

PCC Thought Paper
A Systemic Approach to
Participation –
NI Neighbourhood
Programme

July 2026

Your Voice,
Our Journey

www.pcc-ni.net

Published by:

The Patient and Client Council

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PCC thought papers set out system-level thinking, based on PCC analysis of the evidence and insights we have developed through our work directly with people across health and social care. They are intended to prompt discussion and encourage progress at a strategic and systemic level.

Section 1 Purpose and Context

There has been a growing recognition of the need to adopt a ‘People As Partners’ approach across health and social care (and widespread public services), where the relationship between the public and their services evolves beyond a transactional one, to a relational one. The concept of ‘People As Partners’ emerged from work PCC led in 2025 to explore the collaborative advantage of a new relationship with the public, in delivering public sector goals and to drive wellbeing in Northern Ireland. This was recognised within *A Vision for Neighbourhood Health and Wellbeing in Northern Ireland, Policy Framework* (March 2026)¹ which stated, ‘*the ongoing development of the neighbourhood model will seek to build on wider changes to the Health and Social Care system’s culture and approach to working with the public and communities as partners, envisaged by the People as Partners and This is Our Health initiatives*’

Within this developing context, since 2023 PCC have advocated the need to take a systemic approach to participation in HSC and have been leading thinking on what this change would entail. It is not within the scope of this paper to represent the evidence, analytical and developmental work that supports both the case for change for a ‘People As Partners’ approach, or for a systemic and strategic approach to participation. This is detailed elsewhere. Instead, the purpose of this paper is to set out the thinking on a mechanism for a systemic approach that would support the NI Neighbourhood Programme and allow us to test/demonstrate proof of concept.

¹ Department of Health (2026) *Neighbourhood Model of Health and Wellbeing in Northern Ireland: Policy Framework*. Belfast: Department of Health. Available at: [Neighbourhood Model of Health and Wellbeing in Northern Ireland: Policy Framework](#)

Section 2 Listening Systemically as an enabler for People As Partners

Many of the terms such as public engagement, public and patient involvement, patient experience, co-production etc. are well known and widely used but arguably are not universally understood or applied across the health and social care system. This results in confusion for the public and others and constrains the potential benefits of participation for all. The statutory duty of PPI should be the floor and not the ceiling of our ambitions. Equally, participation, and the mechanisms through which this is delivered, should be seen as the enabler for a relationship of partnership between people and their services, and not the end goal in and of itself.

The end goal is to shift the nature of the relationship between people who use services, the services they receive and the people/institutions that deliver them, to one of partnership. To work in partnership with the public would be to establish common purpose, promote trust and confidence, share resources, responsibility, accountability and power for mutual benefit and better outcomes. As outlined above, this requires a cultural shift to 'People As Partners'. These points are also reflected in the Neighbourhood Policy Framework, when it states, *'meaningful engagement, adopting asset-based approaches, ongoing dialogue and working with people as partners in their care, ensure services reflect local need and builds public trust'*.

PCC's [People to Partners – Developing a Unique Approach for Northern Ireland](#)² recommended the development of a strategic framework that establishes principles of a 'do with' asset-based partnership approach and to guide change, focusing on shifting mindsets and system/organisational culture rather than replicating existing models. PCC's Thought Paper 'People As Partners: Developing a Strategic Framework'³ sets out further thinking on the development of this framework.

Key to embedding a People As Partners approach is our ability to listen systemically, through a systemic approach to participation. In order to achieve this, we need to be more expansive in our thinking of what participation and lived experience input entails and what form it takes. Within the Neighbourhood Model how can a systemic approach to participation support, underpin and positively influence the 'four pillars' outlined in the Policy Framework?

This requires us to ask certain questions of ourselves, including:

1. What is our aim? What do we want to know? Are there specific questions/issues we want participation to help us better understand/resolve/test?
2. What is the goal, purpose and value of participation and lived experience input?
3. What form might it take?

