

Putting People Centre Stage

The aim of this paper and the accompanying case studies is to emphasise the real benefits to commissioners and providers of housing with care and support which arise from the genuine engagement of service users at every level, including an increased drive towards service involvement and integration.

Prepared for the Housing Learning and Improvement Network by
Tenant Participation Advisory Service (TPAS)

Contents	Page
1. Introduction	1
2. Purpose of the Paper	1
3. Background and Context	2
4. Transforming Services – Health, Housing and Social Care	4
5. Public Engagement Leading to Better Integration – a case study approach	7
6. What Next for Strategic Leads, Commissioners and Providers	9
7. Other useful information	10
Annex I: The Case Studies	
<ul style="list-style-type: none"> • Manchester Supporting People’s Independent Living Charter. • Stockport Homes engagement of homeless people • Walsall Supporting People’s Peer Assessor Programme • The East Sussex Seniors Association partnership work with East Sussex County Council • NHS Leeds Patient and Public Involvement Team’s Joint Mental Health Review • Tower Hamlets Local Involvement Network You Decide! Project 	

About Tenant Participatory Advisory Services

The Tenant Participatory Advisory Services (TPAS) is the national tenant and landlord participation advisory service for England. TPAS works with tenants and landlords to improve housing conditions and services at a local level.

About the Housing LIN

The Housing LIN is the national network for promoting new ideas and supporting change in the delivery of housing, care and support services for older and vulnerable adults, including people with disabilities and long term conditions. The Housing LIN has the lead for supporting the implementation and sharing the learning from the Department of Health’s £227m Extra Care Housing Grant arrangements and related housing, care and support capital and revenue programmes.

1. Introduction

The meaningful engagement of service users in the design and delivery of services is critical to the effective provision of integrated and personalised care, health and housing services. The growing policy commitment to real empowerment is increasingly being translated into practice developments on the ground. A diverse range of examples of this commitment can now be found across the public sector. This paper from the Tenant Participation Advisory Service and the Housing Learning Improvement Network at the Department of Health draws upon some of these practice examples to highlight progress made.

2. Purpose of this Paper

The aim of this paper is to emphasise the real benefits to service commissioners and providers which arise from the genuine engagement of service users at every level, including an increased drive towards service integration. Using a number of case studies to illustrate examples of practice, the briefing will also show how these benefits are equally replicable across a wide range of service types, including the planning, commissioning, and / or management of housing, social care and wider community services. Commissioners, policy and strategy leads, and service providers working in housing, health, care and support settings will find this paper of interest, as will practitioners of public, patient and service user involvement across these service areas.

The paper highlights the experiences and lessons learned drawing upon 6 specific case studies. These are:

1. Manchester Supporting People's Independent Living Charter. This draws upon the experience of over 300 Supporting People funded groups and is built around developing a statement of requirements and relating services to the personal needs of service users. The case study highlights the ways in which effective involvement can influence the commissioning role.
2. The Stockport Homes case study shows how vulnerable homeless people can be engaged in developing the service and support they need. It highlights the importance of personal plans for enabling people to achieve longer term housing and support outcomes.
3. Walsall Supporting People's Peer Assessor Programme demonstrates the importance of service user involvement in contract letting, which in Walsall is related to reality checks on services. The case study emphasises the need for effective peer assessor training.
4. The East Sussex Seniors Association (ESSA) and its partnership work with East Sussex County Council enables older people in the county to inform strategic and policy developments, as well as becoming involved in the design and evaluation of services. The case study highlights ESSA's key role in the delivery of East Sussex's Partnership for Older People's Projects (POPP) Programme.
5. NHS Leeds Patient and Public Involvement Team's Joint Mental Health Review: This case study outlines the partnership working which has evolved through the development of jointly planned and commissioned mental health services. As part of this process, patients, carers and the wider public have become closely involved in designing, planning and in the delivery of community mental health services.

6. Tower Hamlets Local Involvement Network (THINK): This case study outlines some of the innovative activity being led by the Local Involvement Network in Tower Hamlets to engage the whole community in identifying their own priorities for improving health in their local areas. This was undertaken through a 'Participative Budgeting' process, based on the earlier 'You Decide!' project in the Borough which engaged local people in voting to decide which services should be purchased across a range of priority areas, such as tackling antisocial behaviour, and raising the level of GCSE results.

3. Background and Context

The campaign for the citizen rights of disabled people and people with mental health needs, alongside the growth of the self-advocacy movement led particularly by people with learning disabilities, boasts a distinguished history over the past 4 decades.

