



Involving Service Users in Service Planning and Delivery

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Why?

- Section 11 of the Health and Social Care Act 2001
 - planning and development of services
- **Involvement with an aim to have:**
 - strengthened accountability to all stakeholders
 - services that genuinely respond to the needs of users and carers
 - a sense of ownership and trust

Understanding the Service users perspective

- learn more about the users experiences of the treatment
- develop and encourage closer relationships between staff and users
- improve the quality of the care provision
- identify ways of meeting users needs more appropriately and effectively
- be able to use information provided by users and carers to help providers make improvements
- make sure changes make sense to those that are affected by them

When?

- Not just when a major change is proposed
 - *but in on-going planning*
- Not just considering proposals
 - *but in developing the proposals*
- In decisions that will affect operations
 - *why services need to change*
 - *what they want from services*
 - *making the best use of resources,*

Where and How?

- National
 - *service users on NTA board*
 - *service user surveys*
 - *service users consulted on national policies/guidance*
- Regional
 - *service users regional forum*

Locally

- Local level
 - *service user groups – 4 across county*
 - *one to one interviews*
 - *service users on interview panels*
 - *service user management forum*
 - *Representation on all key planning groups – DAAT, Joint Commissioning Groups, Shared Care Monitoring Groups, Consultative Groups*
 - *Pilot “Making It” group*

How do we involve more service users in planning?

- Provide appropriate training and support
 - Confidence building
 - Attending meetings
 - Being on interview panels
 - Attending national conferences...