² PCC and Northern Ireland Confederation for Health (NICON) (2025) *People to Partners – Developing a Unique Approach for Northern Ireland*, Accessed here: [people-to-partners.pdf](#)

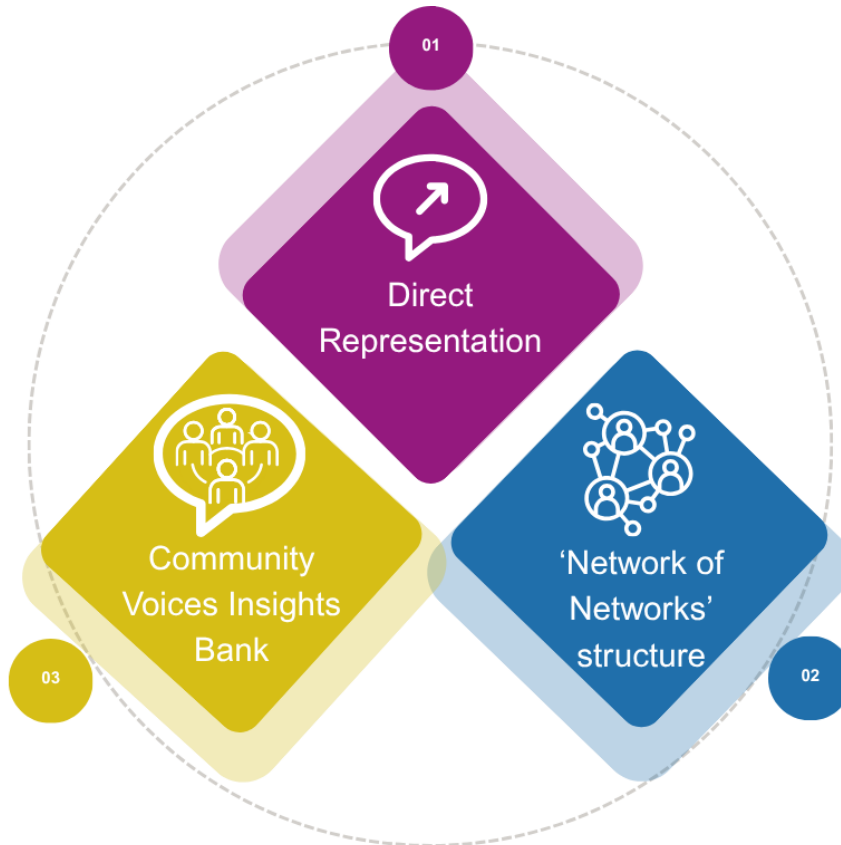
³ A policy-in-development thought paper which is in limited circulation prior to publication.

4. What are the advantages and limitations of the form it takes? What are the barriers and enablers?
5. What would be needed to make a systemic approach work?
6. How can we maximise opportunities across the spectrum of participation?⁴
7. Where could direct representation work effectively and add most value?
8. What strengths are we seeking to build on i.e. what is the contribution that we are seeking? Are we asking of 'lived experience representatives' to look at the issues through the lens of a member of the public, or an individual person and how they use services, or are we asking them to contribute their individual experience, or are we asking them to bring community and individual insights to bear, or are we asking of them to bring a different perspective? Does the 'ask' change dependent on the context or forum in which input is sought - is it one or all of these things?
9. How is this operationalised in the context of a programme board structure and the structure of Integrated Neighbourhood Teams (INTs) going forward?
10. How do we achieve equality/parity, collaboration, accessibility, reciprocity, diversity, reflexivity?
11. What is our collective appetite and ability to be responsive to this approach, to act and change, based on what we learn from systemically partnering with the public? Are there parameters or limitations on this, and how do we articulate these (at the outset and as these emerge – recognising that this is a key component in building trust and confidence in the approach)?
12. How do we demonstrate impact and outcome in decision-making?

