



# INVOLVEMENT AND CO-PRODUCTION STRATEGY

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Any request for the document in another format or language will be considered

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# Contents

	Page No
1.0 Introduction	2
2.0 Adoption of Involvement and Co-production	2
3.0 Our Stakeholders	3
4.0 Our Culture, Values and Behaviours	4
5.0 Application of Involvement and Co-production	4
6.0 Implementation of Involvement and Co-production	6
7.0 Quality Assurance, Monitoring, Engagement and Compliance	7
8.0 Reimbursement and Remuneration	8
9.0 Accessing our Information	8
10.0 Equality and Human Rights Screening	8
11.0 Conclusion	9
Appendices	
Appendix 1 Travel and Subsistence Costs	10
Appendix 2 Equality and Human Rights Screening	11
Appendix 3 Additional Resources	12

## 1.0 Introduction

This Involvement and Co-production Strategy outlines Northern Ireland Practice and Education Council for Nursing and Midwifery's (NIPEC's) commitment to the engagement and promotion of people with user and lived experience, by encouraging participation in all of their programmes of work, as valued and equal stakeholders. NIPEC is steadfast in integrating partnership working at a strategic and operational level in their daily business approach to support its functions.

## 2.0 Adoption of Involvement and Co-production

NIPEC was established by the Northern Ireland Assembly in 2002 under the Health and Personal Social Services Act as a Non-Departmental Public Body to support the development of Nurses and Midwives, by promoting high standards of Practice, Education and Professional Development. NIPEC also provides guidance on best practice, advice and information on matters relating to nursing and midwifery.

As an Arm's Length Body NIPEC undertakes commissioned and non-commissioned work on behalf of the Department of Health (DoH), our sponsoring body, and other statutory organisations. Uniquely, the DoH and its 'Arm's Length Bodies' are the only public bodies in Northern Ireland which have a statutory duty to involve and consult its stakeholders.

Therefore, it is important to ensure the role of involvement, co-production and partnership working is clearly understood and supported within the organisation. This Involvement and Co-production Strategy augments and builds upon the requirements as set out regionally in the current *Personal and Public Involvement Policy (PPI)*<sup>1</sup> and *Health Social Care Co-production Guide*<sup>2</sup>.

This strategy also aims to support the transformational change as envisaged by *Health and Wellbeing 2026: Delivering Together*<sup>3</sup> in order to build better health and social care outcomes, within a system that reflects the principles and practices of involvement and co-production by:

- Connecting people as part of our care system;
- Embedding a population health and wellbeing approach;
- Building social capital through co-designing care;
- Giving an opportunity for real time feedback;
- Enabling people to be part of quality assurance system;
- Creating opportunities for involvement.

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<sup>1</sup> DoH (2012) Personal and Public Involvement (PPI) Available at: [Personal and Public Involvement \(PPI\) - DoH Guidance to HSC | Department of Health \(health-ni.gov.uk\)](#)

<sup>2</sup> DoH (2018) Co-Production Guide for NI Connecting and Realising Value Through People. Available at: [126493 H&SCB - Co-Production Guide.indd \(health-ni.gov.uk\)](#)

<sup>3</sup> DoH (2016) Health and Wellbeing 2026: Delivering Together. Available at: [health-and-wellbeing-2026-delivering-together \(health-ni.gov.uk\)](#)

Good communication and engagement are essential within a co-production approach, supporting our aim for openness and transparency. NIPEC is strategically and appropriately placed to translate regional direction of policy into practice due to the nature of NIPEC’s core functions and breadth of its stakeholder base. Therefore, it is well placed to create high quality innovative solutions which support nursing and midwifery, to enhance professional practice and in turn, facilitate the delivery of safe, effective and person-centred care. NIPEC reflects the core values of our organisation in how we work and how we engage with our stakeholders along with the values and principles governing our partnership activities.

