Service user involvement strategy

September 2012

We will provide high quality, accessible services that deliver personalised care, supported by strong partnerships with stakeholders and other agencies.

Service users and carers will be at the centre of all aspects of our work.
Contents

Introduction 3
The principles of service user involvement 4
The context of service user involvement 5
Our approach to service user involvement 7
Aims 9
Key objectives – pledges and promises 10
Implementing and embedding the service user strategy across NSFT 14
Function of the service user and carer implementation and development group 16
Finance issues 17
Conclusion 17
Feedback and comments 18
Acknowledgements 18
Action plan 19
Introduction

This strategy outlines our approach to ensuring service user involvement. Our ambition is to deliver partnerships which put service users’ views, needs, aspirations, experiences and expert knowledge at the heart of what we do.

Through involvement, we aim to increase opportunities by involving service users in how we run, change and influence the development of our services. We are committed to ensuring that all people the Trust works with are listened to and responded to, so that they receive high quality, personalised care. In doing this we will:

1. Promote and create opportunities for a fulfilling life and recovery.

2. Tackle the stigma and discrimination that surrounds mental health so that people are included in society and involved in new opportunities.

This strategy recognises that equality issues of religion, race, disability, sexuality, age, ethnicity and culture must be integral to service user involvement. All service users will be treated with respect and dignity and valued as equal citizens.

We are committed to ensuring that service users are involved in a real and meaningful way which influences our services. We recognise the value and expertise service users can bring and we seek to strengthen this contribution through recognition and the spread of service user involvement at a more local level throughout Norfolk and Suffolk.

As with all strategies, an action plan will be implemented throughout the Trust to ensure consistency across all services and localities. This is an ongoing and evolving document and will be reviewed on a regular basis.
The principles of service user involvement

A service user is defined, in this strategy, as someone who is using, or has used, our services.

Some people may wish to identify themselves by other terms: survivor, client, member, etc. This will be respected in the course of working with individuals or groups.

We will work in partnership with service users, in a holistic and inclusive manner, which, in turn, will provide hope and trust, which is important in the recovery process.

Service users should be represented in service planning, care planning and the recruitment process, delivery and by assuring the quality of our services. Involvement should be meaningful and measured by the extent to which people feel that they have been involved.

Service users have a unique contribution to make in the sense that they are experts by experience. This is in addition to any other skills, qualities, knowledge and life experience they have.
The context of service user involvement

There are a number of guidance publications that state the benefits, rewards and needs of involving service users.

- The Department of Health’s *NHS 2010-2015: From Good to Great* sets out a vision for a preventative, people-centred, productive NHS. This includes measuring patient satisfaction on a service-by-service basis.

- Commissioning of services will increasingly put the needs and views of local communities at the heart of what is funded in the NHS. *Commissioning for Quality and Innovation (CQUIN)* will mean that 10% of the value of our contracts will be linked to quality. Patient experience and satisfaction will be a key measure of this.

- Lord Darzi’s report *High quality care for all* highlighted the importance of the service user experience within the NHS, ensuring that people are treated with compassion, dignity and respect within a clean, safe and well managed environment.

- Liberating the NHS: *No decision about me, without me - Further consultation on proposals to secure shared decision-making* – Department of Health May 2012.

- The ethos of The IMRO C (Implementing Recovery Through Organisational Change – *Sainsbury Centre for Mental Health, Geoff Shepherd, Jed Boardman and Mike Slade*) policy will work in conjunction with the Service User Involvement Strategy. The IMRO C policy sets out ten major challenges for mental health services to put recovery at the heart of their everyday practice. Implementing recovery means supporting people to take much greater control over the way that they are treated and it requires mental health professionals to work in a very different way to support service users' own priorities and their hopes for the future.
The NICE quality standard for service user experience in adult mental health has been developed: *Improving the experience of care for people using adult NHS mental health services*. NICE quality standards are a set of specific, concise statements and associated measures. They set out aspirational, but achievable, markers of high-quality, cost-effective care. Quality standards are derived from the best available evidence and address three dimensions of quality: clinical effectiveness, service user safety and service user experience.

*The Health Care Commission (now known as the Care Quality Commission or CQC) Core Standards for Mental Health Services*

- **Standard c17** – the views of patients, their carers and others are sought and taken into account in decisions, planning, delivering and improving health care services. The Trust positively complies with these guidance documents.
Our approach to service user involvement

The four areas of engagement:

Information

Providing service users with the information that they need to make best use of services. Our services must always provide the right information to service users in a way that is easily understood by everyone.

All services will provide a service leaflet to explain the service pathway and provide evidence that this information is being given to service users in a way that is accessible. The service pathway leaflet should be developed in partnership with service users.

Involvement

Ensuring that service users are fully involved as partners in their own care and in the services they receive. All services should involve service users at a local level, via locally-based forums, in designing information explaining what an individual service offers.

Locally based forums will link into a more strategically focused service user group with representation at Board level. Service users should be involved in reviewing information provided to ensure that it is up-to-date and relevant. The range of information should be agreed with service users.

The Trust welcomes volunteer applications from services users, taking into account individual skills and experiences service users have. The volunteer process will support service users to build on their skills and confidence, which, in turn, will enhance self esteem, with a potential to lead on to further volunteering roles or paid employment.
Evaluation

Providing a role for service users to help evaluate our services from their expert perspectives. Mechanisms to understand what quality means should be established to enable service users to improve and evaluate the quality of our services. Service users need to see the results to know that their feedback has helped to improve services.

This may include verbal feedback from service users being discharged from the service; satisfaction surveys; or regular user forums such as the Service Users’ Council.

Planning and decision-making

The Trust needs to meet the legal requirements to consult; this means involving service users in all decisions which affect their services.

All interviews for jobs that provide a service to service users should normally include a service user as a member of the panel.

The Trust should provide interviewing and equal opportunities training to allow service users to carry out this task confidently.
Aims

This policy applies to all services Trust-wide and should be applied in a way that best meets the needs of our different client groups.

We will work in partnership with service users and staff to ensure that the Trust:

- **Listens and responds to people**
  
  The Trust will improve services and quality of life for service users.

- **Involves service users as partners in decision-making**
  
  The Trust will provide services based on people’s individual needs and views and will involve people as equal partners in the services provided by the Trust. If this is not possible, the Trust will explain clearly why not.

- **Offers involvement appropriate to each individual, which, in turn, will enable personal development and recovery**
  
  To enable people to lead a fulfilling life, move forward in their recovery and tackle stigma.
Nursing quality

The overriding priority for the next three years will be to deliver high quality services through nursing practice, which is effective, safe and service user centred.

The Nursing Roadmap for Quality outlines a framework to embed quality into nursing care.

NSFT has made a commitment to improving quality. When people use our services we promise to:

- Listen to their views about the help they need, develop and talk with them about their care plan, and give them a copy.

Key objectives

Our key objectives and implementations are linked to some of the NICE Quality Standards for service user experience in adult mental health in the NHS in England (December 2011).

Key Objective 1 – Treating people as individuals

Our pledge

We will ensure that people using our services feel they are treated with empathy, dignity and respect and feel optimistic that care will be effective.

Our promise

- We will take time to build trusting, supportive, empathetic and non-judgmental relationships as an essential part of care.

- We will offer help and support in treatment and care in a positive atmosphere to encourage optimism and recovery.

- We will clearly explain any clinical language and check that it has been understood.

- We will take into account that stigma and discrimination are often associated with the use of mental health services and will be respectful of service users’ gender, sexual orientation, age and background.
Key Objective 2 – Shared decision making

Our pledge

We will ensure that people using our services are involved in shared decision-making and feel confident that their views are used to monitor, improve and develop services. We will improve the infrastructure that enables service users to be involved.

Our promise

- We will develop an infrastructure (a network of locally based forums) across Norfolk and Suffolk to enable service users to find out information, raise concerns and comment on how we can improve our services.

- Involvement will relate to the way in which services are provided, how they are developed, the way staff are recruited and trained, the general running of the Trust and how the Trust is governed.

- We will ensure that service users have direct access, through invitation, to Trust locality service meetings and forums and they will be treated as equal participants. Their views and opinions will be respected.

- We will encourage service user involvement within inpatient services. Regular meetings and service user forums will be facilitated by staff and the views of service users regarding improvements will be acknowledged and considered.

- We will ensure that mechanisms are in place to ensure that service users’ views are fed back appropriately. Service users will be encouraged to engage in ways that allow them to play a meaningful role in the Trust and we will ensure that we take any required actions based on service user feedback.
Key Objective 3 – Continuity

Our pledge

We will deliver continuity throughout a single episode of care, which will be carried out by the same health care professional or team whenever possible.

Our promise

Continuity and consistency of care and the establishment of reliable relationships with healthcare professionals is key to patients receiving appropriate and effective care. We will ensure that relevant information is shared between healthcare professionals and service users to ensure consistency. If this is not possible, we will communicate this in a timely and clear manner.

Key Objective 4 – Care planning

Our pledge

We will ensure that service users actively participate and take responsibility in their recovery process.

Our promise

We will involve service users in the planning and coordination of their own care and work with them to create opportunities for a fulfilling recovery.

Staff will be trained and competent to empower service users so that they can influence decisions about their care in an effective manner. Staff will ensure that communication is clear and easily understood, providing opportunities for service users to feed back their views, complaints and suggestions.
Key Objective 5 – Training

Our pledge

Training and Development:
We will commit to ensuring that the training needs of service users who are involved in our services are addressed.

Our promise

Training is essential if service users are to develop the appropriate skills and knowledge to work effectively in partnership.

It is recommended that service users involved in service development receive training on the following:

- Introduction to service user involvement
- Participation in meetings
- Influencing and negotiation skills
- Interviewing and equal opportunities.
Implementing and embedding the service user strategy across NSFT

The Director of Nursing, Patient Safety and Quality is responsible for service user and carer involvement across the Trust. The recently published Nursing Strategy supports the principles within both the service user and carer strategies and emphasises the importance of both service user and carer involvement in delivering services.