⁴ People Hub *We've updated our Spectrum of Participation*. Available at: [People Hub article](#)

Section 3 Towards a Systemic Approach to Participation

In designing a more systemic and strategic approach to participation for Northern Ireland, PCC propose an approach comprised of 3 main components:



- 1. Direct representation** – the direct representation and input of people with lived experience in decision making fora on policy development and service design
 - a. Key questions to consider: *What is the purpose? What are we asking people to contribute – is it to look at the issues through the lens and perspective of people's experience or to give their direct experience of the issue or to contribute generic lived experience?*

Examples: service user and carer representatives at Neighbourhood Programme Board and through AIPB structures who, subject to decision on future interaction of AIPB/ICS structures, could represent on Neighbourhood governance fora as this develops. Alternatively, direct representation could be recruited through existing processes or platforms and remain connected to them, giving a greater mandate for representation.

- 2. Connected Conversations via a Network of Networks** – establish a 'network of networks' to connect, facilitate and capture ongoing conversations

to seek insights and inform the programme on an ongoing basis. This network augments and expands direct representation, allowing for broader lived experience contributions, increasing diversity of perspective and input. The 'network of networks' is built by developing an asset map, which can then be mobilized to facilitate targeted engagement and/or capture ongoing conversations (see example asset mapping tool at **Appendix 1**) This network of networks would supply a data stream for the insights bank (element 3), if the mechanism for capturing was simple, consistent and accessible

- a. Key questions to consider: *What is the purpose in the context of the programme/programme board? To provide ongoing insights and input on particular questions? Or to have an ongoing insight into people's experience, needs, beliefs and desires?*

3. The People's Data and Insights Bank – build a repository/data set of qualitative experiential insights that can be triangulated with data/insights from existing platforms and existing data sets, as well as with insights from new platforms. This repository can then be drawn on to inform, influence and frame decision-making

e.g.

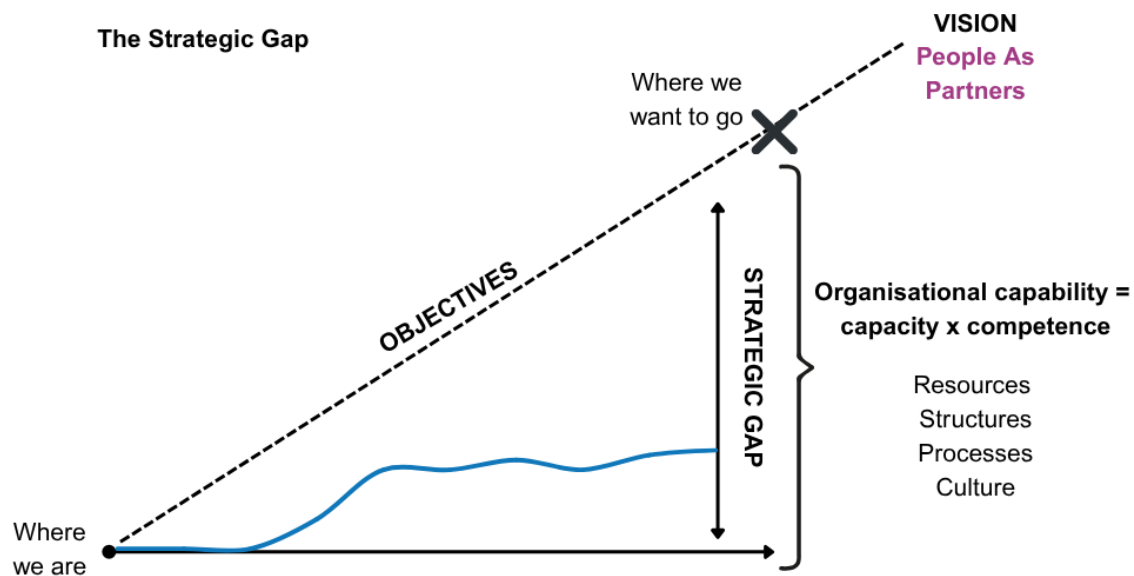
- Insights bank populated by ongoing 'Network of network' conversations
- Insights from TIOH
- Insights from Big Discussion 'What the Public Think' work
- Insights from MyCare (note: *as the capability of MyCare is developed/exploited it poses the potential to be both an asset to feed the community insights banks as well as two-way loop for connection and feedback*)
- Insights from Care Opinion, 10K Voices, Trust patient feedback systems, themes from advocacy and complaints data