### 3.0 Our Stakeholders

The stakeholder map in Figure 1, has been developed to illustrate the breadth and the strength of our stakeholder’s representation and participation within all aspects of NIPEC’s work. We are also a member of ‘Engage’, a central resource to support organisational involvement in Health and Social Care activities. This enables us to seek engagement from others on relevant projects and provides opportunities to encourage others to be involved in our work. It also provides a range of resources and tools to support the implementation of our Involvement and Co-production Strategy within NIPEC. Please find available resources@ [Engage website](#)

**Figure 1. NIPEC Stakeholder Map**



## 4.0 Our Culture, Values and Behaviours

### Our Values

NIPEC is a unique person-centred organisation guided by a set of values that directly impact on what we do and how we do it. As a Health and Social Care (HSC) organisation, NIPEC's values align with those underpinning HSC strategy and delivery plans across Northern Ireland.



The values are set in a context of the requirement for all nurses and midwives to adhere to the Nursing and Midwifery Council's (NMC) *Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*<sup>4</sup>.

NIPEC is committed to the promotion of good relations between people of differing religious beliefs, political opinions and/ or racial groups. As a health and social care organisation NIPEC is committed to promoting respect for equality, diversity and to challenging sectarianism and racism in both employment and services.

### 5.0 Application of Involvement and Co-production

The main six principles of involvement and co-production include: valuing people, building representative people networks, building people's capacity, reciprocal recognition, cross boundary working, enabling and facilitating; as presented in Table 1. One of the key objectives within these six principles is to avoid unrepresentative perspectives and to create a balance from the outset. This will encourage the engagement of people at the earliest opportunity in the design, development and evaluation, thus empowering people with lived experience to work alongside partner organisations to positively influence decision making and care delivery processes.

This document aims to strengthen engagement and monitoring implementation, which is an integral part of good governance arrangements. It standardises good practice in implementing policy requirements and responsibilities. To assist with explicit direction and expectations which seeks to build upon, what we currently have.

The application of these principles within NIPEC, are detailed further in Table 1.

<sup>4</sup> Nursing and Midwifery Council (NMC) (2018) *The Code: Professional standards of practice and behaviour for nurses, midwives and nursing associates*. London: NMC. Available at: <https://www.nmc.org.uk/standards/code/read-the-code-online>

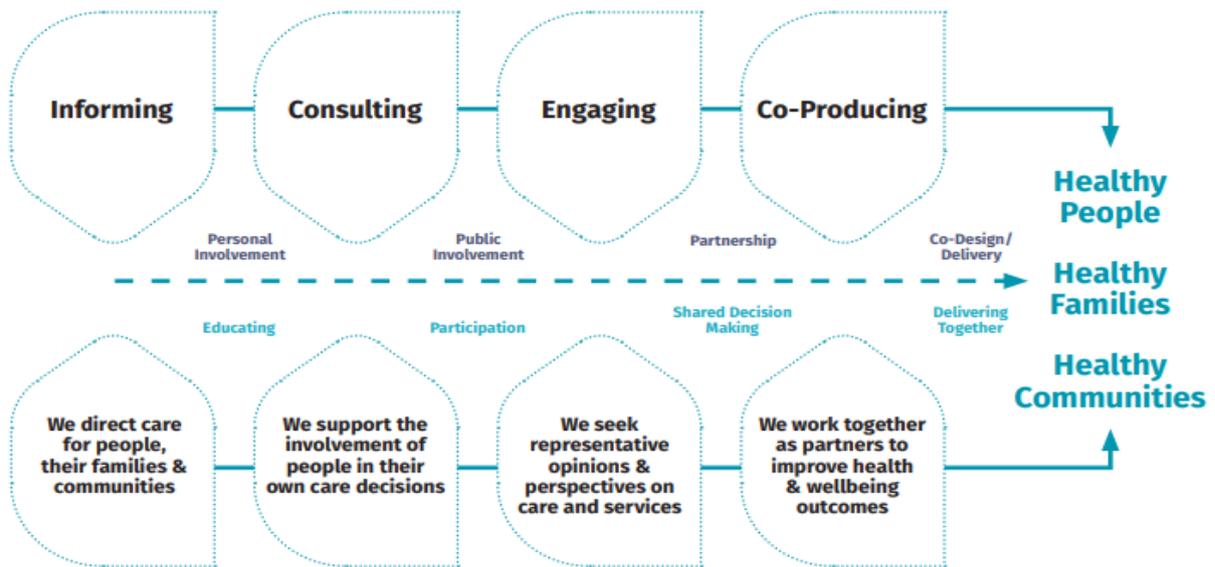
**Table 1. NIPEC`s Six Principles of Involvement and Co-production**

