

LEEDS METROPOLITAN UNIVERSITY

INSTITUTE FOR HEALTH AND WELLBEING



From Innovation to Mainstream

Patient and Public Involvement in Bradford District Care Trust Review of Involving You 3

“Public Involvement could radically improve our quality of life. It can contribute to creating more active citizens, help manage complex problems in public service design and delivery, help build the new relationships and shifts of power and resources required for 21st governance, and develop individuals’ skills, confidence, ambition and vision”

People and Participation INVOLVE 2005

Leeds Metropolitan University
Institute for Health and Wellbeing
March 2014

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Aim of the review

The aim of the review of BDCT's involvement work was to assess how effective this is currently in order to be able to plan how to take it forward in the future. Our main approach has to been to review existing documentation and to interview key managers and officers employed by the trust. A list of these is attached at the end of this report in Appendix B.

We have discussed our findings at an internal meeting of TWIG and at an external workshop organised by Bradford Alliance for Community Care. (Appendix C and D respectively summarise these workshops)

Notes

All quotes that are in italics and centred on the page are taken directly from interviews with BDCT staff, all of them are anonymous.

We do not claim that this report represents all PPI activity within the Trust. Our brief did not extend to mapping all PPI activity. We have tried to identify a number of examples to illustrates some of the strengths and challenges of the current approach taken by the Trust.

Summary

Our conclusions at the end of the document provide more detail. We identify the following four areas to consider.

Leadership

There is a need for stronger leadership at the top of the organisation to drive forward a coherent approach on Patient and Public Engagement. While there are many examples of innovation, many feel as though they are the pilot stage and siloed in particular service areas.

Hospital and Community

There is a need to ensure that Patient Public Involvement support and activity is balanced between hospital and community services. This is particularly important given the policy drive towards community support led by initiatives such as the Better Care Fund¹.

The individual user experience

We recognise that keeping track of progress on the personalisation agenda and driving it forward is very difficult. Nonetheless, this is not a reason for inaction. This work requires greater attention across the trust. Successful action requires a clear understanding of responsibilities and action at all levels of management with regard to assuring quality of engagement and monitoring impact. This will involve a shared approach across HR, Training, Service Directors and PPI advisors.

Contributing as volunteers and employees

There are good practical examples within the Trust where real progress has been made to take a more asset based approach to engaging with the public. It is possible to develop more co-produced relationships that can not only improve experience but also actually improve people's lives through enabling them to contribute as citizens, volunteers and employees. In order to build on this practice a more coherent organisation level approach is required.

Recommendations

Leadership

The Trust should ensure that there is leadership at the top of the organisation to include an executive director and a non-executive director who will be responsible for developing a coherent strategic approach to engagement across all aspects of the trusts service. They should be accountable to the board for development and implementation of this strategic approach.

They should ensure that:

- There is an integrated approach to user involvement, membership development and volunteer engagement
- All of the trusts functions service delivery and corporate services (HR, Information, Training, etc.) are mandated to engage and have clear responsibilities with regard to PPI to ensure systematic, whole organisation culture change.

Metrics

The Trust should agree a simple set of metrics that allows it to test strength of involvement. For example:

- It could consider receiving regular information on the number of service users involved in particular activities, how long they have been involved, training they have received etc.
- If it were to continue with the Patient Opinion contract this provides an easily accessed means of auditing some comments and complaints.

These metrics should be tested against service utilisation measures.

Scope

The strategic approach that the trust takes forward with regard to engagement should:

- Set challenging minimum standards for user involvement across the trust as a whole. These standards to be sensitised to the needs of particular services – for example community services vs. mental health services.
- The strategy should also recognise the wider context of Bradford and Airedale and explicitly make links to the local authority as a commissioner and custodian of citizenship and to the CCG and NHSE with regard to their responsibilities for PPI, this should include negotiating a stronger and more explicit relationship with General Practice and Patient Participation Groups.
- Identify a small number of organisationally important areas – for example a particular service or area of activity to provide an explicit focus, thus developing good practice on PPI which can be shared across the trust.
- Consider how to strengthen the involvement of service users and carers as volunteers and potential employees. There are real opportunities to build on programmes such as Champions Show the Way – improving people's recovery and developing new service models that involve a greater degree of coproduction and co-delivery.

Learning and Innovation

There should be a coherent programme to share learning and innovation within the trust, fostering innovation and supporting improvement with an emphasis on peer support.

The trust should develop confidential and supportive peer relationships² at a leadership level with other trusts to share good practice at an organisational level. Possible peers might include Leeds Community Healthcare Trust or Nottinghamshire Community Health Care Trust. The Trust should consider whether an independent agency such as a University could support this.

Bradford District Care Trust

In April 2011 Bradford District Care Trust merged with Bradford & Airedale Community Health Services. The Trust expanded its provision of Mental Health & Learning Disability Services to also include Health Visiting, School Nursing, District Nursing and other community services to the population of Bradford, Airedale, Wharfedale & Craven.