Example - Norfolk and Waveney ICB Community Voices Insight Bank

- Community voices insight bank - smart survey that captures conversations across various projects.
- Over 50 CVS orgs involved, supported by infrastructure orgs
- NODA supports qualitative analysis with expertise. The ICB used NextDoor to promote the project
- Worked with data team SiSU machine direct linked to referral to project
- Median age 39
- Project was reaching people before they were eligible to turn up to health checks
- Practicalities - Microsoft form with 40 questions that was filled in during the community conversation and responses flowed into a 'bank' that was regularly analysed

Section 4 Progress towards this approach - Current structure/mechanism

Developing this systemic approach requires us to address the current strategic gap, and the dependencies illustrated in the diagram below. It will need to be incremental and iterative. It will also be determined/influenced by policy and strategy within the Department/wider HSC system that sit outwith the Neighbourhood programme.



Progress towards this approach is already under way and includes:

- Direct representation of service users and carers is in place at Neighbourhood Programme Board, on Relations and Connections workstream and within PCC-hosted participation steering group for cross-cutting policy initiatives.
- Working with Voluntary and Community Sector representatives to explore how this approach can support partnership with V&C sector including systemic V&C contribution to, participation in and representation on INTs.
- Discussion on future of AIPBs and alignment to Neighbourhood has explored the potential of existing direct representation on AIPBs supporting Neighbourhood structures as these evolve
- Elements of the 'network of networks' structure is in place through collaborative work led by PCC – see **Appendix 2**
- PCC have developed an asset mapping tool to expand the 'network of networks' structure (**Appendix 1**).
- PCC commenced asset mapping (with a focus on older people assets) in July 2026 across a range of partner organisations including Age NI, COPNI, the NI Health Collective (NIHC) and Impact Agewell Partnership. Belfast Trust has agreed to pilot this asset mapping approach within their Trust.

- PCC and NIHC have submitted and been successful in an application to jointly host a regional NI University of Sheffield Impact Network on promoting relationship-centred care. Planning is progressing with NIHC to deliver a 6-session engagement programme with older people, commencing in September. Contracts are signed and completed.
- Initial workshop of Neighbourhood Relations and Connections workstream was held in July 2026.
- PCC have linked with colleagues from Norfolk and Waveney ICB on potential to explore community insights bank model for NI
- PCC have connected with digital and data colleagues to discuss potential support for this model

Section 5 Next steps

This thought paper sets out a vision for a systemic approach to participation that would support the NI Neighbourhood Programme and allow us to test/demonstrate proof of concept. It is intended for discussion at Programme Board with a view to seeking endorsement and support for the proposed approach.

The approach is developmental in nature. It reflects the opportunity to do something different and will require a 'plan, do, review' approach. In addition to paying close attention to the questions outlined under section 2, consideration will need to be given to the following (this list is non-exhaustive and will evolve as this approach evolves):

1. Feasibility – what are the dependencies of this approach and can these/how can these be navigated?
2. What mandate, resources and support is needed to operationalise this approach?
3. How might the programme board use these structures?
4. How might we build into the mechanism transparency and closing the loop on how insights from experience have been used?
5. How might INTs use these structures?
6. Adapting this approach to an INT level, there is the potential/it would be important for INTs to develop localised 'network of networks'. How might this be mandated/facilitated?
7. How might we assess/measure the success of implementation against the vision set out?

In relation to assessment and measurement, the example 'Do With' checklist (designed by Paul Stepczak, Start Something Good⁵ 2025) at **Appendix 2** would be a useful tool for the Neighbourhood Programme and INTs to assess and iteratively strengthen their approach to adopting a People As Partners approach, and a more systemic approach to participation (see **Appendix 2**)

⁵ Cwmpas *Start Something Good: How it works*. Available at: [Start Something Good: How it works](#)

Appendix 1

Mapping Existing Engagement Assets and Networks

The purpose of this template is to identify existing engagement assets, networks, relationships and organisational capacity across partner organisations. This mapping exercise is taking a collaborative approach. PCC are not seeking to “mine” partners’ information, rather the intention of this mapping exercise is to support the development of a systemic and coordinated approach to participation across a number of closely-aligned policy initiatives including e.g. the Neighbourhood Model.

