**NHS**

**Camden and Islington**
**NHS Foundation Trust**

# Service-User Involvement Strategy 2016-19

**Camden & Islington NHS Foundation Trust**

# Service-User Involvement Strategy 2016-19

## 1. Introduction

Camden and Islington Mental Health Trust is dedicated to strengthening the ways it engages with people who use its services and enabling them to get more involved in helping design, shape and monitor services   to ensure they continually improve and meet the needs of our local citizens and communities. This implements the Mental Health taskforce 'Five Year Forward View' which says 'services must be designed in partnership with people who have mental health problems and with carers', and also the report published by the People and Communities Board and National Voices which says that involvement and Co-Production are  core to delivering an efficient health and care business.

 In this strategy we aim to build on our relationships with service-users so there is greater parity and opportunities for genuine collaboration and the changes we make in the Trust are co-produced. We recognise that equality issues of religion, race, disability, sexuality, age, gender, ethnicity and culture must be integral to service user involvement and all service users will be treated with respect and dignity and valued as equal citizens.

The strategy does not include Carers as it is recognised in the Trust that engaging and involving Carers is a separate area of work, and the intention is for the Trust to produce a Carers Strategy.

These goals are closely aligned with our three core priorities:

- **Prevention and Early Intervention**- We will work more closely with other health and social care services and engage service-users more widely from these networks. We will raise awareness about mental health issues in all local communities, in education and with employers to reduce the stigma of mental health issues. We will find ways to promote our services so that people who need them get help as early as possible.

- **Recovery through Partnership and Integration**- We will develop stronger partnership working with service-users and have a shared set of values, aims and language. Our workforce will be more diverse including peer working and support with Co-Production being central to any service development.

- **Research into Practice**- We will enhance and expand our excellent track record in research, and this will include service-users getting more involved in identifying pieces of research, assisting those who are specialists in carrying out and presenting research across all

professional disciplines, Nursing, Occupational Therapy, Social Work, Psychology and Psychiatry.

## 2. Background

We have over 12 years' experience of service-user engagement, and four previous strategies which have helped establish a firm network of service-user groups and experienced service-users in each Division who are willing to assist with service-improvements.  We are proud to have  service-users who have become  'experts by experience', peer support workers and governors of the Trust and our aim is to reach a position where  all service-users are aware of these, and other  opportunities which can be a part of their  recovery journey.

In 2012 a group of  service-users and staff in the Trust wrote the 'Changing Outcomes Programme 2012' to address and improve the way we engage with families from black African and Caribbean communities by setting up a specialist service-user group, and developing  skills in  our workforce to train staff in  'cultural competence'.

Although each past strategy and the 'Changing Outcomes Programme' have improved service-user engagement , we know there is more work to do to make sure our services understand the communities we serve, and service-users are supported and valued for the contributions they make in planning and writing their own care plans  and  assisting  with service improvements. Healthwatch have contributed to developing this strategy  through their very informative audit of service-users experience. This strategy will support the Clinical Strategy, which was produced with input from service users.

Service-users and staff worked together in a task and finish group which met between September 2015 and May 2016 to explore what they felt was important and write this strategy. The group identified that what was required is a **consistent** approach to engaging and supporting service-users to get involved as this is something that had been lacking in the past. Secondly it was noted that Service-users and staff need accessible information about the service-user groups, how to get involved in projects for improving services, access to training, regular supervision /guidance  to learn new skills, and a robust system for valuing, rewarding and paying service-users who offer their time and expertise were key components to be included in the strategy. The group also thought that re-structuring the Service User Alliance would be valuable to support a more equal partnership of staff and service-users with shared ambitions and a clear work plan.

## 3. What's new about this Strategy?

This strategy will address the issues raised in the task and finish group. Our ambition is to create more opportunities for service-users to get involved in all parts of the Trust and to co-produce service improvements and new service design. This is clearly set out as an objective in the 'Five Year Forward View' which says 'Co-Production with experts by experience should also be a standard approach to commissioning and service design'. Co –production is not a new concept in health and

social care, it requires changing the power balance between staff and service-users so that there is greater shared decision making and collaboration.

In addition and as a further step on from Co-Production is our intention to develop a range of peer work roles across all Divisions, and where the opportunity arises ensure staff in Corporate Services work in partnership with service-users, for example working with Communications to produce service-user contributions for the Trust magazine,  intranet and website.

The starting point for this strategy as written in previous versions is our collective investment to:-

- Improve access to information so service-users are more in charge of their own care.

- Ensure staff have the skills and information about local resources to  support service users in individual care planning, and recovery.

- Ensure service-users know how to get involved in the Trust planning and monitoring of services feeling confident they will be supported. Build stronger collaborative working with the Service-User Alliance and the range of service-user groups to ensure active co- creation.

- Build a model of Peer work, offer training to service-users in their own right and with staff enabling the development of new skills and access to new roles.

- Set clear robust systems for ensuring service-users are valued, and rewarded  for their work.

- To look in more detail at arrangements for paying service-users and ensure this has sufficient regularity and falls  in line with national policy, and local practice in neighbouring Trusts and commissioning teams.

- Ensure service-users are informed about research activities within the Trust and have good information enabling them to participate (where appropriate) if they wish.

- Ensure Staff and Directors know how to access the pool of service-users and groups.

These aims underpin the key strands which are central to this strategy and which we want to see firmly embedded in the fabric of the Trust.

1. **Improve access to information so service-users are more in charge of their own care.**

**What we aim to achieve:**

- To build trust and better relationships with people who use our services so they feel more confident and in control of choosing how best their care needs can be met.

- To ensure service-users have better access to information about services in the Trust.

- To enhance public awareness of mental health services and improve information to local communities and families and reduce stigma in mental health.

**Actions:**

We will communicate more frequently and more widely with service-users their families and communities to engage them and create meaningful care plans.

We will have more information on our website and intranet service-user pages, so service-users and their carers can find out about local events, resources, and research on mental health and for those who don't have access or use the internet information boards / information in the community will be displayed in appropriate settings.

**Outcomes:**

People who use our services feel involved and in control of their own care and treatment.

Our local communities will have greater awareness about mental health issues and accessible information about how to support people who use our services and this will reduce stigma.

2. **Ensure staff have the skills and information about local resources to support service users in individual care planning and recovery.**

The process of recovery is different for each person and needs to be defined by them and seen in the context within which they live. It involves the person learning to cope with features of their condition and moving towards increased wellness and meaningful activity. This process is under-pinned by caring relationships with others and can involve empowerment, increased confidence, hope and independence, together with an active challenge to stigma. It is an ongoing process and each individual will have their own pace of change. It is important that our services listen carefully to each person we work with and acknowledge differing views when these arise.

**What we aim to achieve:**

- To ensure all clinical staff have sufficient training and expertise to work collaboratively with service-users in care planning, and also actively promote service-user involvement.

- To ensure all staff in corporate services are sensitive to the needs of service-users and confident in how to engage and consult service-users.

- To promote the Recovery College and have a wider group of staff involved in co-producing and delivering life learning courses.

- To ensure all staff are 'culturally competent' and know how to reach out to our most vulnerable communities.

- To ensure staff have access to information about local resources, groups and service-user involvement opportunities in the Trusts and locally.

**Actions:**

- We will always have information on each ward and community team base for staff about Recovery focussed care plans.

- We will ensure all Trust staff know how to engage and consult service-users not just in operational services but corporate services; Communications, Complaints, Learning and Development, Safeguarding, HR, Mental Health Law, Finance, Estates and IT.

- Staff will have access to easy read organisational structure maps, flow charts for the way information is shared within the Trust including Committees, and process maps which they can share with service-users.

- Staff will have an information map about all service-user groups in the Trust, where they meet the purpose etc. (Appendix 1).

- We will support more staff to be trained on Co-Production, and make year on year improvements in the number of staff who co-produce courses at the Recovery College. This will be recognised in appraisals as a part of career progression and development.

- We will offer staff training on how to work and support with Peer Support workers.

- We will create and advertise a designated service-user lead post. This lead will ensure our service-users groups work more closely together and reflect the range of communities we serve.

- The Service-User Lead will link with HR to stream line and support service-users who get involved in pieces of work in the Trust.

**Outcomes:**

- All staff will have relevant information to share with service-users.

- All clinical staff to offer a consistent approach to service-users, personalised care planning is central to this.
- Staff will improve their skills and how to work in partnership with service-users.

- Staff know how to co-design and co- produce service improvements.

- There is a robust and whole organisation approach to service-user involvement, Co-Production, and the benefits it will bring to improve our services.

- Improved service-user engagement and a culture of working equally with people who use our services.

3. **Ensure service- users know how to get involved in the Trust planning and monitoring of services feeling confident they will be supported. Build stronger collaborative working with the Service-User Alliance and the range of service-user groups to ensure active co- creation**

**What we aim to achieve:**

- To have a wide and diverse group of service-users to consult with, and listen to on how to improve services and in service re-design.

- To improve service-users skills and knowledge so they feel supported in pieces of work they undertake and better equipped to engage with more complex and challenging projects within the organisation potentially leading to feeling confident to apply for paid positions.

- To co-produce service changes and improvements.

- To strengthen the 'voice' of service-user engagement through our service-user groups, service-users being members and governors.

- To re-structure the Service-User Alliance so that there is greater parity and power sharing between service-users and staff who attend.

**Actions:**

- We will share information about all our services and service-user groups more widely, making sure it is accessible and available in different formats.

- We will extend the opportunities for service-users to get involved in giving us feedback about our services and hearing directly how we will use their comments and observations, even when they have been discharged from our services and return to primary care.

- We will promote service-user involvement opportunities, volunteering and paid Trust posts (for example peer support as below) (Appendix 4A and 4B).

- We will make sure there is sufficient time and flexibility in these positions to support service-users mental health support needs. If Staff ask for service-user help, then the expectations of involvement t will be clearly written out and agreed and it is the responsibility of the member of staff to support the service-user.

- We will regularly circulate information about Volunteering opportunities through our website, intranet and through service-user groups and community networks.

- We will improve the effectiveness of the Service-user Alliance, its' structure, work plan and ensure there is accountability to the Board. (Appendix 5).

- We will make a commitment to hold service-user workshops or Conferences and other engagement events twice a year to promote and develop the Service user network. These workshops/ conferences will be open to a range of service-users from any local forums.

- We will work with local groups and organisations to reach out to all communities of colour and other protected characteristics to ensure they have equal access to information about our resources and share opportunities to get involved in the Trust.


**Outcomes:**

- People who use our services feel involved and in control of their own care and treatment.

- We have a bigger and more skilled group of service-users actively influence and shape our services in the Trust.

- People who use our services feel valued for getting involved and hear what happens in pieces of work they get involved with.

- Service-users know how the Trust is structured and positions they can apply for to influence decision making.

- Staff and Service-users will co-design our services.

- We have better engagement and understand the needs of our local communities.

- The Service-User Alliance is more effective.

4. **Build a model of Peer work, offer training to service-users in their own right and with staff enabling skill development and access to new roles.  This is a new area of work and we want to develop a consistent approach.**

**What we aim to achieve:**

To ensure service-users are adequately trained and supported so they can develop the confidence to get involved in Trust business from being part of an interview panel  to developing skills to work in more integrated roles in services for example, peer work (Appendix6).

To build a new layer of options for support for service-users  across all Divisions in the Trust based on peer support and peer working.  This will be in addition to and not replacing current staffing roles. At present there are a number of different types of peer supporting roles in the trust and they need to be clarified so that service-users and staff are clear how they are each set up, recognised, supported, and reviewed.

**Actions:**

- We will advertise and share information about all service- user roles and opportunities to get involved on the intranet and website (appendix 4B Draft)and regularly circulate information about opportunities through our website, intranet and through service-user groups, information boards on Trust sites  and community networks.

- We will have a rolling programme of training for service-users advertised through the Recovery College and with HR to offer skills sessions to build service-users confidence in undertaking distinct service-user involvement opportunities- member of interview panels, representative on committee, work group etc.(see Appendix 3 ).

- We will provide a specific training course for service-users who are interested in peer work and peer support roles.

- We will extend peer support roles to a wider range of Trust services.

- We will consider other ways to embed Peer support and peer working roles in the Trust; an annual conference, network, supervision.

**Outcomes:**

- Service-users will be valued as equal partners and can access information about positions they can apply for in the Trust.

- Service-users will gain skills and knowledge and be better supported to take up service-user involvement opportunities and paid employment through peer work.

- A more diverse workforce.

5. **Set clear robust systems for ensuring service-users are valued and rewarded for their work.**

**What we aim to Achieve:**

- To develop a robust and more comprehensive Reward and Recognition scheme which will ensure service-users are valued for their contributions to the organisation in good time, and in a variety of ways and means.

- To introduce an affordable pay structure for service-user involvement that is set at a threshold which is line with National policy and reflects 'Equal pay for work of equal value' and benefit services-users to gain work experience which may lead to securing permanent employment in the Trust, or alternative career opportunities.

**Actions:**

- We will look in more detail at national benchmarking for service-user reward and recognition schemes and how they might lead into permanent employment as peer support work which have already been evaluated in line with Agenda for Change (Appendix 3).

- We will share this information on the intranet and website.

- We will create a protocol to ensure service-users are recognised and rewarded promptly and without delay.

- We will measure year on year the number of service users who get involved in pieces of work, and how much we invest in service-user engagement activities.

- We will create service-user notice boards, that will be accessible and kept up to date for service-users and staff.

- We will create and appoint a Service-User Involvement Lead.

**Outcomes:**

- Clear and transparent systems for rewarding and paying service-users which demonstrate regularity and robust governance.

- Service-users will be valued as equal partners.

- Contributes to building a culture of working equally with people who use our services.

6. **Ensure service-users are informed about research activities within the Trust and have good information enabling them to participate (where appropriate) if they wish.**

**What we aim to Achieve:**

- To build on our research base and have more service-users engaged in and leading research.

- To provide information to service users on research activities within the Trust and how they inform practice.

- To ensure service users are informed about research studies and can (where appropriate) chose to participate.

- To build capacity for research and use it in service- improvements and service design.

- To build networks and relationships with local universities so staff and service-users can assist with local and national research projects.

- To empower service-users to work collaboratively with professionals and research experts in the Trust.

- To improve the culture of our organisation and workforce by using research opportunities as a discipline for professionals continuing professional development, and for service-users it can be part of their recovery.

**Actions:**

- We will promote the work of the Service-User Research Forum (SURF) and share the findings of research with the Service-User Alliance and put it on the Service-User page on the Trust website and intranet.

- We will build on our relationships and networks with local institutes and universities to encourage staff and service-users to get involved in research.

- We will share information, training opportunities and conferences with service-users and staff across all professional disciplines.

- We will use the service-user conference to share information about any current research.


**Outcomes**:

- There will be more service-users and staff involved in research and the findings will inform and benefit service-improvements.

- Expertise in conducting research will grow and benefit staff and service-users personally and professionally.

- Service-users and staff will have an opportunity to work as equal partners.

- Increase opportunities for the Trust to take part and lead in local and potentially national research.

- The Trust reputation will improve and it will become known for collaborating with service-users in research.

## 7. Plan to Deliver

| Action | Lead By | When | Completed on |
|---|---|---|---|
| **Improve access to information so service-users are more in charge of their own care.** | | | |
| Update service-user page on the intranet and website, so it includes information about service-user groups, service-user opportunities, mechanism for supporting service-users etc. | HOSW | Nov 2016 | |
| Promote The Side by Side Network and Practice-based Advisory Committee and formally include them as members of the Service-User Alliance. | Primary Care Nurse Lead | Nov 2016 | |
| Frontline staff will communicate more frequently and more widely with service-users their families and communities to create meaningful care plans and reduce stigma in mental health. | Team Managers | ongoing | |
| **Ensure staff have the skills and information about local resources to support service users in individual care planning and recovery.** | | | |
| Information on each ward and community team base for staff about Recovery focussed care plans | Team and Ward Managers | Nov 2016 | |
| We will ensure all Trust staff knows how to engage and consult service-users not just in operational services but corporate services; Communications, Complaints, Learning and Development , Safeguarding, HR, Mental Health Law, Finance, Estates and IT. | Service-User Involvement Facilitator | Feb 2016 | |
| Staff will have access to easy read organisational structure maps, flow charts for the way information is shared within the Trust including Committees, and process maps which they | HOSW/ Service-User Involvement Facilitator | Jan 2016 | |

| | | | |
|---|---|---|---|
| can share with service-users. | | | |
| Staff will have an information map about all service-user groups in the Trust, where they meet the purpose etc. | HOSW | Nov 2016 | |
| Support more staff to be trained on Co-Production, and make year on year improvements in the number of staff who co-produce courses at the Recovery College. This will be recognised in appraisals as a part of career progression and development. | Recovery College | April 2017-tbc | |
| Offer staff training on how to work and support with Peer Support workers. | Learning and Development | tbc | |
| Create and advertise a designated service-user lead post . This lead will ensure our service-users groups work more closely together and reflect the range of communities we serve. | HOSW | Dec 2016 | |
| The Service-User Involvement Lead will link with HR to stream line and support service-users who get involved in pieces of work in the Trust. | HOSW | Jan 2017 | |
| **Ensure service- users know how to get involved in the Trust planning and monitoring of services feeling confident they will be supported. Build stronger collaborative working with the Service-User Alliance and the range of service-user groups to ensure active co- creation.** | | | |
| Share information about all our services and service-user groups more widely, making sure it is accessible and available in different formats. | HOSW and E&D Lead | Nov 2016 | |
| Extend the opportunities for service-users and peer workers to get involved in giving us feedback about our services and hearing directly how we will use their comments and observations. | tbc | tbc | |
| Promote service-user involvement opportunities/ volunteering and make sure there is | | | |

| | | | |
|---|---|---|---|
| sufficient time and flexibility in these positions to support service-users mental health support needs.<br><br>Improve the effectiveness of the Service-user Alliance, its' structure, work plan and ensure there is accountability to the Board.<br><br>Plan to hold Service-User workshops or Conferences and other engagement events twice a year for 2016-17.<br><br>Work with local groups and organisations to reach out to all communities of colour and other protected characteristics to ensure they have equal access to information about our resources and share opportunities to get involved in the Trust. | All managers who engage service-users and volunteers.<br>HOSW and Service-User Involvement Facilitator<br><br>HOSW/DCOO<br><br><br>Service-User Involvement Facilitator | Ongoing<br><br><br>Jan 2017<br><br><br>Nov 2016<br><br>Jan 2017 | |
| **Build a model of Peer work, offer training to service-users in their own right and with staff enabling the development of new skills and access to new roles.** | | | |
| Devise training and support structures for service users to engage and build their confidence.<br><br>Advertise and share information about all service- user roles and opportunities to get involved on the intranet and website.<br><br>Devise a rolling programme of training for service-users advertised through the Recovery College and with HR to offer skills sessions to build service-users confidence. in undertaking distinct service-user involvement opportunities- member of interview panels, representative on committee, work group etc.(see Appendix 4a and 4B. ). | Service-User Involvement Facilitator<br>HOSW/ Service-User Involvement Facilitator and Comms<br><br><br>Service-User Involvement Facilitator /HR | tbc<br><br>tbc<br><br><br><br>tbc | |

| | | | |
|---|---|---|---|
| Provide a specific training course for service-users who are interested in peer work and peer support roles. | tbc | tbc | |
| Extend peer support roles to a wider range of Trust services. | tbc | tbc | |
| Consider other ways to embed Peer support and peer working roles in the Trust; an annual conference, network, supervision. | tbc | tbc | |
| **Set clear robust systems for ensuring service-users are valued, rewarded and remunerated for their work.** | | | |
| Propose a comprehensive Reward and recognition scheme including pay scales that complement AFC and are in line with national policy and are robustly regulated. | HOSW /HR/Finance | | |
| Share this information on the intranet and website. | Comms | | |
| Create a protocol to ensure service-users are paid promptly and without delay. | HOSW/ Service User Involvement Facilitator | | |
| Measure year on year the number of service users who get involved in pieces of work, and how much we invest in service-user engagement activities. | Service User Involvement Facilitator /HR/Finance | | |

| **Ensure service-users are informed about research activities within the Trust and have good information enabling them to participate (where appropriate) if they wish.** | | | |
|---|---|---|---|
| Promote the work of the Service-User Research Forum at UCL. | Head of Research | Dec 2016 | |
| Share the findings of research with the Service-User Alliance. | Research team | Jan 2017 | |
| Include research projects and outcomes on the Service-User page on the Trust website and intranet. | Research team | Jan 2017 | |
| Build relationships and networks with local institutes and universities to encourage staff and service-users to get involved in research. | Research team. Service-User Involvement Facilitator | Feb 2017 | |
| Share information, training opportunities and conferences with service-users and staff across all professional disciplines. | L&D/ServiceUser Involvement Facilitator /Comms | Jan 2017 | |
| Use the Service-User conferences to share information about any current research, opportunities and findings. | Research team/ Service-User involvement Facilitator | | |

**Glossary**

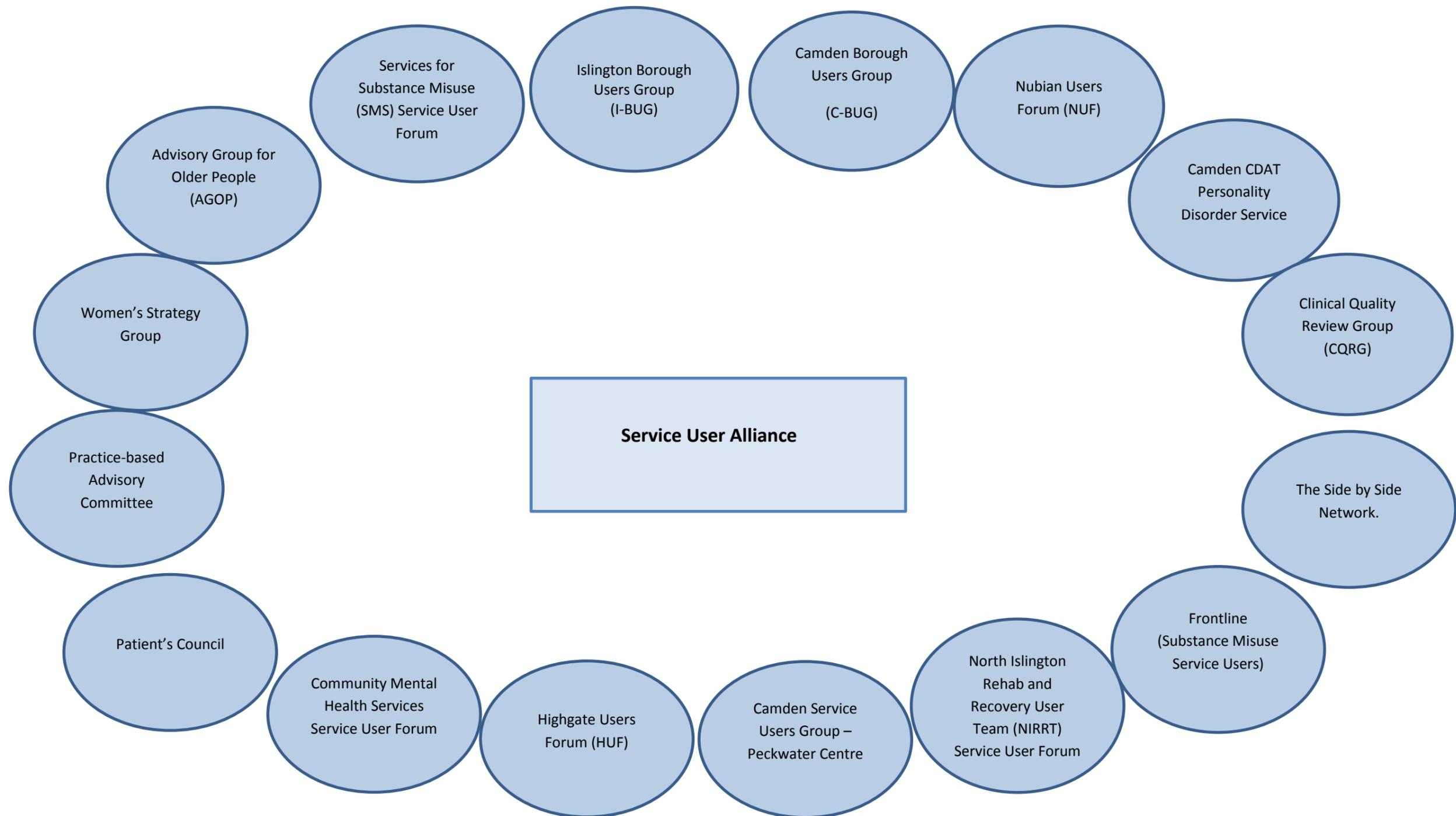**Service-users**- people who use Trust services

**Staff**- people employed in the Trust

**Careplan**- document that contains information about care and treatment offered to people in receipt of Trust Services
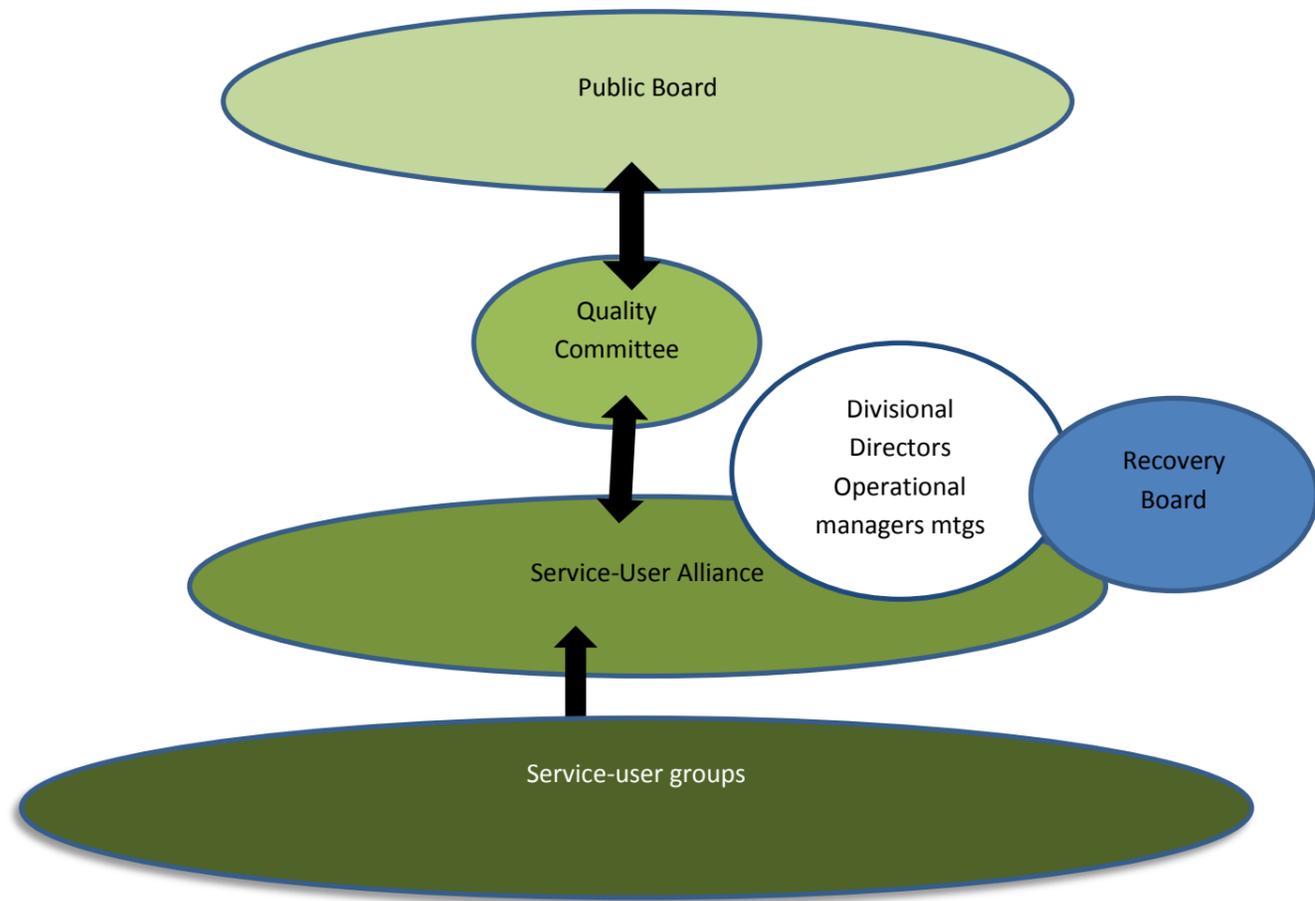
**Recovery**- see page 4

