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| | NICE Community Engagement to Improve Health 2008 Health Plymouth 2008-2020 |
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| V: 0.4 | Amendment | Nov 2011 | C. Simmons & D. McAuley | Changes following consultation at ET, LIT and feedback from Children's Services. |
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Service User and Carer Involvement & Engagement Strategy

1. Introduction

Service User involvement is central to everything we do at Plymouth Community Healthcare CIC (PCH). This strategy sets out the model and range of opportunities for service users and carers to get involved in developing our services.

We face challenges in involving some groups and ensuring that our decision making does not miss their views, and from the characteristics of the large and diverse inner city that we serve. This strategy sets out how we will overcome these challenges.

The aim of this strategy is to develop and improve the way in which PCH engages and involves service users, carers and the wider public to improve services, inform the development and review of key policies and processes, and to lever change and health improvements through better understanding and active decision making at all levels of the organisation.

Our vision includes three elements which we would not be able to deliver without the involvement of our service users and their carers:

- Valuing our community and valuing its diversity through a range of locality based services.
- Service Excellence: improvements driven by service users and carers.
- Localities and communities that enjoy healthy bodies and minds.

This strategy provides a framework for PCH to enable service users and carers to ensure that we focus on priorities, leading to a healthier place to live. This builds on a foundation of service user involvement and community engagement work built up in recent years.

2. The purpose of this strategy

The strategy sets out our commitment to involving services users and carers in developing and delivering community health care services that meet their needs and priorities and it will, over the next three years:

- Establish differing levels of involvement.

- Define how service users will monitor the impact that involvement has on improving services.
- Establish how PCH will achieve the highest level of the “Hear by Right” Ladder of Participation for children and young people and the “You’re Welcome” Quality Criteria for making health services young people friendly.
- Where there are service specific quality standards for children and young people e.g. The HACAS standard for children and young people’s participation in CAMHS, demonstrate how we shall meet them.

3. Who is this strategy for?

- This strategy applies to all service users and carers as well as staff employed by PCH and all services/activities undertaken by us - to agree and follow the principles and practice.
- For patients, public, carers, voluntary, community and Third Sector groups - to see what it is we want to do and to be able to tell us if we do not meet expectations.
- There are parts of this strategy that relate specifically to children and young people. This is because Plymouth Community Healthcare understands that children and young people make up a number of discreet groups that are at different developmental stages (primary school children will have very different views from an adolescent who is preparing to leave school) and who also require different things from their health service than their parents and carers. It also recognises that children and young people are not a generic group. That a child who is living in the care of the local authority or a child with a severe learning disability will require different things from services and will want to help PCH to understand how to get it right for all the very different children and young people across the city.
- All of the services in PCH that provide directly to children and young people are working towards the You’re Welcome Quality Criteria for making sure that health services are young person friendly. Part of this is ensuring that children and young people are formally consulted in relation to current services and relevant new developments and that they are properly included in patient satisfaction surveys. The preferred standard for this is Hear by Right

4. Policy Context

4.1. National Drivers

As well as local drivers, PCH needs to respond to a number of national policy directives. These are set out below.

The Children and Young People’s Plan 2011-2014

Children and Young People have contributed to the development of the plan which includes the continued improvement for health outcomes for children and young people. Children and Young People monitor our progress via the Children and Young Peoples Young Representatives Group.

Our Health, Our Care, Our Say

Published in January 2006, this White Paper set out a new direction for the whole health and social care system. It points the way to a radical shift in the way services are delivered. The White Paper seeks to achieve four main goals:

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| <p>Health and social care services providing better prevention services with earlier intervention</p> | <p>Providing people with more choice and a louder voice</p> |
| <p>More action on tackling inequalities and improving access to community services</p> | <p>Providing more support for people with long-term conditions</p> |

In addition, the following strategic documents have user involvement principles at their core:

- **Quality, Innovation, Productivity and Prevention (QIPP).**
- **NHS Act 2006.**
- **NHS Constitution.**
- **NICE Community Engagement to Improve Health 2008.**
- **Putting People First (2009)**

4.2. Local Drivers

Healthy Plymouth 2008 - 2020

Plymouth’s Health, Social care and Well-being Strategy 2008 – 2020 clearly identifies involvement and engagement as a ‘must do’.

5. Mechanisms for involvement

Service users and carers voluntarily give their time to assist us to shape services for the benefit of the whole community. Plymouth Community Healthcare recognises that service users’ level of participation is dependent on their different interests, preferred method

and extent of involvement and the availability of their time. It is also dependent upon our skill, willingness and ability to tailor participation to particular groups. For example, age appropriate methods of engagement for young children, older adolescents, younger and older adults.

We are committed to providing a wide range of methods of involvement to ensure that service users can be involved in ways that suit them. To meet this commitment we have structured our involvement options in a flexible way so that service users can move between them.