<b>NIPEC`s Six Principles of Involvement and Co-production</b>	
<b>Valuing People</b>	NIPEC will value people and work to maximise all opportunities to empower partnership working, in a person-centered process. This will include, taking proactive steps to working with underrepresented groups within the organisation and setting clear expectations of engagement.
<b>Building Representative People Networks</b>	NIPEC will actively develop relationships within, across and outside the organisation. This will include local and regional PPI forums, Integrated Care Partnerships and/ or communities of special interest. To create a broad and diverse group of people externally.
<b>Building Peoples Capacity</b>	NIPEC will strengthen people`s capacity by providing opportunities to participate in a range of levels of involvement, co-design and co-production within all their programmes of work, core business and to support its statutory functions, as and when appropriate.
<b>Reciprocal Recognition</b>	NIPEC will recognise and learn from the valuable contributions of others. NIPEC will build representative networks and support the contributions of people with lived experience within all areas of their work, in line with reciprocity guidance.
<b>Cross Boundary Working</b>	NIPEC will strengthen the organisations role in addressing population health needs across HSC systems of care. NIPEC will seek opportunities to pool resources, work towards shared goals, have transparency about their work and incorporate realistic expectations to provide better health outcomes.
<b>Enabling and Facilitating</b>	NIPEC will support and embed the principles of involvement and co-production at the heart of the organisations strategic planning and business processes. NIPEC will plan to in advance, as much as possible and will be sensitive to pressures which others face.

## 6.0 Implementation of Involvement and Co-production

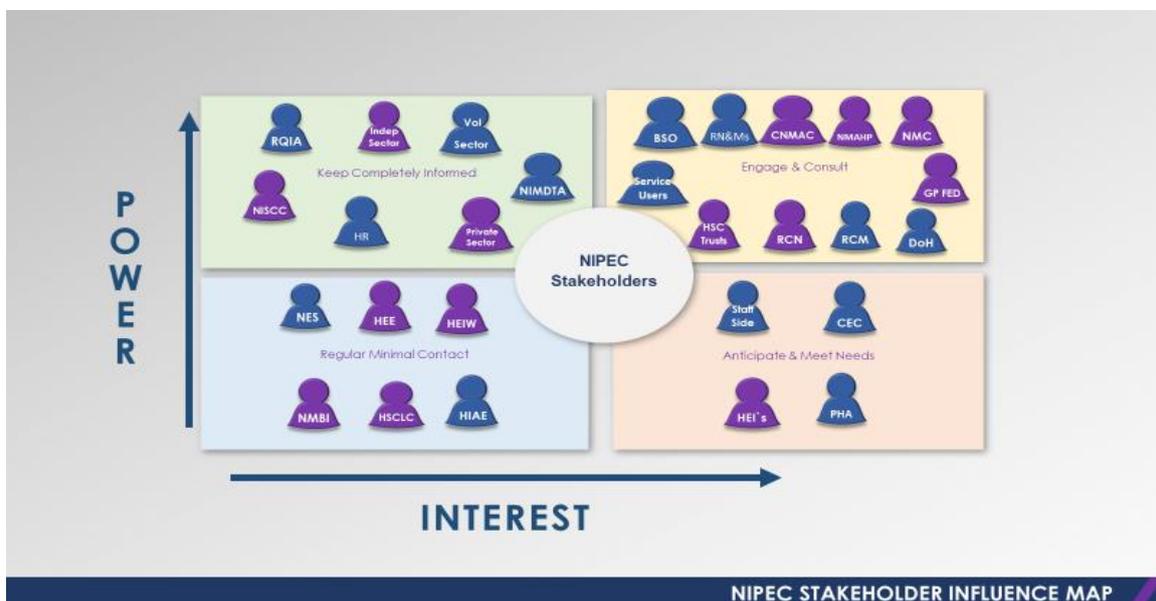
This strategy will be implemented through a process of employing various levels of involvement, engagement and co-production approaches. These are all part of a continuum; as outlined in the *DoH Co-production Guide Connecting and Realising Value Through People<sup>2</sup>*. This ranges from involvement, to co-design and co-delivery, as illustrated below.

**Figure 2. Involvement and Co-production Pathway**



Approaches adopted by NIPEC are often influenced by the context of the work or project. Therefore, will be dependent on what is most appropriate. The dynamic and fluid nature of stakeholder engagement is illustrated below in Figure 3. The specific stakeholder influence and power fluctuate and are variable, dependent upon the necessary focus or theme of work.

**Figure 3. Illustration of NIPEC's Stakeholder Influence**



## A Reflective Learning Framework

A reflective learning framework was developed by Kings Fund in 2022<sup>55</sup>. This framework outlines the necessary requirements for a successful partnership to reach full potential. These include: usage of the framework as a preparatory reflective tool for staff at the outset to be better prepared for the challenges and opportunities that partnership working may bring. It also provides a reflective learning template to support further partnership development.

In practice, the framework identifies five core questions to be utilised as part of the integration of partnership working, in order to maximise its benefits. The framework comprises five explicit questions:

1. What is the **purpose** of the partnership's work?
2. What is the distinctive **role** of this partnership?
3. Who are the partnership's **members and stakeholders**?
4. How is work being **shared and recognised** within the partnership?
5. How is the partnership **learning and adapting**?

This enables a standardised and an evidence-based approach to support a consistent set of functions which are distinctive for effective partnership working.

## 7.0 Quality Assurance, Monitoring, Engagement and Compliance

NIPEC has the following in place:

- **Central Involvement and Co-production register:** A central record of NIPEC's Involvement and Co-production engagement, will be available on the server for access, information and monitoring arrangements within the organisation. This has been guided by, the regionally agreed PPI monitoring template, Public Health Agency.
- **Capture engagement and compliance:** An overview of NIPEC's engagement and compliance with this policy and related guidelines, within all of their programmes of work, as and when appropriate will be monitored and remain under review as a live document.
- **Monitoring audit:** This will be undertaken to quality assure this process and its implementation within the organisation. Subsequently, any further adaptations will be updated accordingly in keeping with best practice.

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<sup>55</sup> Kings Fund (2022) A reflective learning framework for partnering: insights the early work of the Healthy Communities Together partnerships. Available at: [HCT A reflective learning framework for partnering \(1\).pdf \(kingsfund.org.uk\)](https://www.kingsfund.org.uk/publications/reflective-learning-framework-for-partnering):

## **8.0 Reimbursement and Remuneration**

### **Reimbursement**

DoH (2021)<sup>6</sup>, circulated regional guidance on the reimbursement of out of pocket expenses for service users, carers and laypeople when undertaking engagement activities with HSC organisations. The DoH recognises the valuable contribution these stakeholders make to service development and wishes to ensure they are not financially disadvantaged from any expenses incurred as a result of engagement. NIPEC staff who sought service user/carers participation in involvement work, will be responsible for the implementation of these guidelines. Supplementary reimbursement expenses guidance is available at Appendix 1.

Further policy and supporting guidance documents are also available at:

<https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-12-2021.pdf>

### **Remuneration**

A revised regional remuneration scheme is currently under development and consultation, in partnership with the Public Health Agency (PHA) and Patient Client Council (PCC). This will be circulated once approval is achieved by the DoH. This policy will be adapted accordingly to meet these requirements.

## **9.0 Accessing our information**

We are committed to making our information as accessible as possible and to promoting meaningful engagement with our stakeholders. We continue to strive to provide our information in a wide range of formats to meet the needs of our stakeholders.

Where reasonably practicable, our documents can be made available, on request, in an alternative format, Easy Read, Braille, audio formats, large print or in a minority language to meet the needs of those for whom English is not their first language.

## **10.0 Equality and Human Rights Screening**

This strategy has been screened for equality implications as required by Section 75 and Schedule 9 of the NI Act 1998.

As a result of these considerations, the screening has identified minimal potential equality impacts for a number of groups, outlines the way in which these will be addressed and takes measures to mitigate against any negative equality impacts of this strategy.

The published equality screening can be accessed at:

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<sup>6</sup> DoH (2021) Reimbursement of Expenses for Service Users, Carers and Lay People. Available at: <https://www.health-ni.gov.uk/sites/default/files/publications/health/doh-hscf-12-2021.pdf>

<http://www.hscbusiness.hscni.net/services/2166.htm>

In addition, to ensure NIPEC and its stakeholders are meeting its legal obligations and responsibilities under various Corporate Governance areas, all programmes of work, objectives and outcomes are examined and screened for any issues relating to the following areas:

- Risk Management
- Privacy Impact Assessment (PIA)
- Personal Public Involvement (PPI)

A summary of these considerations and any action required is documented in Appendix 2.

## **11.0 Conclusion**

The inclusion of people with user and lived experience perspectives provides opportunities to participate at many different levels of influence within NIPEC, such as: to inform and educate, engage and consult, co-design, co-produce and evaluate within NIPEC`s sphere of work, as required. This Strategy outlines NIPEC`s commitment to PPI which is essential to influencing partnerships towards their purpose and achieving improved outcomes across the HSC system in NI.

## Travel Costs

### Mileage Rates <sup>7</sup>

Type of vehicle/allowance	Up to 10,000 miles per year	Over 10,000 per year	All eligible miles travelled
Rate and Engine Capacity	Amount per mile	Amount per mile	Amount per mile
Cars (all types of fuel)	45 pence	25 pence	
Motor cycles			28 pence
Pedal cycles			20 pence
Passenger allowance			5 pence
Reserve rate			28 pence

### Other travel costs

Bus/rail fare - tickets to be submitted with claim form

Taxi fare - to be arranged and agreed in advance with the organiser in line with the organisation's procedures.

### Subsistence Costs

#### Meal Allowance<sup>8</sup>

Subsistence allowance is claimed by means of a meal allowance at the maximum rate below.

Period Away	Meals	Value
Over 5 hrs	One	£5
Over 10 hrs	Two	£10

### Other Expenses Incurred

The following costs will be arranged with the organisation:

- Accommodation
- Replacement care
- Individual support needs
- Childcare costs
- Any other

<sup>7</sup> HMRC Approved Mileage Rates. Available at: [The 2023 HMRC Mileage Allowance Rate In The UK - Driversnote](#)

<sup>8</sup> Agenda for Change, annex 14: subsistence allowances. Available at: [NHS Terms and Conditions of Service Handbook | NHS Employers](#)

## Outcome of Equality and Human Rights Screening Assessment

Screening Assessment	Comments
<b>Risk Management questions</b>	
<ul style="list-style-type: none"> <li>• Have any risks been identified?</li> </ul> <p>If no - no further action is required. If yes then,</p> <ul style="list-style-type: none"> <li>• What is the potential impact of these?</li> <li>• How can these be mitigated or have alternatives options been identified which would have a lower risk outcome?</li> <li>• Where negative impacts are unavoidable, has clarity been given to the business need that justifies them?</li> </ul>	No
<b>Privacy Impact Assessment questions</b>	
<ul style="list-style-type: none"> <li>• Will the project/initiative use personal information and/or pose genuine risks to the privacy of the individual?</li> <li>• Will the project/initiative result in a change of law, the use of new and intrusive technology or the use of private or sensitive information, originally collected for a limited purpose, to be reused in a new and unexpected way?</li> </ul>	No  No
<b>Personal and Public Involvement questions</b>	
<ul style="list-style-type: none"> <li>• Will the programme of work require input from patients/clients?</li> </ul> <p>If no - no further action is required. If yes – NIPECs Involvement &amp; Co-production Strategy will be adopted, applied and implemented across all programmes of work, as appropriate.</p>	Each programme of work, were appropriate will seek to have input from service users and carers through a range of involvement approaches. This will be achieved by seeking representation through existing Trust PPI forums, external organisations in the voluntary, community or disability sectors to represent particular groups as required. The implementation of this strategy will also be monitored.

## Additional Resources

### Engage Webinar Links

- [Best Practice Involvement in HSC 2023 - where do we stand?](#)
- ['Lived experience' - how to involve those who receive HSC services and care; what are the best methods?](#)
- [The Politics of Involvement - what are the political pressures and opportunities to enhance our Involvement strategies?](#)



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