

People as Partners: Developing a Strategic Framework

Thought Paper

May 2026

**Your Voice,
Our Journey**

www.pcc-ni.net

Published by:

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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.

Purpose of this Paper

PCC's [*People to Partners – Developing a Unique Approach for Northern Ireland*](#)¹ 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 acknowledges the support for a People As Partner approach across the HSC and the Department.

This thought paper should assist readers to gain an understanding of what such a framework might contain, illustrating its potential purpose and scope within Health and Social Care. As a work in progress, it should be treated as such but should also provide confidence that considerable developmental thinking has already been undertaken and that the production of such a framework is an achievable task in a short period of time.

The Patient and Client Council (PCC) is a statutory corporate body established under the Health and Social Care (Reform) Act (2009). The Health and Social Care (HSC) Framework Document (2011) stipulates that *'the overarching objective of the PCC is to provide a powerful and independent voice for patients, clients, carers and communities on health and social care issues through the exercise of its legislative functions'*, which are:

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

The HSC Framework² document further outlines that the PCC has an important independent assurance role for the Minister of Health, based on our statutory

¹ Northern Ireland Confederation for Health (NICON), and PCC (2025) *People to Partners – Developing a Unique Approach for Northern Ireland*, Accessed here: [people-to-partners-final-for-print-081025.pdf](#)

² Department of Health (2011) *DHSSPS Framework Document*, Accessed here: [DHSSPS Framework Document - Approved version September 2011](#)

functions. The only other organisation that has such a role is the Regulation and Quality Improvement Authority (RQIA). The PCC is directly funded by the Department of Health to safeguard its independence from HSC organisations.

Paragraphs 6.40 to 6.42 of the HSC Framework Document further outline the independent challenge function the Department conferred on the PCC and the RQIA.

In the context of significant and persistent financial constraint, stark health inequalities, ageing demographics and our unique system of government, PCC has continued to give careful consideration on how best to fulfil our statutory functions.

In the context of immediate fiscal pressures, the recent publication of the Muckamore Abbey Hospital and Urology Public Inquiry Reports, and the measures being pursued to implement the HSC Reset Plan, PCC consider that commissioning the development of a strategic framework poses a significant opportunity for the Department and Minister to signal a different approach and relationship with the public going forward. PCC believes that a departmentally commissioned framework would also be ground breaking within the international context and provide a significant leadership and legacy opportunity for Minister. Northern Ireland is the only place to adopt People as Partners as the 'fourth' shift, so we are already leading in this area.

Rationale for People to Partner Strategic Framework

PCC has been exploring the increasing realisation that the relationship between citizens and their public services needs to go beyond a transactional to relational one³. 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.

³ See *The Health Foundation, Reforming from the Inside Out (2026)*:
<https://q.thenhsalliance.org/evidence-and-insights/opinion-pieces/looking-at-reform-differently-from-the-inside-out>

With trust and confidence in steep decline,⁴ disengagement at high levels,⁵ in the context of unsustainable finances,⁶ and sustained difficulty in delivering reform, seeking to partner with the public becomes an essential strategy for sustainability. It recognises the growing body of evidence which suggests that harnessing the energy and agency of citizens in resetting and reshaping public services will deliver best outcomes for government, public services and the public alike.

PCC proposes People to Partners

Working in partnership with NICON, PCC convened a roundtable event in September 2025. Participation reflected the diversity of senior government, the community and voluntary sector system leaders and those with lived experience. The purpose was to explore the collaborative advantage of a new relationship with the public in delivering public sector goals and drive wellbeing in Northern Ireland. The product of the roundtable was the People to Partners report launched in 2025.

Why partner with the public?