The menu of choices is not exclusive and can change and be adapted to suit requests for involvement and will expand to suit service users' changing needs. There are **three main ways** of engaging with service users are:

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| 1. Communicating and providing information | We aim to provide clear information so service users can make choices and discuss issues in an informed way with PCH. |
| 2. Consulting | We ask service users about their priorities and use their views to make improvements that meet their needs and priorities. |
| 3. Participating | Service users can make decisions together with PCH colleagues and Board members. PCH offers service users opportunities to become involved in the management of their services, localities and organisation which can vary depending upon interests, preferred method of involvement and availability of time. Via A Children and Young Persons (CYP) Board/Forum. PCH will demonstrate its commitment to achieving Step 8 on the Hear By Right Ladder of Participation. This means that children and young people initiate shared decisions with adults. |

5.1 There are **four levels** at which service users can get involved:

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| 1. Ad hoc involvement | For example, service users' comments are picked up via a road show, satisfaction questionnaires, or passed back through colleagues meeting them. |
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| 2. Semi-regular involvement | For example, occasional meetings and contact with other service users and PCH. |
| 3. Activist involvement | Regular attendance at meetings, participation in 'Challenge Days', 'Mystery Shopping' and training activities. |
| 4. Advocate involvement | Locality Service User and Carer Group member. Becoming a PCH member of the Service User & Carer Forum. Interviews and recruiting, training. |

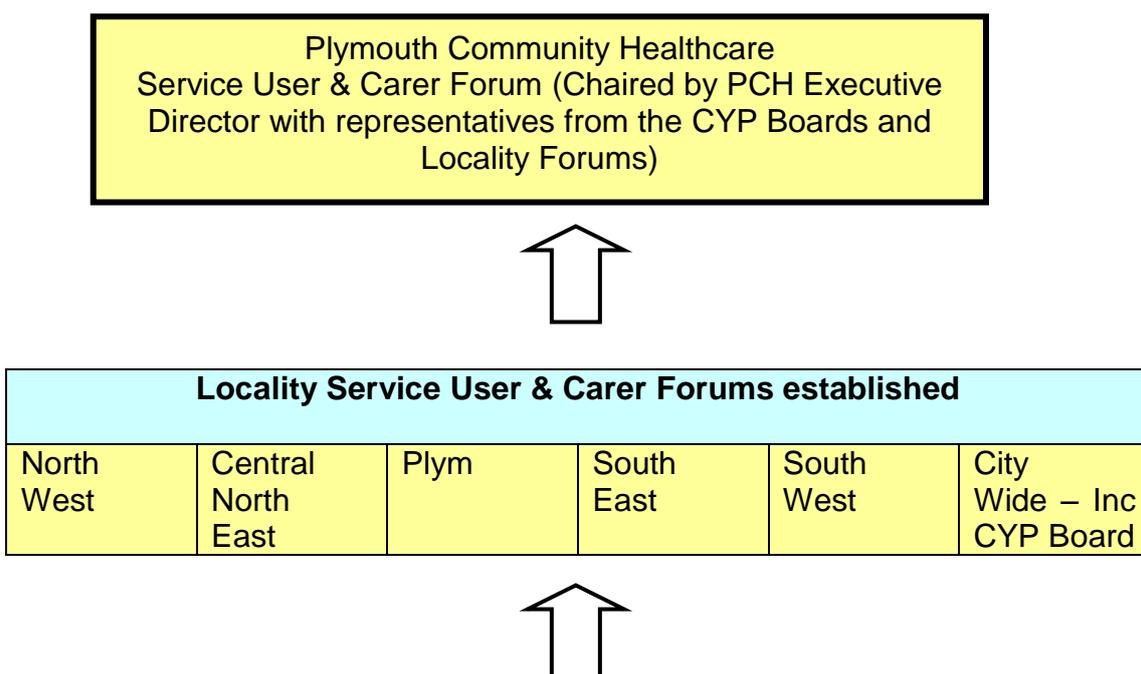
Although a voluntary role, PCH will reimburse service users and carers for any costs incurred (including travel).

6. Model of Service User and Carer Involvement

The model proposed for service user and carer involvement for PCH (diagram 1) will ensure the following:

- That involved users represent all users of our services.
- That users have mechanisms through which they can influence board level decisions.
- That involved users are able to link their activities into the wider community.

Diagram 1 – Model of Service User and Carer involvement



The model is based on the principles that Managers and their Deputy's work pro-actively with community groups including Plymouth Local Involvement Network (LiNK), Plymouth Involvement and Participation Service (PiPS), Equal Voices, Youth Parliament and other user and carer representative organisations to develop locality forums that actively work with users and carers and seeks their views and input into how services are developed and monitored.

