATIENT & CLIENT COUNCIL

STATEMENT OF STRATEGIC INTENT 2022-2025

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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 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 can effectively influence these services. We do this by walking beside people, empowering them. We navigate and advocate.

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 assist people to ***navigate*** it. We ***engage,*** involve and connect. We inform, support and advocate. We aim to facilitate a 'constant conversation' between the public and health and social care. Through this local and regional network we can make ***change together***.

Our solution focused attitude will enable people to bring their experience, knowledge and skills to influence legislation, policy and practice in health and social care.

HOW WE WORK

PCC COUNCIL

REGIONAL PEOPLES' PRIORITIES COMMITTEE

THEMED ENGAGEMENT PLATFORMS

LOCAL CITIZEN HUBS

MEMBERSHIP SCHEME

ENGAGEMENT

PERSON

MAKE CHANGE TOGETHER BY INFLUENCING DECISION MAKING IN HEALTH AND SOCIAL CARE

SYSTEM

ADVOCACY

CALL ANSWERING

ADVICE / INFO

EARLY RESOLUTION

INDIVIDUAL ADDVOCACY

GROUP ADVOCACY

FORMAL COMPLAINTS

SAI / INQUIRIES

ENGAGEMENT

Our engagement structures provide the public with a range of opportunities to get involved according to their interest in health and social care, across different levels of complexity.

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.

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 provide an opportunity for involvement at a local level as well as a forum for monthly updates, discussions and information sharing.

At the next level, the focus of the work becomes more subject-specific. Our PCC Engagement Platforms offer the opportunity to engage in theme-based, task-oriented work at a more strategic level, with representation from the public, as well as the health and social care, and voluntary and community sectors.

The intelligence we gather about what the public tells us about health and social care, the issues and concerns they need support with, and the policy initiatives they want to impact and influence, is brought together at our Peoples' Priorities Committee. This is a regional sub-committee of our PCC Council. It provides a strategic forum to critically assess the connections across our practice work in engagement, advocacy and policy, within the broader Health and Social Care environment.

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 intelligence of 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 seeking early resolution of issues through facilitated conversations, signposting and 'supportive passporting' to appropriate services to meet immediate need.

Where immediate 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, of necessity, progress to formal complaint processes. This can include the provision of independent advocacy services within SAIs (serious adverse incidents), and Public Inquiries.

We adopt an approach across our practice which centres on relationship building and a ***partnership approach,*** placing co-production and voice at the centre of our work. This is critical in fulfilling our purpose of promoting the involvement of the public and representing their interests.

Adopting this approach, 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.

POLICY IMPACT AND INFLUENCE

Using the evidence compiled through this work gives us the basis for our policy impact and influence efforts.

In order to extend the reach of the PCC, we rely on a ***'network of networks'*** approach, leveraging the networks and connections that we recognise each individual and organisation that engages with PCC has, across the breadth of our work. This maximises the value in these connections and networks, recognising the depth of knowledge and expertise that lies within each.

The PCC acts as a catalyst or tool for ***'constant conversations'*** across health and social care, recognising that bringing the public voice to the decision-making table should be a dynamic process.

We place an emphasis on ***innovations across our practice,*** in order to maximise the policy impact and influence function of the PCC. We 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.

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 consistently 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

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 intent is firm. Our job is to bring the voice of the public to the decision making tables. We are in a phase 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.

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

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

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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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