There is clear evidence⁷ which makes the case for partnership with the public in health & social care, including:

- Improved outcomes;
- Increase in agency, choice and control in own health, promotes and supports maintaining independence - shared power and responsibilities;
- Increase in public trust and confidence in services;
- Legislation – Statutory duty and Human Rights;
- Greater participation and more coordination of efforts of civil society and wider public sector in health determinants;
- Addressing inequalities, inclusion of seldom reached;
- Supports innovation, efficiency, effectiveness when solutions are co-produced;
- Supports quality, safety and continuous improvement, clinical and social care governance;
- Contribution to service change, design, commissioning and delivery;

⁴ Deloitte's State of the State Report (2026) showed that public satisfaction of healthcare in Northern Ireland has dropped from satisfaction levels of 66% in 2020 to 20% in 2025.

⁵ PCC's 'What the Public Thinks' report (2025) showed that 51% of NI's population felt disconnected from health and social care services and care, whilst 48% of the population did not believe that any action they take, with regards managing their health and wellbeing, will make a difference to pressures facing HSC services.

⁶ The Health and Social Care NI Reset Plan (2025) outlined that without reform the long-term trend would see NI be required to spend between 70-75% of its budget on health and social care by 2050.

⁷ The People to Partner report references numerous reports and studies which illustrate the opportunities and benefits of a relational approach.

- Increase in shared understanding of the realities and risks of healthcare in delivery and uptake;
- Less resistance to change, better understanding of reasons for service change;
- Reduces litigation and cost of managing complaints;
- Demand management.

HSC strategy, Delivering Together and the Reset Plan

The Department and the Health and Social Care system has previously acknowledged the need for a partnership approach. *Health and Wellbeing 2026 – Delivering Together (2016)*⁸, clearly articulated the need for partnership working with service users and the public and how this approach should be embedded across the HSC and its clinical, safety and commissioning/policy development functions.

PCC has been very encouraged by the Department and the HSC system's response to People as Partners and notes the following responses:

- People as Partners adopted at NICON Annual Conference as the fourth shift to deliver the Minister's Reset Plan;
- People as Partners cited in DoH/SPPG's Draft Strategic and Operational Planning Guidance and referred to as a necessary and key cultural shift;
- People as Partners referenced in 'A Vision for Neighbourhood Health and Wellbeing in Northern Ireland';
- The CMO exploring the benefits of framing and implementing Sensible Care under the People as Partner Umbrella/Framework.
- CNO-led developmental work on strategic/systemic approaches to public participation

The public are experts by lived experience in the care they have received. Their knowledge and expertise should be seen as the asset to the HSC system that it is. People working within, and across, the HSC system also hold valuable experience. Partnering with the public presents the opportunity to enhance the success, impact and support for the Reset Plan, and to be expansive in our approach to harnessing people's agency and experience. A Strategic Framework offers the opportunity to fully endorse, embed and enable a partnership working approach across the HSC system.

⁸ Department of Health (2016) *Health and Wellbeing 2026 – Delivering Together* Accessed here: [health-and-wellbeing-2026-delivering-together](#)

There is clearly an appetite to develop this approach and PCC considers this opportunity should be grasped and actualised. The Reset Plan and its key measures present a significant opportunity to embody and embed a partnership approach, which should add to their success. Initial mapping of these opportunities is outlined at **Appendix 1**.

What could a strategic framework deliver?

- Clarity on what partnering with the public means, establishing common purpose, language and approach;
- Generate a set of principles that partnership work can align to or be developed against;
- Strategic coherence, focus and alignment across the HSC system;
- Commission the curation and development of evidence-based methodology and approaches;
- Promote and support the focus and alignment of partnership with the public initiatives across Government, departments and public services through opportunity to influence and be influenced;
- Clarity in the terms of relationship with the public and civic society;
- Promote inclusion;
- Better decision making;
- Assists in closing the strategic gap between policy, strategy and implementation;
- Coherent approach to demonstrating impact and evaluation for continuous learning and development;
- Demonstrate leadership, innovation and development wider than NI.

What do we mean by partnership with the public?

At present engagement with the public is largely conceptualised and practiced as an isolated activity, carried out by engagement, communication or consultation experts and related to defined pieces of work or projects.