Alongside this, the principles, theory and practice of effective and meaningful service user engagement at all levels of service design, delivery and in decision-making has also evolved significantly, embodied in the slogan 'nothing about us without us'. This is reflected in the increasing profile of user-led organisations, such as Centres of Independent Living, 'People First', and Senior or Elder Forums, for example. It also reflects a wider focus on the rights of citizens – and indeed, of consumers (purchasers of services), with one facet being the growing prominence and voice of older people, in an ageing society.

Common Policy Framework

In recent years, a common policy framework for social care, health and housing reform has emerged that has placed a strong emphasis upon service user engagement, and indeed which views this as a core component of wider, radical, public service transformation. As outlined in the Cabinet Office publication 'Power in People's Hands' (July 2009), the Government envisages '*...a radical dispersal of power to patients, parents and citizens*', leading to a fundamental change to the relationship between the citizen and the state. This encompasses a greater focus on citizens' 'entitlements' to services; greater levels of accountability through easily accessed, locally tailored information, often available digitally; and tailor-made, personalised services, shaped by the people who use them.

Duty to Involve

A number of key legislative and policy developments underpin this radical vision. The National Health Service Act 2006 places a duty on NHS trusts, Primary Care Trusts and Strategic Health Authorities, to make arrangements to involve patients and the public in service planning and operation, and in the development of proposals for changes. This requirement was strengthened by the Local Government and Public Involvement in Health Act 2007, which also gives all local authorities a duty to inform, consult and involve the public in decision making.

From October 2009, primary care trusts and strategic health authorities (those which commission healthcare services) have a duty to report on consultation, that is, to tell people what action they have taken in response to public feedback.

Putting People First

In the context of the current difficult economic climate, alongside growing public expectations demanding a choice of accessible, flexible and responsive services, the Government states in 'Power in People's Hands' that *'Innovation and greater productivity in the next few years are likely to come from services forging stronger relationships with citizens'* and that *'Achieving not merely adequate standards in services, but high-quality, personalised responses to the aspirations of millions of citizens, rests on ensuring that people can better direct services themselves.'*

Nowhere is this shift more dramatic than in adult social care, currently in the process of radical redesign through the 'Putting People First' change agenda. Founded as it is on the core principles of choice and control, with support and commitment from across local and central Government, the NHS, providers and the regulator, it sets out a radical vision of public sector transformation. The aim is to enable people who use care and support services to live their own lives as they wish, 'confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.'

Mechanisms to enable people to have choice and control include Personal Budgets, where individuals are allocated an amount (assessed according to their personal social care needs and financial eligibility) to enable them to decide for themselves how their needs can best be met.

The Department of Health's 'Putting People First Progress Measures' document published in October 2009 emphasises the critical role which service user and carer engagement plays in the transformation process, highlighting the importance of involving family members and other carers, as well as enabling service users to exercise choice and control *'with advocacy and brokerage linked to the building of user-led organisations.'* Service users and carers, and other interested citizens, should be seen as equal partners in the development of new social care services and in helping to direct the whole transformation process.

Supporting People

The importance of user involvement in the Supporting People programme, which funds housing related services, is emphasised in the recent Audit Commission report on Supporting People for Communities and Local Government (July 2009). The report found that Supporting People has brought improvements to tailored support, through active service user involvement, among other areas.

Examples given include the engagement of service users as peer reviewers of existing services, or as members of commissioning panels. Indeed, the meaningful engagement of service users is a key requirement of the QAF (Quality Assessment Framework). This has helped to make services more focused on individual needs, and has increased the emphasis on proactive support which seeks to help service users to become more independent.

Major changes have taken place in the financial year 2009/10 with respect to Supporting People funding, with the lifting of the ring fence and the funds now provided to each top tier local authority as part of the Area Based Grant. This is intended to provide councils with the opportunity to come up with new and innovative ways to support vulnerable people in a range of different situations, which they should continue to do with the full engagement of service users in the design and delivery of services.

4. Transforming services - Health, Housing and Social Care

'Putting People First' is clear that achieving this vision will, for many service users and carers, require a real change in their experience of local support and services. Lord Darzi's review of the NHS (2008) also envisages a far more personalised health system, and highlights the importance of strong relationships between health, social care and other community services, if this outcome is to be achieved.

What's in it for Housing?

Changing public expectations and increased focus on the consumer role of tenants are also changing the way in which housing providers and housing related support services, as well as local strategic housing authorities, are engaging with residents, as has already been outlined with respect to the Supporting People programme. As observed in the Tenants Services Association report, 'Understanding Tenant Involvement', March 2009:

'Over the past decade, citizen empowerment has increasingly come to be seen as both an end in itself and an integral mechanism for delivering effective public services tailored to the needs of those who use them. This shift in the public policy landscape is also reflected in the housing sector... Tenant involvement in housing decision making is now perceived to be a central element of good service delivery.'

For some years, most housing associations have involved residents in decision making, including having resident representatives on their Boards. This mirrors one of Tenant Services Authority's key objectives: *'to ensure that tenants of social housing have the opportunity to be involved in its management'*. However more recently, the changes are impacting upon the face of housing much more widely.

As an example of the increasing consumer role of social housing tenants, the new system of social housing allocations, Choice-Based Lettings (CBL), allows social housing applicants (and existing tenants who would like to move) to apply for vacancies which are advertised widely (such as on a website). Under the traditional system, housing officers would seek to match applicants who have priority on the waiting list to available vacancies, with limited opportunity for potential tenants to express a preference. The current target is for all English local authorities to introduce CBL by 2010, highlighting the strong emphasis which the Government is placing on promoting choice and control for tenants and would-be tenants in affordable housing.

In another example of the shift of the individual user of services from grateful recipient, towards the role of demanding customer, many Home Improvement Agencies (HIAs) are recognising the opportunities for developing more social enterprise or commercial services targeted at local older or disabled people. These might include gardening or home maintenance, advice or help with moving home, potentially attractive to home owners who are willing to pay a reasonable amount in return for the peace of mind provided by a good and trustworthy service.

More widely, opportunities might exist for HIAs, and other providers of housing-related services, to market their services to holders of social care personal budgets. The links across housing, health and social care, and the contribution which HIAs can make to the personalisation agenda and to promoting the involvement of older and disabled people in the design and delivery of services, are highlighted in the Housing LIN / Foundations report, 'Connecting with Health and Care' (May 2009).

In another market, as more specialist housing with care solutions develop (such as extra care housing schemes), alongside an increased focus on choice, control and co-production, it seems likely that housing providers will need to build new dynamic

relationships with residents (tenants, leaseholders, etc). Future generations of extra care housing residents may wish to take on more direct involvement in the management of the scheme in which they live. They may wish to have more choice about the type of activities which take place in their scheme, or about what services they should have to pay for as part of their core service charge. Indeed, user-led organisations may themselves decide to become housing providers, with the Board chaired and led by residents themselves.

Performance, Regulation and Standards

These policy developments need to be seen alongside the growing leadership role for local authorities and the new local authority performance framework (the Comprehensive Area Assessment. This will examine performance, not only on a single organisational basis, but also at an area level, including a focus on the quality of partnership working to achieve the priorities identified in the Local Area Agreement (LAA). Local Authorities and their partners are expected to involve the public, including service users, in the development and agreement of these priorities, which should inform all decisions about the future funding of services for people with health, housing, care and support needs.

The table below outlines the key agencies involved in regulating housing, health and care organisations, and their requirements in terms of evidence of service user involvement in the design and delivery of services commissioned or provided by those organisations.

Agency and Sphere of Influence	Outcomes Sought	Actions Required
<p>Comprehensive Area Assessment</p> <p>The Audit Commission, the Care Quality Commission, HMI Constabulary, HMI Prisons, HMI Probation and Ofsted are responsible for CAA, the framework for joint independent assessment of local public services in England. Under CAA, the Inspectorates will make joint findings about areas through an area assessment, and about single-tier and county councils through an organisational assessment.</p>	<p>One of the three key questions in the CAA is: ‘how well do local priorities express community needs and aspirations?’</p> <p>The CAA will assess how well partner organisations have carried out their ‘duty to involve’.</p>	<p>The CAA Assessors will identify how well local partners understand their communities and listen and respond to local people. They will also assess how well this understanding has been used to inform local priorities and therefore influence future prospects for improvement.</p>
<p>Care Quality Commission</p> <p>The Care Quality Commission is the health and social care regulator for England.</p>	<p>Outcome 4 of the CQC performance assessment guide for adult social care is ‘increased choice and</p>	<p>A performance characteristic of Outcome 4 is that: ‘People who use services and carers contribute their experience and views about social care.</p>

<p>The CQC assesses the performance of Council social services for adults, contributing to the overall Comprehensive Area Assessment performance regime. The CQC regulates healthcare organisations and assesses the compliance of health trusts against a set of 'Core Standards'. The CQC also enforces standards in all health and social care services, whether provided by the NHS, local authorities, private companies or voluntary organisations.</p>	<p>control'. Core Standard 17 for health trusts: 'The views of patients, their carers and others are sought and taken into account in designing, planning, delivering and improving healthcare services'</p>	<p>Their experience and views help to shape service improvements.' Element 1 of Core Standard 17 requires that: 'The healthcare organisation seeks and collects the views and experiences of patients, service users, carers and the local community... on an ongoing basis when designing, planning, delivering and improving healthcare services'.</p>
<p><i>Tenants Services Authority.</i> The TSA regulates the work of housing associations. Formal consultation on six standards closed on 5th February 2010 and a formal document setting out the six new standards in full is expected in March 2010. From spring 2010 all social housing providers have to meet the standards. The Audit Commission (AC) will support the TSA's regulatory role through carrying out inspection on behalf of the TSA. The TSA will support the AC in its role on Comprehensive Area Assessments.</p>	<p>Standard one sets out the expected outcomes around tenant involvement and empowerment and requires all providers to design and deliver housing services that are easily accessible. Providers must understand their tenant's needs and use this information to design and deliver their services and communicate with tenants. In addition providers are required to offer all tenants the opportunity to be involved in the management of their housing and provide support to enable them to be effectively engaged, involved and empowered.</p>	<p>The standards require providers to set out what they offer to tenants and set local standards that reflect the priorities of local communities.</p> <p>These proposals balance new demands on providers to be transparent and report on performance to their tenants, and hold themselves to account</p> <p>As part of standard one all providers must have a clear and accessible complaints policy and be able to demonstrate how they use complaints and other feedback to change services and make improvements.</p>

5. Public Engagement Leading to Greater Integration – A Case Study Approach

Many of the case studies highlight the ways in which effective and meaningful involvement of the public, and of service users and carers, can lead to greater levels of integration, improved public satisfaction and better outcomes for people. In part, as illustrated in Case Study 4 by the East Sussex Seniors Forum, this is because people want public services to communicate with one another better, responding to people's needs holistically, and so may themselves identify integration as a priority. Indeed, a key element of public service reform is the focus on a common assessment of individual needs, through an approach focused on the whole person (including their health, social care and housing needs), with a greater emphasis on self assessment.

A key opportunity for better integration at a strategic level is offered through the Joint Strategic Needs Assessments (JSNA's), developed by all top-tier local authorities in partnership with PCT partners, including information about the health and social care needs of the population. JSNA's should also include other key data such as that which is related to housing and support needs. Service users should be involved in the development of JSNA's, which should then help provide the evidence base which drives key commissioning decisions across health, housing and social care and inform all the key strategies and plans for the area, including local Sustainable Community Strategies and Local Development Frameworks, as well as the priorities expressed in the Local Area Agreement.

Case Study 4 also highlights older people's wish for better, and more joined up, information to be made available about the services which are available. Indeed, access for all to information, advice and advocacy about health, housing and social care services, as well as signposting to other local resources, is a 'Putting People First' priority. Accessible information about what is available, and about how services work, is itself an enabling factor, and so is a key precondition for the development of wider service user and citizen involvement.

With the lifting of the ring fence on Supporting People funding (as outlined earlier), and the money now being paid to all local authorities as part of the Area Based Grant, a further opportunity exists for more integrated commissioning of housing related services for vulnerable people, decisions which should also be closely informed by ongoing engagement with users of housing related, and other care and support services. Case studies 1, 2 and 3 all illustrate the strong history of service user engagement exhibited by many housing and support providers, and facilitated through the Supporting People programme in many localities.

Local Involvement Networks

One key mechanism for the full engagement of service users and members of the public in the planning and design of services are the 'Local Involvement Networks' (LINKs) which have been developed in each local authority area. These provide a mechanism which aim to help the local community to have a stronger voice. Their role, among other functions, is to seek the views of local people about health and social care services; provide a chance for people to suggest ideas for improvement; investigate issues of particular concern to the local community; and to use their powers to hold services to account if something goes wrong. Case Study 6 focuses on innovation which has been pioneered by Tower Hamlets Involvement Network (THINK), enabling the wider public to have a much stronger voice in deciding how public money should be spent.

Equality and Diversity

It is known that black and minority ethnic groups, as well as other often marginalised groups such as homeless people, tend to experience poorer health than the overall population, and at the same time are less likely to use services. A combination of factors include low levels of trust in services, lack of accessible information in the appropriate format or language, and indeed insufficiently diverse provision to meet the needs and aspirations of particular ethnic or religious groups in the community.

In order to improve the diversity of service provision and increase take-up from black and minority and other often marginalised community groups, and to address health and wellbeing inequalities, it is particularly important that commissioners and providers engage effectively with these groups, as illustrated in Case Study 5, in order to gain a good understanding of people's needs, and expectations from services, and aspirations for their own lives.

Engaging with people to achieve better outcomes

The 'golden thread' running through all the case studies is that service users are shaping the planning and commissioning of services, at a range of levels. The move towards embedding real and meaningful user engagement at every level is bringing a range of benefits to service delivery and, ultimately, enabling services to better meet the needs of service users. Benefits include:

- Services are tailored to the needs of the individual user rather than to the organisation or staff providing the service.
- There is greater co-ordination between health, housing and social care and individual service providers (because service users insist that their needs be considered holistically, rather than as if health, housing or social care needs arise in isolation from one another).
- Service users can influence and indeed help shape what services are provided, and how they are delivered.
- Service user engagement involving people who have in the past not felt able to engage in participation activities, can help commissioners and providers take account of their needs, which may not have been acknowledged before.
- Service users and the public can hold decision makers to account.
- Greater engagement of service users can help partners to develop the use of social capital, including through user-led organisations, so that people can meet their own needs with the least recourse to specialist services. As outlined in the Department of Health report 'Uses of Resources in Adult Social Care', this is an important aspect of ensuring a more cost-effective approach.

It seems likely that the personalisation agenda will lead to increasing diversity of provision, with many service users designing more creative solutions to their own needs than many commissioners and providers have been able to achieve in the past. Health and social care can learn a great deal from many social housing providers, housing related support agencies, tenant participation, representative and regulatory bodies, many of whom have a strong record of enabling tenants and users to influence the design and development of services within the organisation.

6. What Next for Strategic Leads, Commissioners and Providers?

The direction of travel is clear and commands widespread support. As the case studies illustrate, in order to further embed real and meaningful user engagement at all stages of commissioning and provision, the following factors should be considered:

Responsive Services

More informed, demanding customers will certainly expect services to become more responsive not just to their needs, but also to their demands and aspirations. As personal budgets become the norm in social care, and to some extent in health, and as opportunities grow for people who have access to their own funds to purchase tailored housing, care and support services, service commissioners and providers will need to become far more consumer-conscious and willing to adapt service delivery models according to consumer demand.

Workforce Training

All socially excluded and vulnerable groups should be able to influence the services and decisions which affect their well-being. In order to enable this, health, housing and social care commissioners and providers need to develop a better understanding and a stronger focus on the challenges facing many people who experience social exclusion or who have complex needs, and the factors which make it hard for some groups to become involved. This may require training for staff at all levels, possibly delivered partly or wholly, with support, by service users themselves.

Safeguarding and Protection

It is important that Safeguarding Partnership Boards, which should include health, housing and social care, actively include service users as key partners in all aspects of their work. Partner organisations should also build service user engagement into the design and delivery of their own safeguarding procedures. This includes development of communications and publicity materials about safeguarding, which should be produced in a range of user-friendly styles and formats to ensure that as many people as possible are aware of what safeguarding is and what to do if they are being abused, or if they are concerned about someone else.

Resources and support to enable effective engagement

- Service users need to be able to access information and resources, as well as personal development and skills training, if they are to become self-organised, confident, and effective in influencing service providers. Access to information, advice and advocacy will be an essential factor in whether or not service users can do this.
- Service users need to be able to support each other, and share good practice, experiences and ideas through traditional means such as meetings, but increasingly also through electronic methods (websites, social networking) which may require funding and support to establish.
- Service users should be supported to influence and help define strategic plans, e.g. JSNAs, and decisions about commissioning priorities, as well as about specific services and how they should operate in practice, and
- Effective service user engagement should be recognised, itself, as a critical success factor in delivering good quality, integrated social care, health and housing services.

7. Other Useful Information

Uses of Resources in Adult Social Care – October 2009, Department of Health

Supporting People Review 2009 – Audit Commission

Connecting with Health and Care – May 2009, Foundations / Housing LIN

Power in People's Hands – Learning from the World's Best Public Services – October 2009, Cabinet Office

Putting People First Progress Measures – October 2009, Department of Health

Understanding Tenant Involvement – March 2009, Tenant Services Authority

"More than just a few kind words!", Reshaping support in sheltered housing, a good practice guide for housing providers and local authorities, commissioned by the Ministerial Working Group for Sheltered Housing – February 2010

Making user involvement work: supporting service user networking and knowledge – November 2006, JRF

User Involvement in Public Services – Sixth report of session 2007-8. House of Commons Public Administration Select Committee

The national standards for social housing can be found at:

www.tenantservicesauthority.org/server/show/ConWebDoc.19733

The full list of Housing LIN Reports can be seen and downloaded at our website:

www.dhcarenetworks.org.uk/housing

The Housing LIN welcomes contributions on a range of issues pertinent to Extra Care housing. If there is a subject that you feel should be addressed, please contact us.

Published by:

Housing Learning & Improvement Network

304 Wellington House

135-155 Waterloo Road

London

SE1 8UG

Tel: 020 7972 1330

Email: info.housing@dh.gsi.gov.uk

www.dhcarenetworks.org.uk/housing

Annex I: The Case Studies

Case Study 1

Manchester Supporting People - Independent Living Charter

Background

Manchester Supporting People programme was awarded 3-star excellent status by the Audit Commission in 2004. Supporting People in Manchester has a proven successful history and track record in best practice for service user involvement, in particular the development of the Manchester Core User Group (CUG)

In continuing to keep service users at the heart of the local Supporting People programme, Manchester wanted to develop an Independent Living Charter (ILC) to enable service users reach their full potential - for instance becoming more independent, having a stable home, getting a job and leading a full and happy life.

The aim was to consult with service users to design and develop a statement of requirements around what they expect from Supporting People services in Manchester. These requirements or standards will be used to assess current services and plan for future services. Service users in Manchester will be trained as Peer Assessors to test the ILC standards.

What Happened

Manchester Supporting People commissioning and strategy group and Manchester Core User consulted with over 300 local Supporting People service users, representing all 21 client groups.

The consultation and the final ILC focuses on the following key areas:

- Your Support Service
- Your Support Worker
- Achieving Your Goals

Over 200 service provider representatives in Manchester were also consulted about signing up to the ILC.

Impact

By signing up to the charter, Manchester Supporting People providers agree to:

- ✓ Provide services that service users want.
- ✓ Provide services that offer good quality support staff.
- ✓ Provide services that support service users to achieve their goals and aspirations

The Manchester ILC was launched in June 2009. Following the sign up, services not meeting the charter standards will be required to complete an Action Plan to improve their standards.

Implications for future joined up health, social care and housing

The ILC will be a key document when commissioning new Supporting People services in Manchester in the future, including jointly commissioned services by forming the basis of any new service requirement and service specification.

It will also play an important role in monitoring the standards of individual Manchester Supporting People services and will be incorporated into future Community Strategies for Manchester.

Finally, the ILC will help set future targets on how the Supporting People programme in Manchester can contribute to achieving Local Area Agreement outcomes.

Case Study 2

Walsall Supporting People - Peer Assessor Programme

Background

Walsall Supporting People team wanted to improve involvement and engagement of service users, particularly around contract monitoring processes and “reality check” visits to local Supporting People funded services.

What Happened

TPAS were commissioned in 2008 to provide a Peer Assessor training programme for Supporting People service users in Walsall. The programme included 3 days training in Supporting People, contract monitoring, the role of Peer Assessor, communication & interview skills and interview practice. Support was also offered around recruiting Peer Assessors into their roles.

Impact- Peer Assessor Testimonials

PEER ASSESSOR 1: *“I used to be very active and worked as an electrician until I was 70. Then I worked teaching children with special needs to sail until I was 81. I am a carer to my son who has autism and epilepsy. My son has funding from Supporting People and I was really keen to get involved. I joined the Walsall Supporting People Service User Planning Group and went on to train as a Peer Assessor- this means I talk to other service users who receive Supporting People services about their experiences and feed this back to the Supporting People team. I can’t do enough; I really enjoy what I’m doing and want to keep as active as I can. It also gives me a release and respite at times from caring for my son”.*

PEER ASSESSOR 2: *“Being involved with Supporting People has helped me to keep my self worth and given me a sense of purpose, which has stopped me from falling in to despair. I care for my wife who suffers from chronic schizophrenia and diabetes. I attended the strategic housing forum that meets in Walsall Town Hall about four times a year. It was there that I was recruited to attend a three day training programme through TPAS for carers and service users to become Peer Assessors. I enjoy carrying out Peer assessments, with service users, through this I can see the outcomes that Supporting People is achieving in helping a variety of people in Walsall to live independently and improve their life skills.”*

PEER ASSESSOR 3: *“When I complete a report, Supporting People compile an action plan, on the issues that I have identified that need to be addressed. The Service Provider is then asked to take action on all the issues, they are also given a time limit to correct the problem .The main aim of this is to continuously improve the quality of the service provided to the user. I would encourage anyone to consider training as a Peer Assessor; it is an opportunity for personnel growth, with the satisfaction of helping others.”*

Implications for future joined up health, social care and housing

To continue to sustain the successful current Peer Assessment programme, a revised training programme was facilitated by TPAS to train new peer assessors and provide Advanced Peer Assessor Skills for existing Peer Assessors in April 2009. This training was funded in partnership with other areas of Adult and Social Care (Older People and Learning Disabilities) to ensure that the programme can be rolled out across shared contracts including health.

Case Study 3

Stockport Homes - The A Team

Background

Stockport Homes is an Arms Length Management Organisation (ALMO) that manages three 'A rated' Supporting People funded temporary accommodation schemes in the borough. These schemes provide a place for people who are homeless to stay on an interim basis whilst they secure a permanent home as well providing as a range of holistic support to ensure that residents gain the best possible chance of successfully sustaining their future tenancy.

The services are assessed against a framework which requires service user involvement *in every process* in order to gain the highest grade of service – including the development of policies and procedures.

What Happened

Each scheme already had monthly resident meetings in place. However, it was felt that these meetings were not conducive to discussing policies and procedures in depth.

As a result, a separate service user group, the Temporary Accommodation Expert Panel (TAEP) was set up with the aim of consulting and involving service users in the review of policies and procedures and on issues that affect the whole service.

Impact

Considerable improvements have been made to the temporary accommodation service that would probably not have come about without the input of service users. Some examples include:

- A new leaflet and a welcome pack providing user-friendly information about the schemes was produced.
- A new privacy charter was created for each scheme
- Service users created a board game to identify the barriers stopping people move on successfully to their tenancy. It sets out what help and support would be available to help them. This exercise enabled ex-service users to guide and mentor service users currently experiencing the temporary accommodation service and also gave officers the chance to offer advice and expertise on a whole range of social and financial inclusion issues.

The achievements were reflected when the services were assessed against the Supporting People Quality Assessment Framework (QAF). All three schemes achieved a grade 'A' – the first service in Stockport to achieve this and one of only a handful in the North West of England.

Implications for future joined up health, social care and housing

This project can be replicated by any organisation. It just needs time, effort and commitment.

Don't be afraid to make changes where things don't work and make sure you can demonstrate clear outcomes to show the group or activity is meaningful.

Case Study 4

East Sussex County Council and East Sussex - Seniors' Association Working in Partnership

Background

This case study outlines the ways in which older people have become involved in the design and delivery of services in East Sussex, at every level. East Sussex Seniors' Association (ESSA), an umbrella group linked to 7 District Seniors Forums across the county, and with over 3500 members, works in partnership with East Sussex County Council. *

What Happened

In preparation for a successful bid for DH Partnerships for Older People Projects (POPP) funding, locally called 'Independence First', representatives from ESSA formed a Reference Group, which worked in partnership with East Sussex County Council from the very outset. Services focused around giving people information about home adaptations, equipment and community support; avoiding hospital admissions; and providing specialist care for people with mental health issues. The programme ran for 2 years (between 2006-2008), and during that time more than 7500 people accessed the services. The Reference Group remained actively involved as equal partners throughout the design, commissioning, monitoring and evaluation of the programme.

ESSA also worked with East Sussex County Council and other older people's groups (in 2008) to co-produce the East Sussex 'Time of our Lives' Strategy, which provides a framework for a wide range of activities that support older people's quality of life and wellbeing, grouped into eight cross-cutting themes.

Impact

After grant funding for the POPP Programme came to an end, the services continue to be funded by local health and social care organisations. The approaches developed by the POPP programme to involving and engaging with older people have highlighted the possibility of more effective engagement with older people through channels such as ESSA and the District Seniors' Forums. The Reference Group's involvement with the Older People's Partnership Board enabled the lessons learned from POPP to be more embedded in the local community and future service design.

More widely, ESSA and East Sussex County Council continue to work together to monitor and review the implementation of the 'Time of our Lives' Strategy, and recently ran an Older People's Engagement Day, attended by 150 people, to review the eight priority themes in the strategy, and identify priorities for action. Issues raised on the day included preventing social isolation, increasing transport options and access to services, better support to enable people to stay in their own homes, and improving the quality of life of older people who need care and support. All the information and feedback gathered on the day will inform the development of the refreshed Action Plan for 2009-11.

'Well done County Hall, well done ESSA. I am proud to be a member. It will be good to see more things next year: more people, more power.' – ESSA member at the Older People's Engagement Day, 2009.

Implications for future joined up health, social care and housing

Improved joined up working was a clear priority for the older people who participated in the Engagement Day. Two of the most popular action points raised at the event were for partners to 'increase communication between agencies supporting each other' and for there to be 'one place for individuals, businesses and agencies to get information and support – one telephone number.'

*A Guide to Involving Older People which outlines the learning resulting from the POPP Programme in East Sussex, can be accessed via the County Council's website, <http://www.eastsussex.gov.uk>

Case Study 5

NHS Leeds Patient and Public Involvement Team - Joint Mental Health Service Review

Background

NHS Leeds is responsible for ensuring that the people of Leeds have access to the health services they need, along with directly providing a wide range of community-based services across the city. The Patient and Public Involvement (PPI) Team liaises closely with GP practices, pharmacists, optometrists, dentists, hospital trusts, social services, mental health services and community and voluntary organisations to commission and fund the healthcare they provide to people in Leeds. The PPI team undertake a broad range of public health initiatives to improve the health and quality of life for local people.

Working in partnership with commissioners from other statutory organisations on jointly commissioned services, the PPI team's work is dedicated around involvement of patients, carers and members of the public in the design, planning and delivery of community health services.

