



**Northern Ireland
Confederation**
for Health and Social Care



People to Partners – Developing a Unique Approach for Northern Ireland

A roundtable report exploring the development of a unique approach to building a new relationship with the public: Can we 'do with' (not 'for') to drive wellbeing in Northern Ireland?

October 2025

About us

About NICON

The Northern Ireland Confederation for Health and Social Care (NICON) is the voice of the organisations working across Northern Ireland's integrated Health and Social Care (HSC) system. Part of the wider NHS Confederation, which also works in England and Wales, NICON is the only membership body for all HSC organisations in NI.

Our mission is to empower and support the health system in NI to deliver high-quality care, reduce health inequalities, and become more efficient. NICON also offers an Associate Membership Scheme open to commercial organisations, professional bodies, and not-for-profit organisations working in the health and social care sphere in NI in some capacity.

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About PCC

The Patient Client Council is a statutory corporate body established in 2009 to provide a powerful, independent voice for patients, clients, carers and communities on health and social care issues within Northern Ireland through:

- 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.

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Contents

- 4** Executive summary
- 5** Introduction
- 8** Reflections and discussion on the case for change
- 11** What are the opportunities for Northern Ireland?
- 13** What collaborative advantage might a strategic approach deliver?
- 15** What are the next steps for Northern Ireland?
- 17** Conclusion and next steps
- 18** References
- 19** Appendix one: PCC Roundtable Discussion Paper

1. Executive summary

On 3 September 2025, senior leaders from across Northern Ireland's Health and Social Care (HSC) system, along with thought leaders, representatives from local government, the Community and Voluntary Sector (C&VS) and leaders from wider Northern Ireland (NI) Government Departments came together for a roundtable discussion to explore the potential collaborative advantage of a new relationship with the public in delivering public sector goals.

This discussion was framed by an acknowledgement of the urgent need to create sustainable and effective public services that meet contemporary demands and expectations. It recognised the growing body of evidence which suggests that harnessing the energy and agency of citizens as assets in resetting and reshaping public services, will deliver the best outcomes for governments and the public alike.

The report reflects the discussion which focused on the following areas:

- The case for change
- Key opportunities across government and within health and social care
- The collaborative advantage of a strategic approach
- Recommendations: developing a strategic framework for Northern Ireland
- Next steps

This paper, and its recommendations, are intended to stimulate further discussion. It has the ambition of being the starting point for strategically shifting the nature of the relationship between the public and their public services in Northern Ireland.

2. Introduction

In September 2025, senior leaders from across Northern Ireland's Health and Social Care (HSC) system, along with thought leaders, representatives from local government, the Community and Voluntary Sector (C&VS) and leaders from wider Northern Ireland (NI) Executive Departments came together for a roundtable discussion to explore the potential collaborative advantage of a new relationship with the public in delivering public sector goals in Northern Ireland. The workshop, delivered in association with the Patient Client Council (PCC), was facilitated by Dr Ronan Glynn, EY's Health Sector Lead for the Island of Ireland. It provided an opportunity to consider the case for change and to consider the opportunities for us in NI, along with collaborative advantages that might be offered by a strategic approach and the next steps to take this agenda forward.

The objectives for this workshop were to:

- Set the context in general around the concept of People as Partners, and building a new relationship with the public to drive wellbeing
- Discuss the case for change, and the potential benefits that this would bring
- Identify opportunities in the health sector and across wider government to drive wellbeing
- Discuss a strategic approach to taking this agenda forward in NI.

Context

In the context of health and social care, there is an urgent need to redefine the social contract to create a sustainable and effective system, within wider public services, that meets contemporary demands and expectations. With this in mind, the principle of harnessing the energy and agency of citizens as assets in resetting and reshaping public services for the future has been gaining traction, particularly in health and social care. Recent insights from organisations like the King's Fund highlight the benefits of fostering

improved public agency, which includes more effective policies, and increased trust in institutions. In England, the NHS 10 Year Plan advocates for a redistribution of power, promoting partnerships that leverage community resources and expertise. Alongside this, the recently published Reset Plan by the Department of Health in NI and the 'This is Health' initiative further explores this collaborative approach, recognising that health interventions are interconnected with broader public services aimed at enhancing overall wellbeing. This shift towards a citizen-centred model and improving population health more generally are also outlined within NI's Programme for Government, which is underpinned by a Wellbeing Framework.