The system largely understands public partnership to consist of five main types of activity:

- **Information:** providing updates using tools such as websites, social media, radio or materials disseminated to people;
- **Communication:** enabling interaction between people and services, building on information channels to enable two-way engagement;

- **Education:** improving public understanding of health and health and social care services;
- **Consultation:** facilitating input into HSC business from the general public or specific groups delivering on the statutory duty to consult;
- **Co-design/co-production:** directly involving individuals or groups in the shaping of a policy or practice.

Many of the terms, such as public engagement, public and patient involvement, patient experience, co- production 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 for all.

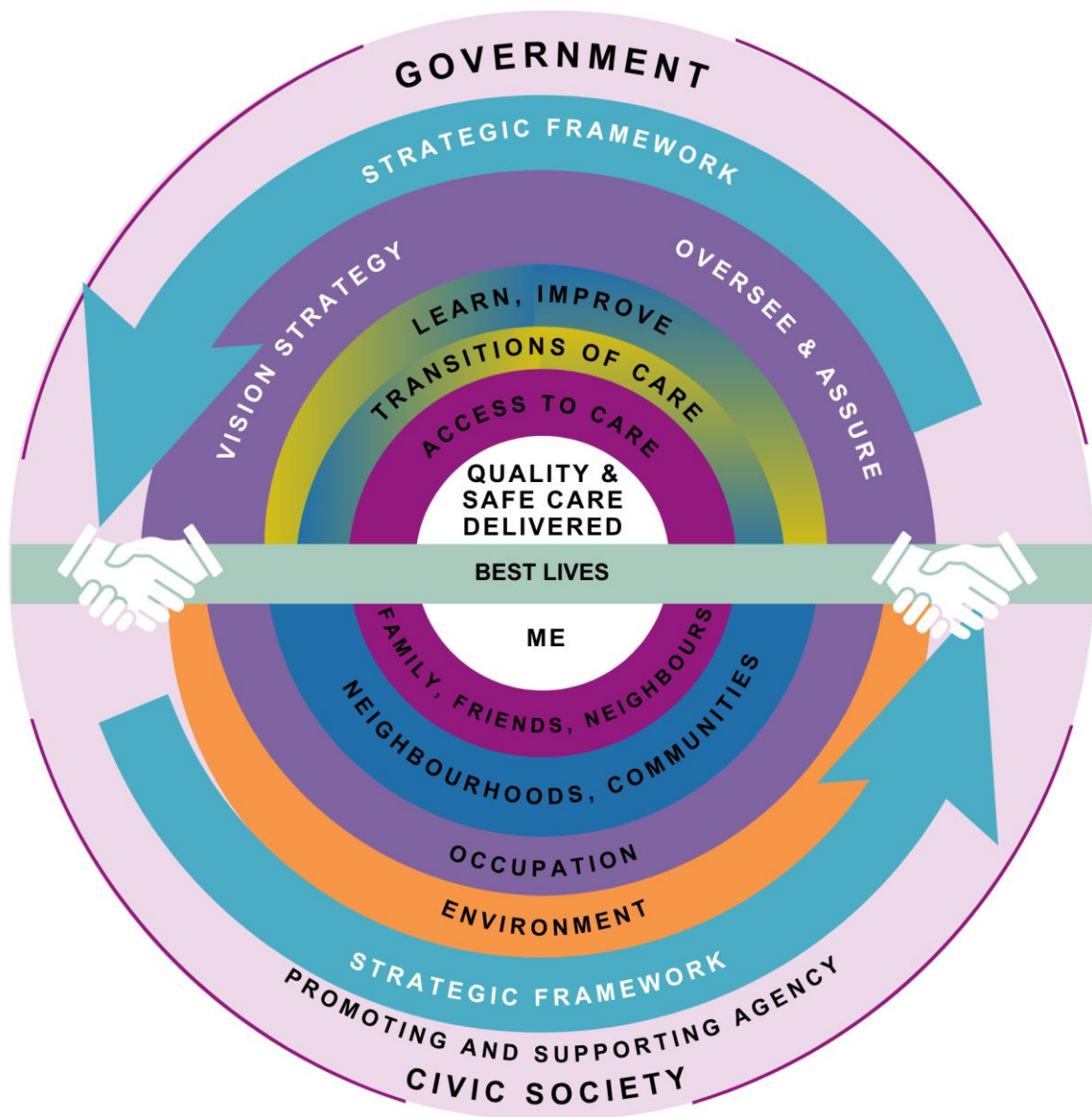
As recognised within the draft Strategic and Operational Planning Guidance 2026-27, a partnership approach is about a cultural change in all aspects of how we do business. This means developing a more relational approach with the public and within the Health and Social Care System. Embedding a partnership approach in this regard is as much about how the system, and professionals within it, work with each other as well as how we systematically partner and engage with the public.