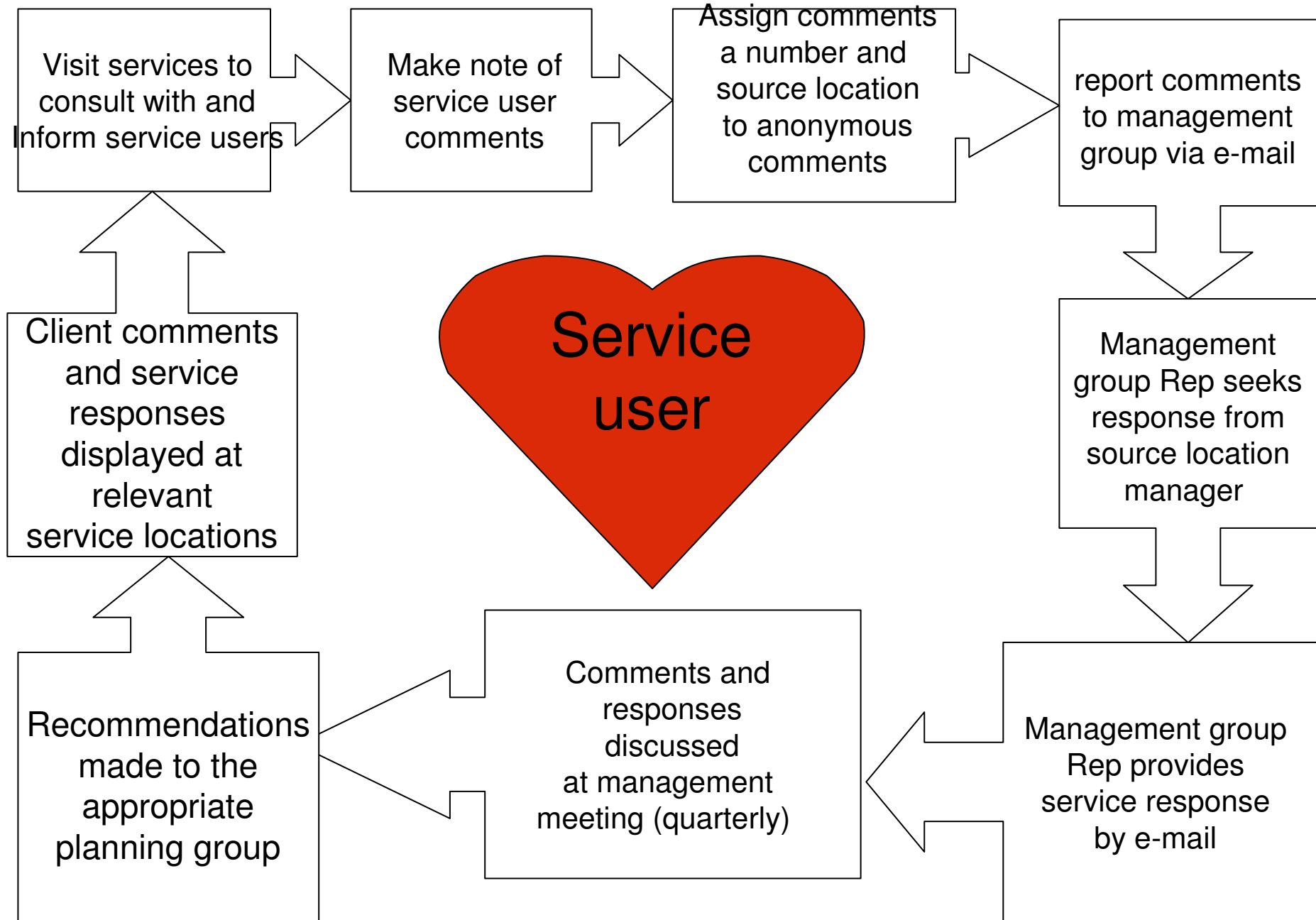
Information and feedback

- Need to keep users informed about services
- Need for effective complaints procedures
- Need to link with existing feedback from service providers and organisations, PALs, PPI task force
- Need to demonstrate views have been heard and let users know responses

Challenges and Solutions

- Finding appropriate venues and times
- Initial suspicion and resistance
by users
and provider services
- Provision of incentives and rewards

THE PROCESS



Example 1

Client comment:

I think it's wrong that I can only reduce my script by 5mls at a time. I'll end up taking methadone for years at this rate.

Service response:

Orange Guidelines recommend a maximum reduction of 10mgs every 2 weeks. Reductions are client led. They are negotiated in the best interests of a client for positive outcomes, in line with best practice guidelines.

Example 2

Client comment

The service is very slow - on clinic days and I spend far too much time waiting around in the waiting room (45 mins so far).

Service response

- Clients are often kept waiting because scripts are still being signed
- Action – move appointment slots by 15 mins including the first appointment at 9.15.
- Ask Dr **** to start clinic at 8.45 (to sign scripts earlier).
- When Dr **** is available on Tuesday PM ask him to sign scripts.
- Many clients come on Wednesday AM despite being given appointments on Thursday to avoid pressure. Some staff have already explored phoning to remind clients but this has made no difference.
- Service will continue to try to avoid clients coming ‘just to collect a prescription’.

Example 3 (residential unit)

Client comment

I'm having a respite from crack and heroin. I expected to do more stuff here than we have done, like relapse prevention and other group work. I'm here for another 7 days so I'm using my time here to stay off the crack but my methadone script remains the same as I'm not ready to cut down yet. I think there should be more structure to this place and more things to fill the day as I've been bored senseless.

Service response

Along with the group sessions the overall structure has recently been under review. A new care plan has been put in place and all therapies, group sessions, one to ones and outings are now being recorded in one place. Some service users simply do not wish to participate stating that they want to be 'left alone'. The staff team continue to encourage people to discuss any issues during one to one sessions in the hope that they can be resolved as quickly as possible.

Example 4 (good news)

Client comment

I've finally had my DRR lifted now which is great as I did have 8 months of it to go but because I'm drug free, and haven't missed an appointment it has been lifted and it's great

Service response

Well done on the end of your DRR which was completed early for good progress. A real achievement

Example of service user involvement in planning

Involvement

Service users participated in consultations with regards to accessibility of, and funding for residential rehabilitation in order to inform the development of future service provision

Process

- Service users invited senior manager from Social Services to attend a meeting to raise awareness of the issues faced trying to access residential rehabilitation
- Task and finish group established to resolve issues
- Action plan presented to Joint Commissioning Group
- Extra funding approved through Joint Commissioning Group
- Social worker provision now co-located and embedded