Carnegie UK's 2024 report on Northern Ireland's collective wellbeing highlights a picture of stagnant wellbeing yet also reveals significant opportunities for transformative policies and governance. Emphasising a cross-governmental 'do with' approach, which fosters asset-based partnerships between citizens and services, the report suggests this strategy could effectively tackle the challenges of improving collective wellbeing and achieving the NI Executive's goals. Key elements of this approach include collaborating closely with communities, gaining a deep understanding of the people within them, their perspectives and expectations and developing versatile responses tailored to individual needs.

Structure of Report

Senior HSC and Departmental officials were joined by a number of thought leaders who set out the case for change, enhancing perspectives and informing the subsequent discussions. The PCC developed a discussion paper (Appendix one), which was circulated prior to the event to prompt thinking. This report largely reflects the structure and content of the conversations at the Roundtable. This included insights from Ruth Sutherland, Chair of the Patient Client Council, Adam Lent, Senior Consultant in Leadership and Organisational Development at the King's Fund and Professor Alf Collins, an independent healthcare consultant who is a Trustee at Picker Foundation Europe and the Patients Association, as well as Visiting Professor in Person Centred Care at Coventry University. The following discussions provided an opportunity for senior leaders to connect,

share ideas around building a new relationship with the public as partners within the current context, discuss opportunities and outline recommendations for a potential way forward in NI.

3. Reflections and discussion on the case for change

Ruth Sutherland: Partnering with Citizens to Deliver Better Outcomes in NI

Ruth Sutherland, Chair of the Patient Client Council, highlighted the organisation's unique role as a statutory organisation that amplifies the voice of the public in health and social care; creating space, opportunity and assurance for the HSC sector and the public to come together to better understand each other, solve problems within Health and Social Care and shape its future. Recognising that the traditional post-war social contract between State and Citizen is no longer deliverable, Ruth highlighted that this has left a gap in people's expectations of public services. Ruth outlined three potential models for relationships with the public: the public as subjects, consumers, or as citizens. In a citizen model, people actively shape the world around them. They have meaningful connections to family, community, organisations and institutions; they can imagine a different and better life; they care, take responsibility and create opportunities for others to do the same. This model, which promotes collaboration and agency, is viewed as essential for sustainable change. With a significant portion of the NI population economically inactive through long-term sickness and an increasing prevalence of chronic disease and multi-morbidity, Ruth contrasted this with NI's rich history of community development and thriving Community and Voluntary Sector, which contributes over £1 billion to the economy annually. To drive sustainable change, a broader cultural and systemic shift is required of government and its institutions; organising around the needs of people and their communities, viewed as assets, not determined by institutional needs. By fostering meaningful partnerships through sharing power, responsibility and accountability, Ruth asserted that we can improve collective health and wellbeing; reinforcing the notion that Northern Ireland's strengths can help to address its challenges.

“There is nothing wrong with Northern Ireland that can’t be fixed by what is right with it.”

Professor Alf Collins: Co-Production in Healthcare – Lessons from the NHS and Opportunities for NI

Professor Alf Collins, Independent Healthcare Consultant, Trustee at Picker Foundation Europe and the Patients Association, and Visiting Professor in Person Centred Care at Coventry University, highlighted the NHS's journey in England over the past 25 years towards co-creation, recognising citizens as valuable assets. Professor Collins highlighted the ‘Closing the Gap through Changing Relationships’ programme at the Health Foundation, which emphasised the importance of co-creating health and was a counter-cultural concept at that time. He highlighted that true engagement is a two-way street and requires institutions and services to meet people where they are; culturally, psychologically and geographically. Patient engagement and citizen engagement are two sides of the same coin. Prior research in England has found that approximately one-third of the population are disengaged regarding their health, highlighting significant and persistent disparity in levels of patient activation that has been overlooked over many decades. Professor Collins argued that the NHS has historically catered to middle-class perspectives, but there is a strong evidence base advocating for collaborative approaches that empower individuals to work together and access services in their communities. Professor Collins stated that Northern Ireland has a unique opportunity to implement collaborative relationships more effectively.