Where should a Strategic Framework (for People as Partners in the HSC context) focus partnership work?

There are seven domains where partnership between the public and H&SC adds value by contributing to:

1. Best lives
2. Quality safe treatment & care delivered
3. Access to care
4. Transitions in care
5. Learning & improving
6. Oversee & assure
7. To develop vision, strategies, policy and commissioning

The following diagram represents the layers of a People as Partners approach.



At the core of this approach, living a best life, which elsewhere might be called a flourishing life or staying well, entails having:

- **Someone to love** (human connection, reciprocity);
- **Somewhere to live** (Housing, environment, community, belonging, security, safety, transport, infrastructure);
- **Something to do** (work, play, voluntary action, civic society, sport, leisure, arts and culture, social life, faith).

Underpinned by sufficient income and equity, diversity and inclusion.

Best lives are also defined by having public services that are willing and able to partner with you to get the care and services you need and want, when you need them.

The bottom half of the diagram depicts the fundamentals that contribute to a best life. The top half depicts the domains that HSC can contribute to support a best life. The top half could be populated by any other Government department or public service on what their contribution to supporting a best life might be, demonstrating the opportunities for partnership with the public in shared endeavours. Aligning that work to the strategic framework and principles would give strategic coherence across government and public service. It would also bring clarity on the nature and purpose of the relationship with the public across Government.

Proposed principles for partnership

There is a growing body of evidence and examples of principles related to partnership approaches⁹. On reviewing existing examples, we have given some initial thoughts as to what the principles of a People as Partners Strategic Framework may include. The content of any Strategic Framework would of course need to be developed through a collaborative process but indicative/guiding principles may include:

Partnering with the public requires:

- Active listening promoting agency;
- Being open, honest and realistic;
- Sharing power when and where appropriate;
- Being solution and resolution focused;
- Taking a consistent and systemic approach
- Learning, triangulating and iterating from lived experience;
- Being trauma informed;
- Being inclusive and ethical.

Active listening promoting agency

Partnership working should be attuned to the experience, feelings and views of people inclusive of individuals, families and/or communities, demonstrating unbiased acknowledgement of their lived experience, stated needs and agency.

⁹ Examples include: *NI Civil Service – Collaboration Test and Learn*; *Collective Impact Forum – Collective Impact Principles of Practice (2016)*; *Principles for Parliamentary Public Engagement (2025)*

Being open, honest and realistic

Partnership working is based on the sharing of information, stories and experiences. Information should not be withheld without a valid reason; information should be presented in an honest and transparent manner; and engagement should be grounded on a realistic and mutual understanding of the potential, and limitations, to act.

Sharing power - acknowledging power imbalances and working to reduce them when and where appropriate

Individuals, organisations and communities, enter into partnership work with different, knowledge, responsibilities and leavers to affect change. Acknowledging, understanding and working to address power imbalances can build trust and greatly improve partnership working.

Being solution and resolution focused

Partnership working should be goal focused and based on mutually beneficial and achievable outcomes, including reframing risk as an opportunity for proactive action rather than a constraint.

A consistent and systemic approach

People from different locations across Northern Ireland should not experience markedly different partnership approaches, requiring a systemic approach to be adopted. Partnership work should be appropriately funded and planned, with suitable training, standards and guidance being available to enable measurement of progress, success and areas for growth.