It seeks to make best use of existing relationships, using trusted, embedded infrastructure and reduce duplication of engagement activity. One of PCC’s strategic objectives is the development of a more systemic approach to participation, supported by our statutory remit to represent the interests of the public across health and social care and our statutory functions across advocacy, policy and participation.

An asset is any group, network, relationship, resource, insight, or mechanism that provides meaningful access to people, communities, lived experience, or insights/intelligence and can be mobilised to support engagement, participation, or system improvement.

This may include 1-1 service user contact, Service user forums, Community groups, Patient panels, surveys, evaluation reports and community insights.

Partners do not need to complete every section of this form, we ask that you complete only the parts that are relevant to the asset(s) you hold. Fundamentally, it is about the quality over the quantity of assets held by you or your organisation.

Please ensure that you comply with all relevant GDPR and data sharing requirements in completing this form.

We welcome queries, interest or feedback on this form and initiative. Please contact Laura.Bonnes@pcc-ni.net

Details of Person Completing Asset Mapping	
Completed By:	
Organisation:	
Role/Position:	
Contact Email:	
Date Completed:	

Direct Connections to People and Communities	
<i>Please include any groups, forums, panels, networks or routine engagement approaches that provide direct connection to service users, carers, communities or wider stakeholders.</i>	
Asset / Network Name:	
Main Contact Person:	
Contact Details:	
Who Does It Connect With?	
Type of Engagement:	
Approximate Reach:	
Geographic Coverage:	
How would this asset be mobilised and who is responsible for bringing insights back?	
Key Strengths:	
Limitations/Considerations:	

Examples of who the network connects with:

- Service user forums
- Community groups
- Patient panels
- Reference groups
- Digital engagement platforms
- Social media communities
- Mailing lists
- One-to-one support relationships
- Local community partnerships
- Existing co-production group

Staff and Organisational Capacity	
<i>Please identify any staff, skills, systems or organisational resources that could support engagement, participation or insight gathering activity.</i>	
Resource/Role	
Lead Contact:	
Contact Details:	

Description of Capacity:	
Estimated Availability:	
Relevant Skills/Expertise:	
Notes/Limitations:	

Examples of Relevant Skills/Expertise:

- Facilitation skills
- Community engagement
- Co-production expertise
- Communications support
- Survey design
- Data analysis
- Administrative support
- Digital systems/platforms
- Existing engagement methodologies