Adam Lent: Transforming Prevention – Emphasising Bottom-Up Change and Enabling Support

Adam Lent, Senior Consultant in Leadership and Organisational Development at the King’s Fund, articulated the need for a transformative approach to prevention in healthcare, moving beyond traditional methods that have been used for decades. Adam highlighted three key themes which are essential for fostering a preventative system characterised by deep integration and holistic care. Firstly, he stated that change must be driven from the bottom up, as supported by organisational theories which suggest

that grassroots approaches are more innovative and effective. Secondly, he suggested that it is crucial to establish principles to guide change, focusing on shifting mindsets and organisational culture rather than replicating existing models. Finally, Adam stated that the role of government should be to enable change by removing barriers rather than imposing top-down mandates, which often stifle creativity. Adam argued that the process of implementing change is as significant as the change itself.

4. What are the opportunities for Northern Ireland?

Following these insights and noting the current policy and societal context, participants were asked to consider the case for change in the context of opportunities in Northern Ireland.

i) Opportunities across wider government

Discussion on opportunities to be maximised and explored across government included:

Interdepartmental collaboration

- Maximising the potential offered by the current situation; with a restored Assembly, an agreed Programme for Government supported by a multi-year funding agreement and by the Transformation Fund, and an urgency and appetite for change.
- Move away from siloed approaches whilst also aiming to prevent duplication to ensure that outcomes are maximised through collaborative working.
- Foster collaboration among various government departments to address the interconnected factors affecting wellbeing.

Harnessing the potential of the public

- 77% of respondents to the NISRA NI Continuous Household Survey indicated that they trust Civil servants^{viii} 'to do'. Build on this by embracing the potential of the public and communities to focus on problems and drive solutions, in order to make the shift to 'do with'.
- Build behaviour-change campaigns (such as 'This is Health') based on engagement and insight, to promote a 'doing with' approach that enables active participation in public services and community wellbeing

Policy integration and decision-making

- Align policies and governance across sectors and government departments to ensure they collectively support the overarching goal of improving public wellbeing.
- Differentiate a 'do with' approach to how decisions are made, from a 'do with' approach to how services are delivered every day

Focus on building trust and removing barriers to access and participation

- Trust is key to changing relationships. We need to nurture trust where it is found, often between people and place, and build on this
- Work to identify and eliminate barriers that prevent access to services for marginalised populations.
- *'People get what they are given, not what they need'* - focus on the needs of population identified bottom-up, rather than mandating targets from the top-down.
- Support community development initiatives that demonstrate greater impact at grass roots and which strengthen community ties and enhance local problem-solving capabilities.

ii) Within health and social care

In the context of health and social care, participants recognised the potential application of these opportunities in the following:

Collaborative partnerships and citizen activation

- Viewing the public as “an asset, not a problem” will lead to better health outcomes, through shared power, relationships and accountability.
- Build alliances with local organisations and community groups to leverage trust, resources and expertise for health and system improvement.
- Ensure diverse representation and engagement, including with those perceived as “different” or “difficult” particularly in areas of socio-economic deprivation or in some groups which results in inequalities, including disparity in terms of health outcomes.
- Create initiatives that facilitate and enable citizens to make informed health choices and participate in health promotion, or prevention, activities.

Place-based initiatives and Integrated Care Models

- Develop holistic care approaches that connect health and social care services with wider community support systems.
- Work with the Community and Voluntary Sector, who are agile and able to innovate much more quickly and responsively to communities.
- Actively engage with communities to understand their health issues, concerns and preferences, fostering a sense of ownership by implementing programmes that encourage individuals to take an active role in managing their health, addressing disengagement.

Applying “citizen-centred” design methods

- Design in this context means the practical process of shaping how services and experiences work for people, through co-design, testing and iteration based on insights, evidence and lived experience.
- Embedding these approaches ensures engagement leads directly to better policy development, service design and delivery.

Data, digital, insights and evaluation

- People’s interfaces with health and social care are changing rapidly, not least in terms of access to information. We must build a system that embraces this as a positive and harnesses the power of digital
- Strengthen and align channels for public feedback which allow for triangulation of information and insights to continuously improve health and care services based on community feedback.
- Use metrics that matter to people, and use learning from elsewhere to inform an NI specific model for wellbeing.

5. What collaborative advantage might a strategic approach deliver?

Building upon both the opportunities to be explored within the health sector and more widely across government, three collaborative advantages of developing a new relationship with the public to drive wellbeing and citizenship were identified. These advantages would require further consideration and development in order to be realised in NI.

1. **Enhanced partnership with citizens:** By fostering a partnership model that actively engages citizens, HSC (and wider public sector) organisations can leverage the collective knowledge, skills, and resources of the community that they serve. Applying “citizen-centred” design methods to policy development and service delivery will help translate this partnership into practical change. This collaboration not only enhances the effectiveness of health and care services but also facilitates individuals to take an active role in their own wellbeing. When citizens are viewed as partners rather than passive recipients of services, it creates a more responsive and adaptable system that can better meet the diverse needs of the population.

"We need to have citizens who actively shape their world and have meaningful relationships [with them], to lead culture and system change."

"We need people to have agency and control over their lives. We want people to be able to live their lives as they want to."

2. **Builds a culture of shared responsibility and accountability:** By shifting the nature of the relationship between services and the public to one of partnership, this builds a culture of shared responsibility and accountability. Through engaging the public in

decision-making processes, organisations can gain valuable insights into the challenges and opportunities within communities. This two-way engagement fosters trust and transparency, which are essential for building strong relationships between citizens and public institutions. As a result, policies and services can be tailored to reflect the realities of people's lives, leading to more effective interventions, improved health outcomes and more efficient government through strengthened community agency and building local democracy.

"We must bring clarity on the 'something for something' if we want to have health and social care (and broader public services) that are fit for purpose and for the future."

3. **Supports integration of services, sectors and across government departments:** A strategic focus on collaboration can help break down silos between different sectors and departments. By working together, health and social care, education, communities, employment and other government departments and public sector organisations can create integrated approaches that address the multi-faceted nature of wellbeing. This holistic perspective not only enhances service delivery but also ensures that resources are utilised more efficiently, transformational change can be delivered (including by potentially accessing cross-departmental Transformation Funding) ultimately leading to better outcomes for individuals and communities.

"How ever we feel about health (in the Department of Health), what others do impacts more, for example, education, benefits, employment. We need to work bottom-up, with people as part of the Reset."

6. What are the next steps for Northern Ireland?

Based on discussions, a series of recommendations were made to take forward this agenda in Northern Ireland.

“We need to move from being fixers ...to being facilitators – it’s a journey to go on!”

- **Establish an NI-specific, collaborative, cross government strategic framework:** Develop a framework that establishes principles to adopt a ‘do with’ asset-based partnership approach and to guide change, focusing on shifting mindsets and system/organisational culture rather than replicating existing models.
- **Support and build on ‘This is Health’:** support and maximise the potential gained from applying a behavioural science and design methodology to change the mindset of the HSC to work with people as partners and to change the relationship that people in NI have with their own health.
- **Quantify the impact of community initiatives to public services:** Explore a mechanism for quantifying the impact of community development and engagement/ CVS activity, in order to understand the potential social value and savings to public services, and seek to strategically build on this work.
- **Build our evidence base and support for shared learning:** establish an evidence bank of initiatives in NI and beyond that work on the basis of asset-based partnership approaches which demonstrate deep understanding, versatile responses and collaborative delivery, and explore scalability and shared learning.

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- **Foster interdepartmental collaboration:** Encourage collaboration among various government departments (particularly those concerned with wider social, economic and environmental factors) to align policies and initiatives that collectively support the goal of improving public wellbeing.
 - **Listen, reflect and do:** Strengthen and align robust channels for citizen feedback to ensure triangulation of information and insights for continuous improvement of services based on community input and experiences. Review progress across health care and all Government departments to promote transparency and accountability on this agenda, adjusting approaches based on learning in the specific NI context.
 - **Promote integrated care as part of a wider approach to wellbeing:** Advocate for holistic care approaches (including a focus on 'place' or potentially through 'neighbourhoods') that connect health services with social, economic, and environmental factors, ensuring a comprehensive strategy for wellbeing.
 - **Encourage citizen activation through education and resources:** Create initiatives, including maximising the potential of digital infrastructure, to understand people's circumstances (particularly those who experience greatest health inequalities) and promote access to information, choice and control.
 - **Embed citizen-centred design methods:** Ensure engagement translates into tangible policy, service and system improvement.

7. Conclusion and next steps

Driving wellbeing through improved citizenship in Northern Ireland requires a strategic and collaborative approach that focuses on shifting mindsets and organisational culture within and beyond healthcare and actively engaging citizens as partners in the process. By fostering a collaborative relationship with citizens, organizations can leverage trusted connections, community insights and resources to drive wellbeing effectively. Embedding design thinking and co-design methods will ensure these relationships are reflected in how policy is developed and in how services are planned and delivered. Emphasising the need to build trust through place-based initiatives and holistic care models will not only create the conditions and opportunities for individuals to take an active role in their health but also ensure that services are tailored to meet the diversifying needs of the NI population. The recognition that citizens are assets is fundamental to reshaping public services and enhancing trust between communities and institutions.