**Appendices:**

**Appendix 1 Map of Service- User Groups**



- Services for Substance Misuse (SMS) Service User Forum
- Islington Borough Users Group (I-BUG)
- Camden Borough Users Group (C-BUG)
- Nubian Users Forum (NUF)
- Advisory Group for Older People (AGOP)
- Camden CDAT Personality Disorder Service
- Women's Strategy Group
- Clinical Quality Review Group (CQRG)
- Practice-based Advisory Committee
- **Service User Alliance**
- The Side by Side Network.
- Patient's Council
- Frontline (Substance Misuse Service Users)
- Community Mental Health Services Service User Forum
- Highgate Users Forum (HUF)
- Camden Service Users Group – Peckwater Centre
- North Islington Rehab and Recovery User Team (NIRRT) Service User Forum

**Appendix 2- Governance Structure for Service-Users**



Public Board

Quality Committee

Divisional Directors Operational managers mtgs

Recovery Board

Service-User Alliance

Service-user groups

**Appendix 3- Draft Pay and Remuneration**

## DRAFT PROPOSAL FOR SERVICE USER INVOLVEMENT PATHWAYS AND REWARDS

| Category | Band | Example | Skills / Experience | Recruitment | Reward / Recognition | Training and Support | Notes |
|---|---|---|---|---|---|---|---|
| Participant | Band A | Attendance at open forums / meetings. Giving feedback to services | Experience of past or present use of Trust Services, experience as a carer | None – open to all | Band One – any public transport travel expenses incurred | None required, may be provided on request | |
| Representative | Band B | Interviewers, Service User Representatives, Committee Chairs | As for Band One plus skills necessary for the role e.g. chairing meetings, organisational skills, IT skills, completion of Trust interviewing training | | Band Two – Flexible rewards option of pay commensurate with other Trusts, and through other means ; gift vouchers or other non-monetary rewards plus expenses | As required, to be provided by Trust for example , training courses at the Recovery College | DBR checks may be appropriate |
| Consultant | Band C | Presentations at Trust public events, conferences and Inspections. High level multi-agency strategic meetings. | Significant experience in representing service-users, delivering training, taking part in tender applications and highly skilled work | Formal selection by Trust procedures | Band Three- Commensurate with National guidance on rates of pay for Service-User Consultants. | As required for specific time limited pieces of work | Consultants could be recruited and used on a 'bank' basis. |
| Governor | Band D | Service User Governor – Board is mandated to take account of governors views | N/A (self-nominated / elected | Election | As for other members of board | As for other members of board. Additional support should be available to fill skills gaps and help Service User Governors fulfil their role | |
| Peer workers and all other Trust staff positions | Agenda for Change | Peer Workers, trainers or Peer Support Workers and any paid post in the Trust | As identified in Person specification; Lived experience mental health issues and transferable employment/life skills and in accordance with fulfilling the requirements of the job description and person specification | Formal selection by Trust procedures | Agenda for Change | As with all Trust employees | DBR checks will apply. |

# How to get involved...

The starting point for all service-users, will be through giving feedback about the services they receive.

Service-users will also be invited to register their interest in becoming a Foundation Trust member and given information about service-user groups they can join, and service-user involvement opportunities. To interface with service-users in primary care through the practice based Advisory Committee. These will all be available on the Trust website and intranet and care coordinators or other frontline staff will help service-users find them and to register their interest.

All service-users are equally welcome to become involved in service-user opportunities. This applies to people who have been recently referred for services as well as those with years of experience in receiving services from the Trust. There is no time limit on how long service-users can be involved in any aspect of Trust business, whether it is a committee or a specific piece of training or service-improvement.

For any 'work opportunity' in the Trust service- users and staff will agree and sign a 'contract' from the beginning, how the service-user will be supported, and regular meetings will be arranged to review and guide any involvement activities. The involvement activities will be acknowledged and written on careplans to ensure the service-user is adequately supported.

Service-users who do not feel able to sign an agreement for service-user involvement will still be able to contribute by attending any workshops/conferences which are open to all service-users, public meetings or Members meetings (if they are a member of the Trust).

The service-user groups will produce information which will be accessible on the service-user page on the website, and for all staff on the intranet with down loadable leaflets. Each group will share when they meet, how often, and the structure and purpose of the group.

Staff will also actively encourage service-users to become members of consultation or focus groups, and if they are willing to register their interest to join committees that report to the Board, these are called 'first tier' committees, or 'second tier' committees. In order to attract as wide a group as possible service-users will be members of one committee at a time, for an agreed period. Service-users will be able to exchange positions with another service-user after and agreed tenure provided it is mutually agreed.