The Trust, in recognising the key role that service users and carers play, has both service user and carer governors.

Both the service user and carer’s strategies will be implemented and embedded via local involvement within localities. This will also include the Youth Strategy, to ensure a youth perspective is provided to Norfolk and Suffolk Foundation Trust. To support this, an overarching group will actively monitor the implementation process. This group will be known as the service user and carer implementation and development group and will be represented at Board level to ensure its effectiveness and support NSFT in its commitment to service user and carer involvement.
The diagram below depicts the structure that the Trust intends to adopt to ensure that there is consistent and meaningful engagement and involvement and that the service user and carers strategies are implemented across the Trust.
Function of the service user and carer development and implementation group

The service user and carer development and implementation group will ensure that best practice regarding involvement, engagement and empowerment is delivered and a consistent approach is adopted throughout the Trust. The following objectives would align themselves with the implementation of the service user and carer implementation group:

- To ensure effective implementation of service user involvement and carer strategies across NSFT.
- To develop an effective ‘good practice’ tool and action plan to monitor and evaluate the implementation of both strategies and their objectives across NSFT.
- To create a forum for effective dissemination and implementation of national guidance and best practice in relation to service user and carer experience.
- To ensure that issues related to service change or delivery are compatible with Board objectives.
- To support and monitor the implementation of the Triangle of Care model across the Trust.
- To act as a reporting base for all service user and carer involvement and engagement activities across the Trust.
- To ensure that there is representation from Senior Operations, Board and Locality level to ensure implementation of both strategies and best practice are represented at Board level and that suggestions for potential changes to services are driven and represented at a strategic level.
- To ensure the group is represented at service governance sub committee meetings to update the committee on service user and carer related developments.
Finance issues

Service users will receive payment for offering their time, skills and experiences to services. Payment should be offered for attending service development activities such as interview panels, Service Users’ Council and forum meetings and sub-group consultation meetings. Transport costs to and from any involvement activities should also be covered.

It will be made clear at the outset of any involvement activity whether payment will be made, and, if so, what rate of pay will be offered. This should be made in accordance with the service user involvement payment policy (which is currently under review).

Service users must accept responsibility for informing the Department for Work and Pensions about any work undertaken. The Trust will ensure that all service users engaged in involvement activities are made aware of this responsibility.

Conclusion

Through the introduction, establishment and development of this strategy, it is hoped that service users will have more influence on how our services are shaped.

It will enable Norfolk and Suffolk NHS Foundation Trust to make use of the wealth of knowledge and experience that service users have gained from using our services. This, in turn, will have a positive and beneficial effect on service users and health care professionals.
Feedback and comments

Norfolk and Suffolk NHS Foundation Trust welcomes feedback and comments from service user groups, service users, carers, external stakeholder organisations and other interested parties who have an interest in our organisation and how we promote and implement service user involvement.

If you wish to provide any comments, please write to:

The Director of Nursing, Patient Safety and Quality.
Main Block
Hellesdon Hospital
Drayton High Road
Norwich
Norfolk
NR6 5BE

Acknowledgements

We would like to thank the following for their involvement in developing this strategy:

Members of the Service User Council (Hellesdon Hospital Norfolk)
Members of the West Norfolk Service User Forum
Sharon Picken – Service user and carer involvement coordinator – NSFT
Andrew Scott – Safeguarding practitioner – NSFT
Roz Brooks – Director of Nursing, Patient safety and Quality – NSFT
Michele Allott – Deputy Director of Nursing and Patient safety – NSFT
Service user and carer scrutiny groups – Suffolk
Communications team – NSFT
Graphics team – NSFT
## Action plan

<table>
<thead>
<tr>
<th>Action</th>
<th>By Whom (lead)</th>
<th>Completion date</th>
</tr>
</thead>
<tbody>
<tr>
<td>Implementation of service user and carer implementation development group</td>
<td>Sharon Picken</td>
<td>Oct 2012</td>
</tr>
<tr>
<td>Launch of service user strategy</td>
<td>Sharon Picken, Greta Neiss, Service user reps</td>
<td>Nov/Dec 2012</td>
</tr>
<tr>
<td>Develop ‘action plan’ to monitor the implementation of service user and carer involvement strategies</td>
<td>Service user and carer implementation development group</td>
<td>Dec 2012</td>
</tr>
<tr>
<td>Support development of locally based service user forums (groups)</td>
<td>Service user and carer involvement coordinator TBC</td>
<td>Jan 2013</td>
</tr>
<tr>
<td>Development of ‘good practice’ evaluation tool to monitor Service user and carer involvement</td>
<td>Service user and carer implementation development group</td>
<td>Jan 2013</td>
</tr>
<tr>
<td>Ensure training programmes to allow service users to comment on and improve services are developed</td>
<td>Sharon Picken, Trudi Isherwood</td>
<td>March 2013</td>
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