To realise a vision of building a new relationship with the public, through which the healthcare system and wider public services ‘does with’ (and not for) in order to drive wellbeing in Northern Ireland, next steps require socialisation of this idea and further engagement to identify the best way forward.

This roundtable conversation was intended to provide thought and system leadership. It is, of course, the first conversation amongst many that will be needed, and not least with our elected representatives and Ministers.

8. References

- ⁱ Lent, A. (2025) [Doing With: reinventing public services in a time of crisis](#) [online]. The King's Fund.
- ⁱⁱ Levin, M., Curtis, P., Castell, S., and Kapetanovic, H. (2024) [Citizens' White Paper](#) [online]. Demos.
- Curtis, P. (2025) [Upgrading Democracy: A new deal to repair the broken relationship between citizen and state](#) [online]. Demos.
- ⁱⁱⁱ DoH NI (July 2025) [Health and Social Care Reset Plan – Stabilise, Reform, Deliver](#) [online]
- ^{iv} NI Executive (2025) [Our Plan: Doing What Matters Most - Programme for Government 2024-2027](#) [online]
- ^v NI Executive (2025) [Programme for Government Wellbeing Framework](#) [online]
- ^{vi} Carnegie UK and Ipsos (2024) [Life in the UK 2024: Northern Ireland](#) [online]
- ^{vii} The Health Foundation (2014) [Closing the Gap through Changing Relationships](#) [online]
- ^{viii} NISRA (2025) [Public Awareness Of and Trust in Official Statistics, Northern Ireland 2023](#) [online]

Appendix one:

PCC Roundtable

Discussion Paper



‘People to Partners’ - Developing a Unique Approach for NI

The purpose of the roundtable is to explore the collaborative advantage of a new relationship with the public in delivering public sector goals in Northern Ireland, focused on the following strategic question – *‘A new relationship with the public – can we ‘do with’ (not for) to drive wellbeing in Northern Ireland?’*

Considered through the lens of health and collective wellbeing, this discussion paper is designed to prompt thinking and to set out the potential gains for Northern Ireland and the wider public sector, whilst drawing on existing evidence and opportunity.

The Case for Change

The principle of harnessing the energy and agency of citizens as assets in resetting and reshaping public services, and health and care, for the future has been gaining traction. A number of recent ‘think pieces’ⁱ from the King’s Fund, New Local, Involve and Demos (amongst others), set out the benefit to citizens, civil society and public services from adopting a new relationship with the public. This has included:

- Improved public agency and civic engagement
- Policies and services that are effective in meeting public need
- Increased trust in public institutions and representative democracy

Impactful and evidenced examples of where this approach is having effect, supports the case for a move from a public sector system that largely does

things to individuals, families and communities towards a system that does things with those individuals, families and communitiesⁱⁱ.

In the health context, the recently published NHS 10 Year Plan ‘Fit for the Future’ⁱⁱⁱ emphasises redistribution of power and embracing partnership, with new prominence given to the role citizens and communities can play. Partnership is an agreement or understanding to cooperate; to combine resources, skills and expertise to achieve shared goals. It involves the sharing of power, responsibilities, and accountabilities. In Northern Ireland, the opportunity to explore the collaborative advantage in adopting a partnership approach has been set out in the Department of Health’s Reset Plan^{iv}, published in July, including in commencing a new dialogue with the public, a new citizen centred approach to public health and the ‘This is Health’ initiative.

Health and care do not sit alone. As the Health Minister acknowledges in his ‘Reset’ plan, healthcare interventions are only one element of improving wellbeing, alongside the equally important contributions of other departments and public services to improve population health and deliver on NI’s Programme for Government^v, underpinned by a Wellbeing Framework^{vi}. Whilst the origin and urgency of this conversation lies within health, the potential for the collaborative advantage that could be derived from a new relationship with the public extends across public services, as recognised by Ministers with the establishment of an NI Delivery Unit. Consideration of both this potential and interdependency is critical in driving sustainable reform.