All service-users will sign up and agree to a Code of Conduct ensuring the trust values are upheld.

# Service-User Involvement Opportunities in the Trust

**Committees**
- Service-user members for the Equality and Diversity Committee (2 posts )

- Service-user members for the Mental Health Law Committee (2 posts)

- Mental Health Law committee sub-groups- (1 or 2 positions) for two sub-groups


**Recruitment**
- Interview panels – Bank of trained service-users


**Peer Support**
- Peer trainers in the Recovery College- Bank of trained service-users

- Peer support workers- substantive paid posts in Divisions


**Volunteers**
- Volunteering Opportunities- Bank of trained service-users


**Service-User groups**
- Service User Group opportunities to chair meetings, organize content, plan events- Bank of trained service-users

- Service-User Alliance –reps for existing service-user groups (12 posts)


- **Meetings with Partners of the Trust**

- Clinical Quality review Group ( CQRG)- (2  reps

- Quality Review group- Service-user reps (2)


**Training**
- Induction Training- Bank of trained service-users willing to share their experience of

services

- Creative Care Planning training-  Bank of trained service-users willing to share their experience of services

**Service Development**

- Evolution meetings- Bank of service-users willing to share their experience of services and developing the Clinical Strategy

- Clinical Strategy Steering group- service-user (2-4 posts)

**Appendix 5**- **Draft - Service-User Alliance**

# The Service-User Alliance

The Service-user Alliance meets every six weeks and its membership is made up of a representative for each service-user group, and a senior staff member from each Division.

A Non- Executive Director who champions service-user involvement attends on occasion and is kept informed of any service-user issues by the Head of Social Work and Social Care. A service-user Governor also attends the Service-User Alliance on occasion and has suggested that  they would like to come more regularly to support the meeting and be more visible to service-user groups and senior managers.

Commissioners do not currently attend the Service-User Alliance unless invited, although members have suggested their attendance more regularly would be a welcome addition to the meeting.

The aim of the Service-User Alliance is:

- To bring staff and service-users together to improve service-users experience of the Services in the Trust and enhance the body of service-user groups.

- To develop ownership of service-user involvement at the frontline and share what works well with other service-user groups as well as any concerns or barriers to service-user satisfaction.

- To jointly agree a twelve month work programme which is shared with all Divisions and regularly reviewed

All members of the Service User Alliance agree that the terms of reference and the governance structures need a complete review. The pace of change in the NHS and different approaches to delivering mental health services for which consultation with service-users is key, has overwhelmed the structure of the meetings and all members recognize that it has been a struggle to maintainthe balance between meaningful service-user engagement and allowing service-user groups the space at the meeting to

share local issues and concerns.

As part of the task and finish group a number of service-users and staff considered what needed to change so that the Alliance was once more fit for purpose. These are the refreshed additional aims:

- To give a voice for all service-users to connect and share what they all do, discover, create, and provide.

- To create and Annual work programme and undertake this work or commission it.

- To provide an annual report to the Quality Committee reflecting progress/ barriers to delivering an Annual work programme.

- To share any information or themes connected with achievements/concerns across the Divisions to the Board.

- To oversee the development of forums/service-user groups who will report directly into the Service-User Alliance.

- To interface with service-users in Primary Care through the 'Side by Side Primary Care Board.

- To ensure there is robust information sharing from Committees, partner forums with Commissioners like CQRG and explain to the Service-User Alliance reps the impact of service-user involvement at this level.

- To join forces with and enhance the Patient Experience Strategy.

- To share information about audit and research in the Trust.

Additionally from the new Chief Executive is a proposal to hold 2-3 service-user conferences every year that will be open to all service-users. At least one event will provide an opportunity for any service-users to come and share their views on services with the Chief Executive. These conferences and workshops will be co-produced and based on themes which have been taken from the Annual workplan.

**Proposed review of Membership**

Each service-user group has a representative who attends the SUA as does each Division. Service-user Governors are invited to attend regularly, as a minimum twice a year, and staff and service-users can be co-opted as appropriate to meet the needs of the Alliance.

The Non-Executive Director champion is also invited to attend and is kept informed of any issues raised in the meeting that require further investigation or possible investment in the Trust.

All service-user groups and service lines are require to send a deputy if the nominated person cannot attend and this role may be shared between service-users provided there is an agreement outside to meeting to share information and provide continuity so the 'voice' of service-users in each service area does not get lost.

All those who attend the meeting must represent a  service-user group or be co-opted to attend for an agreed period of time.

All service-users will be able to become members of the Primary Care Network 'Side by Side' once their involvement with the SUA has ended.

In recognition that the Service-User Alliance also fulfils a social function of allowing service-users and staff to meet, once a service-user is discharged from the Trust there will be a step down period of a few months period in which they can handover or end their attendance at the Service-user Alliance.

**Review of Functions**

- The Practice Based Mental Health Primary Care Board now called 'Side by Side' will now also join the SUA and feed in information from this new network.

- There will be one or two open SUA meetings held during the year, with an open invitation to all service-users,  to come and listen to the meeting.

- The SUA will plan and co-produce two annual conferences/ workshops every year. This will be open to all services users to attend.

- The SUA will collectively develop and improve service-user involvement in Operational and Corporate Services and feed concerns both up and down the Trust.

- The Service-User Alliance will oversee and support service-users groups to come together to 'grow' the membership of service-user who attend the groups.

- Any new development of forums within each service line will join the Service-User Alliance so they can be made welcome and share their progress/ challenges.

- The Service-User Alliance will be co-chaired and co-minute and the Vice co-chairing pair will also provide cover.

- A co- minute taker will be given additional payment for fulfilling this role.

- The SUA will write a co-produced Annual Report and it will be presented to the Quality Committee.

- Each meeting will offer a 15 min break and refreshments. And agendas and minutes will be sent out in no less than 7 days before the meeting and provision to make hard copies for those who do not have access to electronic copies; this might be through the service-user office.

- All reps will be invited to add agenda items and agree agenda setting at the end of each meeting for the coming month.

**Code of Conduct**

All members will follow an agreed code of conduct. This will include observing and maintaining the Trust values in all meetings.

Arriving in good time and being prepared for the meeting

Providing written reports or materials a week before the meeting

Looking after your own mental well- being at all times and making a positive contribution to the meeting

**Governance**

The Service-User Alliance will provide a verbal report to the Quality committee every quarter, and present an Annual report.

All members are expected to share information with the groups/ services they represent at the meeting.

Appendix 6- Draft Proposals for Support, Guidance and Training

# Support, Guidance and Training

**Support**.

- When service-users have been involved in a piece of work they should be entitled to learn what difference their contribution made to the process- for example in recruitment selection.

- Service-users will have a dedicated office space they have sole use of to work on pieces of work they are involved with in the Trust. This facility will have computers, laptops, and printing facilities to support them in this work, and also to enable them to complete any reward and recognition payments connected with work in the Trust.

- Service–users will be given information so they can access advice on how benefits may be affected, or a benefits check.

- An open forum or "Service-Users Support" Group comprising service-users will meet bi-monthly for service-users to share knowledge and expertise gained, to problem solve and to discuss any common issues of interest related to working in the Trust. This meeting will be co-chaired by the Service-User Involvement Lead and one or two service-users.

- All Divisions will be responsible for providing administrative support to service users to ensure they are paid on time and they are supported should they need papers or reports printed out. This should include making information accessible, large print etc.

- C&I News should provide a standing section in the newsletter for "Service-User Involvement" highlighting the success of partnership working a cross the Trust and updating opportunities available. The Communications team and service-users interested in becoming champions in Communications and learning more about marketing and media, will meet regularly to consider other development opportunities, for example increasing the use of social media, website updates, and blogs to share information and insights into Trust services.

## Guidance

- It was agreed that the term **"Guidance"** should be used rather than "Supervision".

- Guidance for Service-users should be offered in the form of **regular planned 1-1 meetings** with a relevant named person within the Trust who will provide support to service-users involved in specific activities or meetings in the Trust, For example reviewing tender applications, writing strategies, chairing meetings etc.

- All service –users will be offered access to a group for **Peer Supervision** and support. This may be provided as part of the project or an identified lead.

- Peer supervision is not to be confused with personal therapy, it is specifically related to service-users involvement activities.

- Should a service-user become unwell and unable to attend any meetings or fulfil any commitments they will be expected to let the staff involved in the piece of work know, by text, telephone or email and to arrange for a period to step down so they can look after themselves and recover their health.

- This will not interfere or exclude them from being involved in other pieces of work when their health is improved or for any future service-user involvement opportunities.

- A service-users clinical team may be consulted if there is concern that a service-users health is deteriorating. The purpose for this is to ensure the service-users is fully supported and the work they undertake is manageable and doesn't interfere with receiving care and treatment to manage their health issues and maintain mental well-being.

- As a last resort any service-user who is struggling to meet the demands of service-user involvement may be asked to temporarily step down by their care coordinator or clinical team until their health is improved if they are unable to recognise this put other service-users or staff at risk of harm.

- The 'guidance ' offered to service-users will ensure there are regular opportunities to **revisit and review initial goals** for the activities they are involved in so they can be adjusted and the service-user feels supported and listened to.

- There will be no barriers on what service-users can get involved in.  This might be offering supervision to staff for example in the simulation suite) or buddying/coaching /guiding less experienced service-users.

- It is proposed that the Recovery Board will become the vehicle to pull all the divisions work opportunities together, to join up service- users, and where required resolve any challenges to service-user involvement activities and share what works well in each service.

## Training

- A short and simple **Induction Course** for all service-users and carers will be provided at the start of service-users becoming involved in the Trust. This will involve Health and Safety at Work, Fire Training, Confidentiality, and Safeguarding, as well as identifying relevant policies and procedures which are relevant to the piece of work they are involved in as well as any policies that ensure their safety at work.

- An outline will be given of what is expected of anyone who wants to get involved and a **Code of Conduct** will be prepared through the Service-users Alliance which all service-users sign up to.( Appendix 5)

- Service-Users will be encouraged to work with their care coordinator or in the service-user groups to make a list of their skills and their interests. This is already in place for all Members of the Trust. Service-users will be supported to **identify** and **match any involvement opportunities with training necessary to perform tasks selected** e.g. confidence building, meeting skills; how to be a representative in a meeting, focus groups, committees, being part of an interview panel, chairing a meeting, presentation skills and multi-agency meetings.

- Training available will be listed but not be compulsory.  It should be **"self-selected and identified"** by individuals.

- Appropriate training needs for service-users to get involved in Trust business should be identified by the service-user and then it may be **provided either within or outside of the Trust** depending on the type of involvement opportunities the service-user has selected..

- **Learning and Development will work with the Service-User Lead to** oversee and extend training courses where appropriate for staff to service-users.

- **The Mental Health Law hub, and some of the other Corporate services; Safeguarding, Equality and Diversity and the AMHP service** will explore and design training courses to support service-users getting involved in audits etc and also if there are any opportunities co-produce and deliver courses at the Recovery College.

- All training should be accessible to all adopt easy read principles and use simple language (no jargon) and pictures where appropriate.

**Deborah Wright -Head of Social Work and Social Care 9th September  2016.**