What Happened

As part of the joint review process of commissioned mental health services in the voluntary sector by NHS Leeds and Leeds City Council, service users from 5 Leeds Mind services were actively encouraged and supported to take part in the review process supported by the NHS Leeds PPI Team. A clear understanding was established which was to meaningfully involve service users in the review process and ensure that these views were representative and that the process was inclusive and accessible.

Involvement mechanisms within the services were examined and all input from service users was used as part of the review process. Clear objectives were outlined at the start of the review process and were inherent in the questions asked of service users. Issues identified through the questionnaires sent out were then followed up through focus groups and one to one interviews. Work was undertaken with each service to identify appropriate methods of involvement, and explain the review process and importance of service user involvement. Support and advice was provided to services to ensure service users were supported to become involved.

Service users were involved in the process of designing the review service user questionnaire supported by Leeds Involvement project which is funded by NHS Leeds and Leeds City Council. A variety of methods were used to ensure that service users both current and past were given the opportunity to be involved and consulted, including 1 to 1 interviews, telephone interviews, forums, focus groups, statements, poetry, artwork, text, email, and questionnaires

Impact

Increased involvement of a greater number of service users from wider and more representative backgrounds, including service users who had left services.

Information from service users was compiled into a report for each service and was used to directly influence the review process. Recommendations from service users around user involvement processes were also implemented by Leeds Mind.

Service users were keen to ensure that their views were acknowledged and listened to, and several have gone on to join NHS Leeds Patient, Carer and Public Involvement Network to be involved in further involvement opportunities.

Implications for future joined up health, social care and housing

This model can be replicated within any organisation and can be shaped to meet the needs of the service users and staff involved in the process. The project created a template that integrated user involvement throughout the whole review process and ensured direct influence from service users about the services they received.

Case Study 6 Tower Hamlets Local Involvement Network – (THINK)

Background

Local Involvement Networks (LINKs)' role is to 'promote and support the involvement of people in the commissioning, provision and scrutiny of local health and social care services'. Every local authority area in England should have a LINK, known in Tower Hamlets as the 'THINK'.

'These are exciting times for those of us who believe in social justice and equity, want to improve the lives of the community, are committed to community empowerment and wish to co-operate and enter into a constructive dialogue with commissioners and providers of health and social care in Tower Hamlets in finding shared solutions to shared problems.' THINK Annual Report 2008-9.

What Happened

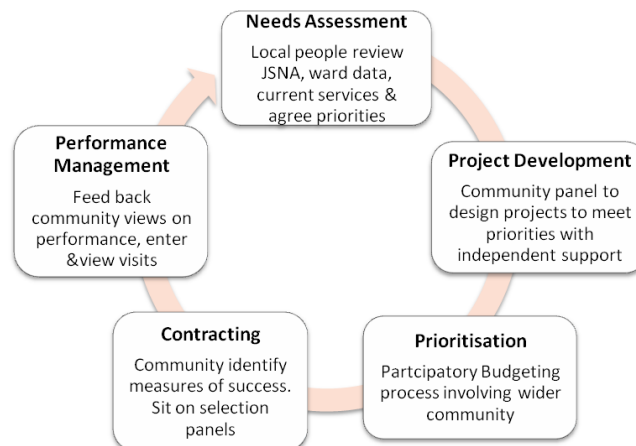
THINK has a steering group which includes local residents and representatives of service user groups, as well as of voluntary sector, provider and commissioning organisations. An important part of THINK's work is to ensure that it engages with groups who often do not have a loud voice, such as older Bangladeshi women, and young homeless people. THINK reaches people by going to wherever they are, accessing existing community networks, and using approaches such as 'Discovery' interviews to enable people to tell their own stories, in their own words.

One innovation is the You Decide! Health Project to engage the public in commissioning. THINK members (now numbering over 500) were asked to identify their top priorities across health and social care. THINK then worked with the World Class Commissioning team at the PCT to use this information to inform the recommissioning of a health training project across the borough.

Impact

The project was based on previous experience of 'participatory budgeting' in Tower Hamlets, which involved the public in voting for how public money should be spent across a wide range of service areas, from reducing anti-social behaviour, to raising GCSE standards. Using a range of methods, including electronic voting systems, local people identified the most important health issues for their area, coming up with ideas for projects to tackle those issues, and voted on their favourites. These were passed on to the voluntary organisations tendering for the work, with local people sitting on the tendering panels, and on the panels which monitor the ongoing quality of service delivery.

The participatory budgeting model developed by THINK and Tower Hamlets PCT



Implications for future joined up health, social care and housing

Participatory budgeting can be a powerful tool across a range of service areas, helping to increase levels of public engagement in the community, improve local perceptions of services, and raise standards of performance, by ensuring that services are focused on what people want and need.