‘Do With’ (not just for)

Carnegie UK’s 2024 report^{vii} on the status of Northern Ireland’s collective wellbeing (comprised of four dimensions; social, economic, environmental and democratic) reflects a picture of stagnant wellbeing balanced with significant opportunity for new policies and ways of governing that could deliver real change for people, and for services. Adopting a cross-governmental ‘do with’ approach, with asset-based partnership between citizens and services at its core, offers the potential to address the scale of the challenge faced in improving collective wellbeing and delivering on the Executive’s ambitions.

The essence of 'Do With' (and not just for) is encapsulated in a number of approaches. In exploring what 'Doing with' entails, Adam Lent argues that the core practices these approaches have in common include:

- **deep understanding** - an effort to build a deeper understanding of the people with whom the public sector engages
- **versatile response** - developing approaches that are truly versatile, meeting the preferences and particularities of individuals or groups
- **collaborative delivery** - developing and delivering approaches in close collaboration with the individuals and groups organisations serve, rather than assuming the public sector knows best^{viii}.

In the context of the NHS and health and social care (HSC), the old ambition of the social contract with cradle-to-grave provision has long been overwhelmed by modern technological developments, medical advances, demand and demographics. The overwhelm is now acute and unsustainable. We are long overdue in striking a new relationship with the public. We must bring clarity on the 'something for something' if we want to have health and social care (and broader public services) that are fit for purpose and for the future.

Spotlight on Health

The opportunities and benefits to be gained from brokering a new relationship with the public across the public sector and in health & social care^{ix} include:

Individual, community and civic society

- Increase in agency, autonomy, choice and control in own health - shared power and responsibilities^{x, xi}
- Greater participation and more coordination of efforts of civil society and wider public sector in managing impact of health determinants^{xii}
- Increase in public trust and confidence in services and public sector^{xiii, xiv}
- Addressing inequalities, inclusion of seldom reached/seldom heard^{xii, xv}
- Facilitates early intervention and prevention^{vi, xvi}

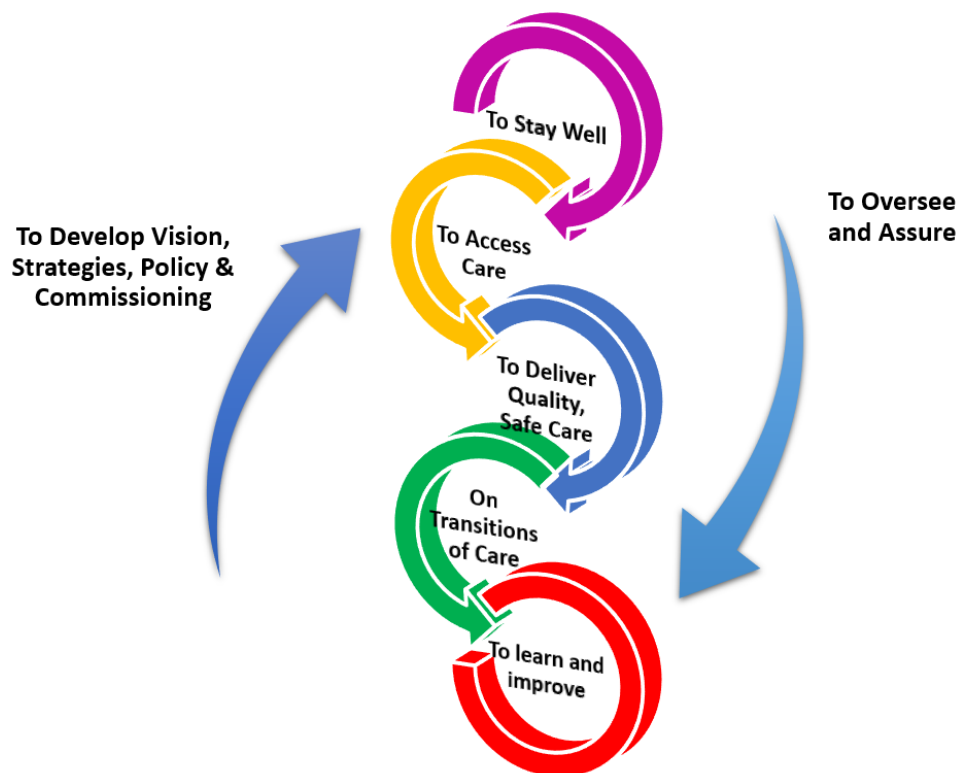
Reform, Policy and Service Delivery

- Supports innovation, efficiency, effectiveness when solutions are co-produced^{iv, v}
- Supports quality, safety and continuous improvement, clinical and social care governance^{xvii, xviii, iii}
- Less resistance to change, better understanding of reasons for service change, greater contribution to service change, design, commissioning and delivery^{xviii}