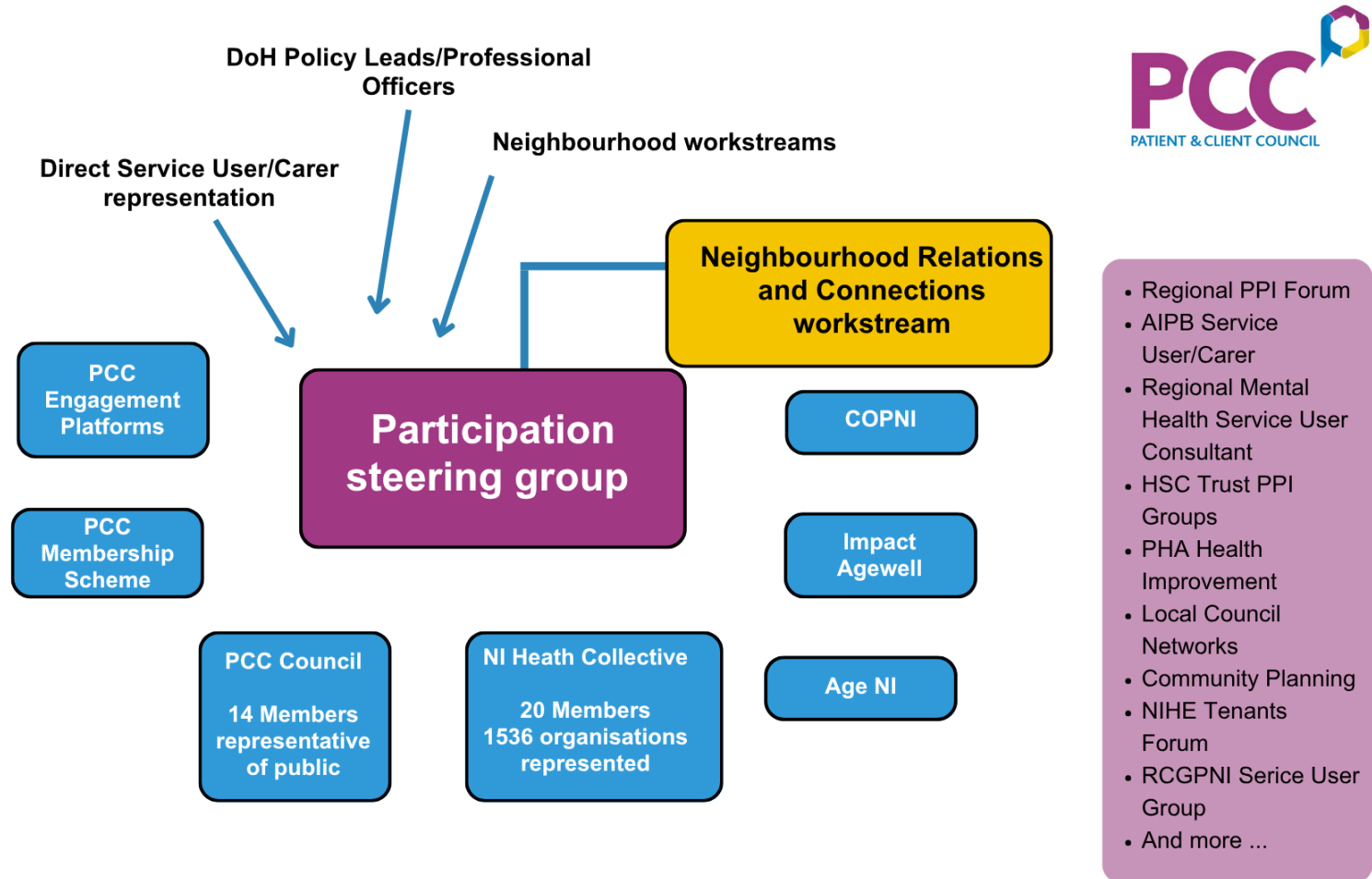
Data, Insight and Intelligence Already Held	
<i>Please identify any existing insight, feedback, evidence or intelligence sources relevant to communities, lived experience or service user engagement.</i>	
Source of Insight/Evidence:	
Lead Contact:	
Contact Details:	
Description of data, insight of intelligence held:	
Population/Community Covered:	
Frequency Updated:	
Accessibility/Format:	
Notes:	

Examples of Data, Insight and Intelligence:

- Surveys
- Complaints data
- Experience reports
- Community insight
- Needs assessments
- Focus group findings
- Evaluation reports
- Public engagement outcomes

Appendix 2

Visual of emerging PCC 'network of networks' approach supporting Neighbourhood Programme (and closely aligned policy initiatives)



Appendix 3

Example 'Do With, Not To' Scorecard, Designed by Paul Stepczak at Start Something Good 2025

[Start Something Good - How it works - Cwmpas](#)

"Do With, Not To" Scorecard

Designed by Paul
Stepczak 2025

Question	Red ("Do To" = Zero Points)	Amber ("Can Do Better" = 1 Point)	Green ("Do With" = 3 Points)	SCORE
Involve service users in scoring: Communities are involved in completing this assessment, and we compare their scores with staff scores to understand different perspectives.	Only staff complete the assessment; recipients excluded.	Communities are 'consulted' but differences not analysed.	Community and staff both score; results compared to identify gaps.	0
Clear purpose: We are clear on why we want to engage the community.	Engagement done only to satisfy our/funder requirements; no shared rationale.	We have a generic reason (e.g., improve image) but not co-defined.	We and the community have co-defined the purpose and communicate it.	0
Equal Partnership: We see communities as equal partners, not just recipients.	Projects / services are designed and delivered without community input.	We consult the community but retain decision control.	We co-design and co-deliver programmes with community	0