It is proposed that delegates are nominated from these groups to represent the localities & centrally provided services on a PCH User and Carer Forum chaired by the Chief Executive. PCH have also assigned a PPI lead role to a Non Executive. The nominated individual is currently Mr. Maurice Watts. Users & carers will also be invited openly to contribute to the Annual General Meeting. On a quarterly basis, PCH will extend their Board Meetings to include User & Carer representation. Individuals will be nominated from the User & Carer Forum & CYP Forum/Board to undertake this role. The scope of the role will include:

- Scrutiny of quality and safety
- Scrutiny of performance – including clinical outcomes
- Scrutiny and feedback pertaining to the level and quality of user & carer involvement
- The opportunity to formally raise matters that have been identified via Locality groups and the User & Carer Forum

Please note that here will also be a CYP Board that will be facilitated by an appropriate agency, chaired by a child and young person and attended by a Non-Executive Director with a special interest in CYP. Because such groups usually work on one or two specific issues as a time, the relevant senior people from PCH will be invited to attend as required.

7. Implementation

In terms of the Locality Service User and Carer Forums & CYP Board, it is the role of each Senior Manager to ensure that these are established and operational. Timescales are described in the implementation plan. It is the responsibility of PCH Board to identify a PPI lead whose role will be to develop the PCH Service User and Carer Forum. Terms of reference for the Locality Service User and Carer Forums and the PCH Service User and Carer Forum are outlined in appendix 1.

7.1. Implementation Plan

The implementation plan set on page 11 will require an initial mandate from the Board and be the responsibility of the Managers and the Executive PPI lead to implement.

8. Summary

This paper describes the PCH approach to embedding user and carer involvement at the heart of what it aims to achieve. The list of roles and responsibilities is not exhaustive and as well as including users and carers in recruitment and training staff, we may want to consider how we ensure that the PCH workforce profile is more representative of the diverse communities it serves e.g. Mental Health Service users and those within Black & Minority Ethnic groups.

9. Monitoring Compliance and Effectiveness

Managing and understanding service user and carer involvement and engagement is a key function of PCH. A quarterly service user and carer involvement report will be produced for PCH Quality and Safety Committee and the PCH Board. The report will be used to monitor the effectiveness of service user and carer involvement.

Implementation Plan – Service User and Carer Involvement/Engagement Strategy

| No | Task | Lead Person or Team | Target date | Progress/Comments/Risk Report | Work Complete • | On Target • | Behind Target • |
|----|---|---|---------------|-------------------------------|--------------------|----------------|--------------------|
| 1. | Identify & Agree Locality Group & CYP Board membership | Locality Managers CYP Participation lead | January 2012 | | | | |
| 2. | Identify Executive PPI lead and Chair of the PCH User & Carer Forum | Chief Executive | January 2012 | | | | |
| 3. | Identify & Agreed Training needs for Users & Carer | Locality Managers | February 2012 | | | | |
| 4. | First Locality Forums to be established and operational | Locality Managers | February 2012 | | | | |
| 5. | Review, update and agree Payment and Expenses Policy | DoF | February 2012 | | | | |
| 7. | PCH user & Carer established and operational | Exec Lead | February 2012 | | | | |
| 6. | Identify and Agree performance measures for year 1 - Locality Forums - PCH User & Carer Forum | Locality Managers Exec Lead | March 2012 | | | | |

Appendix 1 – Terms of Reference for Service User and Carer Forums

| Terms of Reference for PCH Service User and Carer Forum: | |
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| Role | <ul style="list-style-type: none"> • To advise on organisational and strategic development and provide a 'Service User and Carer' voice to PCH Board. • Raise issues that the Locality Service User and Carer Forum feel should be escalated for wider consideration. • Provide feedback on policy and procedures. • Feedback on strategic plans and developments across the organisation. • To provide feedback on user and carer outcomes across the organisation. |
| Membership | Two representatives from each Locality Group and Chaired by Executive PPI lead. |
| Accountable to | PCH Trust Board |
| Frequency of meetings | Quarterly |

| Terms of Reference for Locality Service User and Carer Forums: | |
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| Role | <ul style="list-style-type: none"> • To provide a user and carer perspective on locality strategy through an analysis of local health needs. • To monitor and feedback service user and carers experiences within the locality e.g. mystery shopper initiatives. • To provide and nominate individuals to be involved in local recruitment and training. • Identify issues that will be discussed with the Board at the extended quarterly Board days. |
| Membership | To be agreed locally but consultation with established user and carer networks and organisations is expected. |
| Accountable to | Director of Operations |
| Frequency of meetings | Quarterly |

All policies are required to be electronically signed by the Lead Director

(the policy will not be accepted onto Healthnet until the e-signature is received).

The proof of signature for all policies is stored in the policies database.

The Lead Director approves this document and any attached appendices.

Signed:

Title:

Date: