We welcome wide use of this strategy document to assist in the spread of good practice in service user involvement. However, please ask the permission of Mind in Brighton and Hove before photocopying and acknowledge its origins.

Thankyou
1. STATEMENT OF PURPOSE

1.1 Brighton & Hove City Primary Care Trust, Brighton & Hove Drug and Alcohol Action Team (DAAT) and all commissioned substance misuse and alcohol services, are committed to ensuring that the voice of service users is heard and valued in all aspects of planning, delivery and evaluation of drug and alcohol services. This commitment will be supported by actively involving service users in all aspects of planning and decision making.

2. PRINCIPLES OF SERVICE USER INVOLVEMENT

2.1 Section 11 of the Health and Social Care Act 2001 places a duty on National Health Service (NHS) organisations, and all contracted service providers, to make arrangements to involve and consult patients and the public in:

- planning services
- developing and considering proposals for changes in the ways services are provided
- decisions about how services operate

2.2 The objectives of service user involvement are to:

- strengthen accountability to all stakeholders
- develop services which genuinely respond to the needs of service users
- develop a sense of shared ownership and trust between stakeholders

2.3 Brighton & Hove DAAT is committed to involving and consulting with service users in a comprehensive, timely fashion appropriate to the scale of the issue under consideration. Part of the process is to agree with service users how arrangements for consultation are made.

2.4 Through user involvement processes, organisations can improve how they operate by using the skills and experiences of service users. Service users can develop a sense of ownership and responsibility for the services they use and gain skills and experience for themselves.

2.5 The principles of good practice in service user involvement which run throughout all involvement processes are:

- communication is clear, acknowledging language and cultural difference and avoiding jargon
- accessible information on services and on involvement is developed with service users
- participation is supported at all levels of service provision and commissioning
- service user groups are integrated into partnership working
- service users are represented in planning and strategic forums
- payment is made for contributions and expenses are reimbursed

2.6 Good practice guidance for all aspects of user involvement processes is contained in appendix 1.

3. DIVERSITY

3.1 This Strategy recognises that service users are not a homogenous group and reflects the diversity of the population of Brighton & Hove, seeks to include current, ex and potential service users. In order to include appropriate representation by service users from minority groups, the Service User Involvement Worker will consult outreach services and community groups and review research into the needs of specific groups such as the Lesbian, Gay, Bisexual and Transgender (LGBT) community and Black and Minority Ethnic (BME) communities.

Over the past three years, service user involvement has gone from strength to strength. The accomplishments to expand, involve and engage the service user agenda in Brighton & Hove have been particularly pleasing and extremely encouraging. A great deal of enthusiasm, hard work and passion has gone into developing the strategy for substance misuse and it wouldn’t have been possible without MIND and the backing and support of partners and agencies in the drug & alcohol sector, not forgetting the input, energy and belief of countless service users!

It has been particularly productive working with focused and amenable Commissioners and a responsive and accommodating partnership, with a willingness to achieve the same goals: to incorporate Service User Involvement into all aspects of the drug and alcohol agenda and to achieve positive change in treatment planning and delivery.

It is essential that we are able to continue moving forward and accomplish an equal, and ultimately increased, level of success over the coming years.

Rick Cook
Chair of ROAD (Recovery On/Off Alcohol & Drugs)
4. ENGAGEMENT AND METHODOLOGY

4.1 It is vital that service users are empowered and supported to engage with involvement processes and opportunities as much as possible, both within services they are currently using and also independently within a system of service user representation, which is open to all current, ex and potential service users.

4.2 For engagement in the involvement process to flourish, resources need to be devoted to empowering and encouraging individuals to participate as much as they are able, appropriate to their position in the treatment system. Opportunities for involvement need to be as varied as possible and will entail:
- individual approaches
- advocacy support
- newsletters
- Hepatitis C and Overdose Aid Prevention training.

4.3 In order to sustain involvement and support service users there needs to be:
- regular meetings to bring together service users with common interests, for example: women; Lesbian, Gay, Bisexual and Transgender communities, and ROAD (Recovery off Alcohol & Drugs) users
- regular meetings to develop user involvement in each part of the treatment system
- regular meetings to bring existing groups together
- regular open consultations.

4.4 The opportunities for individuals who engage with service user involvement will include:
- training in aspects of involvement
- further education in related subjects
- volunteering
- opportunities for employment in related fields.

5. FRAMEWORK FOR INVOLVEMENT

5.1 Level 1: Service User Involvement in Individual Care
Service user involvement can enhance treatment outcomes for individuals. Opportunities for consultation can be identified at four levels, covering both individual and collective involvement.

Key targets include:
- all service users are involved in care planning
- all service users have written care plans
- all service users have regular reviews of their care plan
- information on service provision and treatment options prepared in consultation with service users
- access to independent advocacy is offered
- access to service user involvement opportunities are offered
- a Rights and Responsibilities poster is displayed and explained to service users
- service users are aware of their rights and responsibilities whilst in treatment.

5.2 Level 2: Involvement in Service Provision
Involving service users will enhance the quality of a service and help to create a user friendly environment. Opportunities are given for feedback from service users about their own care and treatment, the quality of services they are using and about issues of concern. Service users should be using complaints procedures.

Key activities for service providers include:
- conducting regular satisfaction surveys
- complaints and comments are encouraged, investigated, monitored, recorded, reported and responded to
- regular meetings are held, faciliated independently, to give feedback and contribute to service development
- service users are consulted about service development and changes to service delivery
- service users are involved in staff recruitment
- service provider staff receive training in service user involvement, designed and delivered by service users
- views from service user involvement activities at levels 1 - 3 are represented at strategic planning forums and within the annual Treatment Plan
- service user representatives are invited to planning and commissioning meetings at all levels
- service user representatives are involved in contract reviews and tendering processes.

5.2 Level 3: Service User Group Consultation
Specific consultation exercises are regularly carried out where groups of service users can give opinions on the quality of local services, changes in service provision, gaps in service provision and specific plans and developments. Group advocacy is available where issues affect groups of service users.

Key targets include:
- support is offered to set up and develop service user groups with people with common interests, for example use of a specific service; women; Lesbian, Gay, Bisexual and Transgender Communities; Black and Minority Ethnic Groups; and people who use a particular substance, such as alcohol or stimulants
- service user groups develop linked feedback to services and commissioners
- public consultation events are held, for general feedback and on specific subjects
- service user groups are linked to regional and national networks
- training is offered to service users in aspects of user involvement, such as chairing meetings, taking minutes, training for trainer
- all service users are involved in care planning
- all service users have written care plans
- all service users have regular reviews of their care plan
- information on service provision and treatment options prepared in consultation with service users
- access to independent advocacy is offered
- access to service user involvement opportunities are offered
- a Rights and Responsibilities poster is displayed and explained to service users
- service users are aware of their rights and responsibilities whilst in treatment.

5.3 Level 4: Active Participation in Planning and Strategic Decision Making
Service users are involved in shared decision making, policy and strategic planning. This ensures that planning is based on both expertise and need.

Key outcomes are:
- views from service user involvement activities at levels 1 - 3 are represented at strategic planning forums and within the annual Treatment Plan
- service user representatives are invited to planning and commissioning meetings at all levels
- service user representatives are involved in contract reviews and tendering processes.

5.4 Level 5: Beyond Local Engagement
- all service users are involved in care planning
- all service users have written care plans
- all service users have regular reviews of their care plan
- information on service provision and treatment options prepared in consultation with service users
- access to independent advocacy is offered
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- all service users are involved in care planning
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- access to service user involvement opportunities are offered
- a Rights and Responsibilities poster is displayed and explained to service users
- service users are aware of their rights and responsibilities whilst in treatment.

6. ADVOCACY

6.1 All service users should have access to independent, impartial information, guidance and representation about their treatment options and to their comments and complaints regarding service delivery. Service users should be empowered and encouraged to represent themselves, both as individuals and as groups. Where people feel unsure or fear reprisal or compromise, they should have access to external agencies to provide support.

6.2 Advocacy services are confidential, within the limits of risk to self or others. Representation can include:
- informal contact with service providers
- support and intervention at decision making meetings
- written representation
- support with complaints and feedback on service quality
- taking issues raised forward to service managers.

6.3 Services should be aware of the forms of advocacy available and should encourage service users to utilise peer advocacy and professional advocacy services.

7. RESOURCES

7.1 Resources are necessary to ensure that the aims of the Strategy and Implementation Plan are carried out.

7.2 Contracts for service provision linked to this strategy have been agreed between Brighton and Hove City Teaching Primary Care Trust and Mind in Brighton and Hove.

7.3 Resources need to be identified for payments to service users for attending consultation meetings and for reimbursing travel expenses and other costs such as childcare and adult care.

7.4 Individuals with specific roles and responsibilities for involvement will be nominated in each commissioned organisation.
8. TRAINING
8.1 Training and development opportunities will be provided for all staff in commissioned organizations in order to raise their awareness and understanding of Service User Involvement and to address skills gaps. Staff with specific responsibilities for Service User Involvement will have training to develop competencies in involvement work. Good practice should be reflected in the design and content of training and development programmes. Delivery of training should include service users and other stakeholders.

8.2 Training needs to be made available to service users throughout the involvement process in a range of subject areas including:
- chairing meetings
- taking minutes
- training for trainers

9. MONITORING AND EVALUATION
9.1 All commissioned provider organisations are required to provide evidence of user involvement in service monitoring and review. Evidence will be sought from all four levels of the involvement framework. Service user representatives will be invited by commissioning agencies to take part in all contract monitoring.

APPENDIX 1: SERVICE USER INVOLVEMENT GOOD PRACTICE GUIDANCE

The development of Service User Involvement within Substance Misuse Services is a key objective for all commissioned services. Service users are ideally placed to comment on the quality of service delivery, the development of services and on proposals for changes to services.

This is a guide to the essential elements of good practice in service user involvement. It is not an exhaustive list and you may well find additional involvement activities suitable to your workplace.

‘As a service provider we are committed to service user involvement’

Do you:
- have a service user involvement policy/strategy?
- inform people of their right to become involved on all levels (individual care, advocacy, training and education, recruitment and selection, development, planning, strategy, forums, consultations etc.);
- welcome service users as job applicants?
- value the unique expertise of service users?

1. COMMUNICATION

‘When communicating with service users we are aware of the pace and pitch of our language’

Poor communication remains one of the most common reasons for complaints from clients.

Other factors to consider:
- openness, honesty & transparency
- body language and other non verbal communication
- listening skills, being non judgemental
- language and cultural differences
- the content of communication i.e. honesty in conveying bad news

‘In our contacts with service users we are aware of the importance of common courtesy’

‘We try not to use jargon when we are with service users’

People will not always ask if they don’t understand a piece of jargon. It can make them feel daunted or humiliated. Be very aware of using plain, relevant, understandable language.

‘We are able to access interpreters or signers when needed’

2. INDIVIDUAL CARE PLANNING

‘We explain all the relevant treatment options’

Giving clear and full information:
- ensures the client feels they have a choice, leading to power over their own treatment
- information should be given at the required level of understanding in relevant formats

‘We work in partnership with service users when making/reviewing care plans’

Service users with a care plan:
- feel more involved in planning their own care and treatment
- have more choice and feel more informed about their rights and services
- are more likely to have been asked how their carer would be involved
- feel they have a more stable, trusting relationship with professionals
- feel encouraged to identify their needs
3. PREPARING INFORMATION

‘Service users assist us in designing leaflets’

Contact local service user groups etc and ask if anyone would like to get involved. It is important to get service users in from the beginning when designing literature, not just as an ’add on’ to check through at the end. When designing literature it is good to know what service users actually want to know rather than just what you want to tell them. Also, this ensures relevant information and plain, understandable language free from jargon and abbreviations.

‘We provide relevant information to individual service users about the services we offer’

- Are your service users aware of the realistic limitations of your service?
- Do you provide information about what you can provide in relevant ways, i.e. plain language, face to face, welcome packs, leaflets, interpreters, different languages, formats, relevant to the individual?

There have been many examples where people are not aware of what a service can offer, causing confusion, resentment and relapse. Keep your service users informed.

‘We inform service users of the ways they can get involved’

- Can the people who use your services:
  - be involved in their own treatment i.e. care planning
  - design leaflets that are jargon free and easy to understand
  - review and select stuff
  - attend meetings to lend their expertise
  - be on a focus group to give their views
  - attend user forums regarding the service
  - train staff?

4. CONSULTING SERVICE USERS

‘We consult with service users regarding developing or changing our services’

This is the law under Section 11 of the Health & Social Care Act (2001). How can you consult service users?

- face to face
- by phone, email or letter
- holding an open event
- focus group
- surveys
- using other organisations
- visiting a group of users of a service
- feedback from PALs (statutory services)
- regular open meetings
- closed community meetings
- reviewing complaints and compliments
- consulting with existing groups

WHY ARE YOU CONSULTING?

- be clear about why and how much influence is possible
- are service users able to stop/start the project or only able to influence how it is provided?
- are you after ideas?
- do you want to canvass opinion/support?

WHAT SUPPORT IS REQUIRED?

WHO IS BEST TO FACILITATE THE CONSULTATION?

‘We feedback to service users after we have consulted with them’

Why give feedback?

- common courtesy
- ensuring people feel included in the process
- if you don’t then people may not want to contribute again

How can you give feedback?

- Face to face/email/phone/letter
- In plain language
- Mail-out
- Posters in waiting rooms etc
- Remember to feedback any changes that have occurred due to their input—people’s views do count

‘We have service user representation in our development, planning or strategy meetings’

It is a prerequisite to effective involvement that:

- meetings are held in places and at times convenient to service users
- service users are given advance notice of meetings, and told who will be attending, what will be discussed, given minutes of the last meeting and an agenda in prompt time
- service users are trained or briefed and debriefed so as to make an effective contribution, e.g. by the agencies involving them.

Good practice when involving service users in meetings:

- the chair should ensure that all participants introduce themselves and explain their role
- service users should be welcomed to the meeting
- the chair should invite contributions from service users so as to include them
- it is advisable to have at least two service users in the meeting, like a ’buddying’ system, as this enables the service users to support each other
- there should be adequate time for breaks
- service users should have the opportunity to contribute to the agenda
- before attending a meeting it is a good idea for the chair to informally meet with service users to explain the nature & remit of the meeting
- service users need to be realistically informed of how much influence they will have

’Service users have direct access to the decision makers in our service’

Do the people who use your services know:

- the name of the manager and how to contact him/her
- the names/contacts of senior management
- the structure of your service?

Direct access helps decision makers to really hear what service users need.

‘We support client led services’

Can you:

- refer people to user led groups/ peer support & self help groups
- set up a peer support group
- give control to service users to form their own groups
- gain an insight into the strengths of individual service users and encourage them to help themselves and others?

5. RECRUITMENT AND SELECTION

‘We involve service users in recruitment and selection’

People who use your services can:

- be involved in recruitment and selection throughout the process
- devise interview questions
- be involved in shortlisting
- be on interview panels
- be part of focus groups for applicants to give presentations to

Often, service users can bring a new perspective into recruitment and selection as their priorities may differ from service providers. It is important to support service users through all stages of the process and pay them. It is important to be clear about what influence they will have in the process.

6. STAFF TRAINING

‘We are trained by service users’

- there needs to be agreement about the principles and value of involving service users in training
- training should be induction, regular and mandatory
- service users need to be trained and given the skills to contribute
- service user led training to be the norm, rather than an ’add on’
- service users contributions should be valued and paid for
- there should be support and debriefing for people after they have contributed as sometimes bringing up issues can be emotional!
7. PAYMENTS

‘We pay travel expenses to service users who contribute to our service’

These should be paid promptly. Don’t wait for the service user to ask.

‘We have a payments system in place to reimburse service users for their contributions’

If a service user contributes to the service it is important to value the contribution financially. If everyone else is being paid for being there then so should the service user. It is about equality and valuing a person’s expertise. Does your organization/department have a payments protocol?

8. ADVOCACY

‘We promote independent advocacy’

Advocacy can offer support and help to enable service users to speak up for themselves, and/ or to provide representation in situations where the client wishes. Advocacy helps to redress the power imbalances between the system and the service user and can act as a witness. Advocacy helps to ensure that people are treated according to their rights.

9. EVALUATION

‘We evaluate our services regularly through client surveys’

Other evaluation techniques could include:

- client forums
- encouraging feedback
- suggestion boxes
- external evaluation

Questionnaires need to reflect the issues of importance to service users. What is important to a service provider may not be what is important to service users. Consider questions such as:

- Did you feel listened to?
- Did you feel you were treated with respect?
- Did the treatment/support work?
- Were you given enough relevant information?

These are the issues that come up again and again as important to service users.

‘We feedback to clients the outcomes of evaluations’

It is important to close the loop. If service users have contributed to evaluations then they need to know the outcomes of this otherwise they will feel that their voice was not heard. Then they may not contribute again. This is an issue that often comes up in relation to service user involvement.

How to feedback to service users

- Individually by letter, email, phone
- Posters in waiting rooms specific to your service
- Posters in day centres, day hospitals, GPs surgeries etc
- Local press

‘We have complaints procedures in place’

Ensure that the people who use your services are aware of this. Encourage clients to use this process to ensure accountability and the continuing improvement of services. Remember to give feedback on the results of complaints made.

This is from a good practice guide prepared by members of the LiVE project, a service user involvement project in mental health services run by Mind in Brighton and Hove.