Reduced litigation, cost saving and efficiency

- Increase in shared understanding of the realities and risks of healthcare (across delivery and uptake)ⁱⁱ
- Meeting legislative requirements – statutory duties and Human Rights^{v, vi}
- Reduces litigation and cost of managing complaints and instances of healthcare harm; facilitates early resolution and the use of restorative approaches^{xix}
- Improved outcomes^{iii, iv, vi}

What can/should we partner on?



If we consider participation as a partnership and prime enabler, delivered across the dimensions outlined in the diagram above, it permits different parts of the HSC system and different sections of the public to identify where they fit and where they can contribute. It enables a strategic approach and connection between initiatives/focus areas such as: *healthier lives; using resources efficiently; accessing care appropriately; managing demand; shared care and shared decision-making; realistic medicine; sharing, receiving and acting on information; quality and safety; learning to continuously improve when things go wrong (complaints, PSI/SAIs); planning and service design/development; policy making; holding to account.*

Who/where does partnership happen

- In one to one relationship between professional and service user
- Between service and service user
- Between community members and citizens
- Between policy makers and potential service user i.e. planning and service design
- In information exchange
- At digital interfaces
- Between support/advocacy services, professionals and service users

‘People as Partners’ – The Potential Prize for Northern Ireland

Public participation is fundamental to delivering the NI Programme for Government, the Department of Health’s Reset Plan^{xx} and in delivering the financial imperative. Within health and social care, this approach has the potential to be a prime enabler in effecting the three shifts (prevention, digital and care closer to home), ultimately improving outcomes and value for money.

To fully maximise the potential, the enabling shift needs to extend beyond traditional concepts of public participation, to a fundamental shift in the

nature of the relationship between the public and public sector services. In health and social care, this shift moves people from being **recipients of** health & social care to **partners in** their health and collective wellbeing, supporting flourishing lives.

The overarching ambition is a developed mindset and culture, which embraces the public as an asset in achieving the Executive's and public sector goals, rather than a demand challenge to be managed.

With a relatively small population size and geographical area, combined with a devolved government and assembly, Northern Ireland is in a position to benefit and build on key takeaways and transferable lessons from successful implementation of this approach e.g. in Wigan, where they are now seeking to move beyond 'the Deal' to an evolved approach fit for current challenges.^{xxi} It is timely to explore the collaborative advantage that developing a strategic framework for a 'people to partners' approach might deliver, in seeking to improve collective wellbeing in Northern Ireland.

The PCC is a statutory corporate body established in 2009 to ***provide a powerful, independent voice for patients, clients, carers and communities on health and social care issues within Northern Ireland***^[1] through:

- 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^[2]

[1] DHSSPS Framework Document – September 2011, Department of Health

[2] Health and Social Care (Reform) Act (Northern Ireland) 2009

Appendix one footnotes:

ⁱ Russell, C., (2025) [Exploring the potential of community-centred public services](#) [online]. New Local.

Levin, M., Curtis, P., Castell, S., and Kapetanovic, H. (2024) [Citizens' White Paper](#) [online]. Demos.

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ⁱⁱⁱ UK Government (2025) [Fit for the Future: 10 Year Health Plan for England](#) [online]

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^{vi} NI Executive (2025) [Programme for Government Wellbeing Framework](#) [online]

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- xiii Lloyd, J., and Cline, (2025) [“The bigger you go, the less you know”: Why place-based, relational approaches to public services must be core to Local Government Reorganisation](#) [online]. Collaborate for Social Change.
- xiv COSLA and the Scottish Government (2021) [Planning with People: Community engagement and participation guidance](#) [online]
- xv Carnegie UK (2021) [Working Together for Wellbeing: The report of the Northern Ireland Embedding Wellbeing in Local Government Programme](#) [online]
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- xx DoH NI (July 2025) [Health and Social Care Reset Plan – Stabilise, Reform, Deliver](#) [online]
- xxi Randle, A., and Plimmer, D., (2025) [A new era for Wigan Borough: From the deal to progress with unity](#) [online]. Collaborate for Social Change.

If you have any comments or questions about this report, please contact us on contact@niconfedhss.org.

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