Learning, triangulating and iterating from lived experience

The lived experience and voice of the public should be centrally captured, triangulated and analysed to ensure system learning and strategic responses to emerging themes and areas of concern. We should be expansive in our definition and thinking on 'lived experience' and sources of insight, to capture the potential and diversity of voices within our complex, interconnected and interdependent system.

Being trauma informed

Partnership work should recognise the commonness of trauma, understanding its impact, and intentionally creating environments and interactions that promote safety, healing, and resilience.

Being inclusive and ethical

Partnership work upholds ethical standards such as confidentiality, data protection and respectful treatment of citizens. Safeguarding practices are followed, involving relevant experts in considering and mitigating risks of harm. Staff uphold values of impartiality and non-partisanship in their engagement with citizens, and other stakeholders. Partnership working includes diverse voices, ideas and information, with substantive efforts made to involve marginalised and seldom-heard groups. Communications and activities are as accessible as possible to all participants and consider the needs of different groups.

Principles into practice

The development and agreement of a strategic framework to underpin a relationship of partnership with the public should include the development of how principles can be put into practice, with a series of 'how to guides' pulling together examples of good practice and drawing on experience and evidence elsewhere. This would organise and make accessible to HSC a range of evidence-based methodologies and approaches and is anticipated as a dynamic evidence bank which can grow as our system-wide practice grows. It will also offer opportunity for impact and evaluation research.

Developing a strategic framework

Developing a strategic framework will involve engaging and co-producing a strategy map with key stakeholders working independently and together. This process will also include the sharing, discussing and triangulation of available data. It will include testing the principles identified above, formulating the vision and strategic goals. The example strategy map at Appendix 2 sets out a suggested vision, the key questions that the process will answer to build the strategic map and the basis for delivering partnership. Two suggested strategic goals (of five the map will generate) are included as examples.

The suggested key questions for the range of stakeholders to build the strategy map include:

Public Perspective Outcomes

What do the public want to be able to say about their health and wellbeing in relation to living a best life?

Environment Outcomes

What must we do to enable the public outcomes?

Services perspective

What are the critical things we need to excel at to provide the services the public want?

Operational perspective

What are the critical things we need to excel at and standardise to realise and support delivery of our goals?

Funds Perspective

What funds do we need to deliver our goals?

Transformation Perspective

What are the organisational step changes we need to deliver our goals over the long term?

People perspective

What are the skills, capabilities, resources, and culture we need to deliver against our business goals?

Appendix 1 - HSC Reset Agenda



Appendix 2 – Example Strategy Map

People as Partners Strategy Map

first draft May 2026

Vision (example) *The people of Northern Ireland live their best lives enriched through partnership with their Government and public services*

	Strategic goal 1 example	The Public can exercise choice and control and maintain independence		
Public Perspective Outcomes <i>What do the public want to be able to say about their health and wellbeing in relation to living their best life</i>	<i>Understanding I understand what makes and keeps me healthy enabling me to make informed choices and live the best life I can</i>	<i>Support I know where to get information & support when I need it</i>	<i>Care & Treatment I know how to access care and treatment when I need it. I trust that quality safe care will be delivered when I need it.</i>	<i>Rights & responsibilities I know I have equal rights and I know I have responsibilities and understand what makes our partnership work</i>
Environment Outcomes <i>What must we do to enable the public outcomes?</i>				
	Strategic goal 2			
Services perspective <i>What are the critical things we need to excel at to provide the</i>				

<i>services the public demand?</i>				
Operational perspective <i>What are the critical things we need to excel at and standardise to realise and support delivery of our goals?</i>				
	Strategic goal 3 example	Resources are aligned to strategic goals		
Funds Perspective <i>What funds do we need to deliver our goals?</i>				
	Strategic goal 4			
Transformation Perspective <i>What are the organisational step changes we need to deliver our goals over the long term?</i>				
	Strategic goal 5			
People perspective				

<i>What are the skills, capabilities, resources, and culture we need to deliver against our business goals?</i>				
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