			organisations and volunteers.	
Open to challenge: We're open to ideas that may challenge our assumptions.	Community suggestions that contradict our plans are ignored.	We listen but rarely change direction.	We encourage and act on feedback even when it challenges assumptions.	0
Links to mission & goals: We define how community engagement links to our wider mission and goals.	Engagement is an add-on with no link to mission or metrics.	We mention engagement in our mission but don't track outcomes.	Goals and outcomes are co-developed and measured with the community.	0
Identify needs & wants: We work with the community to identify both their needs and aspirations (wants) so our work has reciprocity at its heart.	We assume we know the community's wants; no consultation.	We survey needs but don't prioritise with the community.	We co-identify needs and aspirations and design services accordingly.	0
Consult vs partner: We understand the difference between asking people for their views and working alongside them as equal partners.	We hold one-off consultations; decisions remain internal.	We ask for views on some issues but keep control.	Community members are involved throughout planning, delivery and evaluation.	0

Power sharing: Our team is willing to share power and decision-making with communities on projects that affect them.	Decisions are made internally; community involvement is tokenistic.	Advisory groups exist but decisions rest with management.	Decision-making is shared with community representatives.	0
Value lived experience: We value lived experience as much as professional expertise	Professional expertise is valued; lived experience ignored.	We acknowledge lived experience but don't integrate it.	Lived experience guides service design and delivery; volunteers shape improvements.	0
Adaptability: We're willing to adapt our work based on what we hear from the community.	We stick to a predetermined plan regardless of feedback.	We make minor tweaks but overall approach stays the same.	We adapt models based on community feedback.	0
Inclusive culture: We encourage people from diverse backgrounds to feel their perspectives are welcome and taken seriously.	Meetings dominated by the same voices; no effort to include marginalised groups.	We invite diverse people but they don't feel heard.	We proactively support diverse voices; provide translation and accessible venues.	0
Resource allocation: We allocate time, resources and people to support engagement.	No dedicated staff or budget for engagement; it's ad-hoc.	Some resources allocated but not sustained.	Dedicated staff, volunteers and funding ensure sustained engagement.	0
Map strengths and gaps: Together with the community we've mapped both the strengths that	We focus only on deficits; ignore existing assets.	We note strengths but still emphasise deficits.	We map strengths and needs with the community and build on them.	0

already exist and the gaps/needs they prioritise.				
Include missing voices: We've considered who is missing from the conversation and how to include them.	Engagement limited to easily reached groups; others excluded.	We identify missing voices but have no plan to include them.	We remove barriers and adapt engagement to include those missing.	0
Co-develop goals and measures: We co-develop clear goals and ways of measuring progress, including how engagement supports our mission or corporate giving strategy.	No shared goals or metrics; decisions not tied to mission. Output focussed.	Goals set internally; metrics not aligned with mission.	Goals and metrics co-developed; social outcomes measured over outputs.	0
Meaningful engagement plan: We created an engagement plan with meaningful opportunities for participation.	Plan lacks details; participation limited to surveys.	Plan has events but mainly informs rather than collaborates.	Plan outlines multiple participation stages with clear roles for community.	0
Agree assessment process: We agree with the community who will carry out the assessment to ensure objectivity.	Only internal staff assess; results biased.	A few community members involved but not independent.	Assessment done jointly with community or independent facilitators for credibility.	0

Accessible language: We use accessible, inclusive language in all communication.	Communications are full of jargon and not accessible.	Some simplification but still jargon; no translations.	Plain language, translations and accessible formats are used.	0
Multiple participation methods: We provide multiple ways for people to contribute (e.g., in-person, online, creative formats).	Only in-person or online meetings; excludes many.	Online surveys exist but limited interaction.	Routine community visits, phone, online and creative methods are offered.	0
Safe and respectful spaces: We create spaces where people feel safe, respected and heard.	People feel intimidated or unsafe; voices suppressed.	Some feel safe but not all; facilitation inconsistent.	Spaces are welcoming and safe; facilitators trained and trust built.	0
Meet on their ground: We go to meet communities on their ground, not invite them to ours.	All meetings at our offices; community must travel.	Occasional community meetings but mostly at our venues.	Engagement routinely happens in the community.	0
Facilitated reflection: The process is facilitated by someone who can challenge assumptions and encourage honest discussion.	No facilitator; management dominates discussions.	Facilitator present but reluctant to challenge.	Experienced facilitator challenges assumptions and encourages reflection.	0

Differentiate wants vs needs: We check regularly whether participants understand the difference between wants and needs and adjust conversations accordingly.	No distinction made; wants and needs conflated.	Occasionally clarify but not consistently.	Regularly discuss wants vs needs; adapt conversations accordingly.	0
Community decision-making: We involve communities in decision-making, not just feedback.	Decisions made by staff; community asked after the fact.	Input sought before decisions but staff have final say.	Community participates on decision-making committees and shares authority.	0
Community in delivery/advisory roles: Community members are part of our delivery teams or advisory groups.	Only staff deliver services; no community roles.	A few community volunteers help with minor tasks.	Community volunteers lead service delivery and serve on advisory groups.	0
Track insights into decisions: We track how community insights shape our decisions.	No tracking of how input influences decisions.	We gather feedback but rarely show how it influenced decisions.	We document and share how insights led to specific changes.	0
Share updates and learning: We regularly share updates, progress and learning back to the community.	Updates kept internal; community rarely informed.	Occasional updates shared; learning not systematic.	Regular progress reports and learning sessions with the community.	0

Reflect on maturity journey: We reflect jointly on where we are on the “doing with” maturity journey and where we want to be next.	No reflection on progress or maturity.	Occasional internal review without community.	Joint sessions with community to assess current practice and set targets.	0
Evaluate impact vs goals: We periodically and regularly evaluate whether our engagement activities are actually helping us achieve our organisational goals and adjust as needed.	Success measured only by activity counts (outputs); no outcome evaluation.	Some outputs measured but not linked to mission.	Outcomes and impact evaluated and aligned with goals.	0
Plan for long-term relationships: We plan for long-term relationships, not just project-based contact.	Engagement ends when project/ funding ends; no follow-up.	Plan to maintain contact but lacks resources.	Partnerships built into community structures for legacy and sustainability beyond projects.	0
Provide post-project involvement: We provide ways for community members to continue involvement after a project ends.	Communication stops; community cannot stay involved.	Generic updates/newsletter only; limited involvement.	Ongoing volunteering and co-design opportunities provided after the project.	0
Measure process and impact: We measure both process and impact —	Only count participation numbers; no	Collect some stories but not systematic.	Use mixed methods to measure quality of	0

including trust and relationships.	process or impact measures.		engagement and social outcomes (SROI).	
Commit to learning and evolving: We're committed to learning and evolving our engagement practices.	Repeat same approach without learning.	Make minor tweaks; lessons shared internally.	Regularly review with community; adopt best practice and update training.	0
Bring in independent voices: We periodically bring in independent or cross-sector input to minimise bias.	All assessment and planning done internally.	External experts consulted occasionally but not systematic.	Independent facilitators and cross-sector partners involved regularly to reduce bias.	0
TOTAL				0

Total score range	Overall rating	Interpretation	Suggested next steps
0 – 34	Red	Your organisation scores mostly Red or low Amber. You may have very limited community participation, tend to make decisions internally and lack clarity on purpose.	Take time to reflect on your motives for engagement, invite community members into planning and decision-making, and prioritise addressing needs and wants together.

35 – 68	Amber	You're making progress with some solid practices in place, but there's still a lot of room to deepen "doing with". Perhaps you consult regularly and share updates, but decision-making and power sharing are not yet fully embedded.	Review the Amber scores to identify common gaps (e.g. sharing power, co-developing goals, including missing voices). Work with community partners to co-design improvements and agree a plan to move towards Green on those items.
69 – 102	Green	You're consistently demonstrating "doing with" principles across most questions. Engagement is co-designed, community members are part of delivery and decision-making, and you actively track and share progress.	Celebrate this achievement and continue to nurture long-term relationships. Stay open to challenge and keep measuring social outcomes to maintain and share good practice with others.

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