The Bradford District Care Trust vision is to be:

“One of the country’s leading providers of integrated health and social care services. The trust aims to:

- Improve lives through the delivery of high quality care
- Work in partnership across diverse communities
- be available locally to meet needs
- achieve excellence in service user experience”³

The trust has agreed a set of values which it will work within to guide it towards achieving this vision. Ones that are particularly relevant to patient and public involvement include:

Values	
Respect	Valuing people as individuals, working with them to achieve their goals
	Treating people with dignity and kindness
	Embrace diversity and celebrate difference
Openness	Encourage and demonstrate open and honest communication
	Ensure that everyone has a voice
Together	Service users and carers are part of our team
	Working with partners to the benefit of the communities we serve

Current Context

Knowledge of what constitutes good practice with regard to patient and public involvement is developing quickly, aspects of this include:

System level – there is a growing recognition that involvement needs to be systematic across organisations and services, small projects and pilots are not sufficient.

Focus on quality – the quality of involvement needs to be robustly tested – quantitative data is not sufficient, the impact of involvement needs to be clear and representativeness is important.

Holistic – involvement needs to respect people’s whole experience, their relationship with a range of services, their desire to make a contribution and their roots and communities.

As is often the case the policy environment helps and hinders for example:

Helpful	Hinders
Greater emphasis on localism with clearer roles for Primary Care, Clinical Commissioning Groups and Health and Wellbeing Boards	Market led view that main driver for improvement is consumer choice
Range of toolkits and guidance produced for example NHSE toolkit	Austerity and cuts to public sector in particular
Foundation Trust Status offers greater autonomy and potential for stronger relationship with citizens	Top down imposition of some initiatives such as Friends and Family could take energy away from more powerful and locally relevant involvement activity
Drive to integration across sectors and systems	

Francis Report

The importance of involvement has been highlighted by the Francis Report which is clear that a key element of a caring culture includes a willingness to listen to patients and service users to discover what they want for themselves. This includes a recognition of the need for visible and proactive involvement of patients, staff and the public in the formulation of plans⁴.

Why Involvement?

Involvement is important because it⁵:

- Utilises peoples experiential knowledge to design or improve services leading to more appropriate, effective, cost effective and sustainable services
- Empowers people increasing self-confidence, self-esteem and self-efficacy and can also give people an increased sense of control over decisions affecting their lives.
- Builds more trust in government bodies improving accountability and democratic renewal
- Contributes to developing and sustaining social capital
- Encourages health-enhancing attitudes and behaviour.

This view is similar to that of INVOLVE⁶ who set out 4 areas in their guidance document People and Participation⁷:

- Governance – strengthen democratic legitimacy, accountability and stimulates active citizenship
- Social Cohesion and Social Justice – building relationships, ownership, social capital, equity and empowerment.
- Service Quality – more efficient and better services that meet real needs and reflect values of community
- Capacity building and learning – for individuals and organisations providing the basis for future growth and development, particularly building stronger communities.

Factors that can affect involvement include:

- Culture of Statutory Organisations (this has been recognised more recently in the Francis Report)
- Dominance of professional cultures and ideologies
- Competing and Conflicting priorities
- Skills and Competencies of staff working in public services
- Capacity and willingness of service users and the public to get involved.

Who should be involved?

Until recently the NHS has tended to consider Patient Public Involvement as primarily an operational and internal matter for organisations and services which can be addressed through utilising a toolbox of loosely connected actions.

We suggest that a successful organisational or system level strategy needs to offer a more holistic view than this. It needs to be explicit about establishing a longer term relationship with citizens and the communities they live in. This perspective is consistent with the development of NHS Foundation Trusts and the imperative they have to establish a strong accountable connection with the people they serve.

Within this context we think that 3 areas need to be considered – these are Patients and Carers, Citizens, Volunteers. This model has some similarity with the one set out by INVOLVE who talk about three broad categories of participation – Individual Participation, Public Participation and Social Participation.

Patients and Carers

Much of the guidance on good practice produced by the NHSE and other bodies places a justifiable emphasis on how patients and carers are involved in their care and how their experiences – individually and collectively – are used to improve services. The NHSE guidance ‘Transforming Participation in Health and Care’ provides good practice guidance with an emphasis on tools and techniques. It focusses on:

- Individual Participation – putting patients in control of their own *care*
- Public Participation – communities with influence and control

However, as a recent “Tea Break Debate” report by People Matters Network and Primary Care Commissioning notes:

“Engagement is too often seen as a process or activity. There needs to be a **culture of engagement**”⁸

We would suggest that guidance and tools on public participation is a better developed field because it is able to draw heavily from the long tradition of work in community work and community development sectors. Individual participation in health and care is a more recent development. A recent report by the Health Foundation⁹ recognises some of the challenges that this presents:

- There are a large number of tools available to measure person-centred care, but there is no agreement about which tools are most worthwhile
- There is no ‘silver bullet’ or best measure that covers all aspects of person-centred care
- It is important to be clear what ‘person centred’ means
- Using a range of tools and methods is appropriate.

Citizens

Even if people do not use BDCT services they may have views and opinions about the organisation and its services. As local citizens there will be people who will be committed to the trust as a key local organisation whose services bring benefit to communities and whose relationships affect other organisations in Bradford and district. The relationship

between the trust and active citizens is particularly important given the trusts intention to become an NHS Foundation Trust.

Volunteers

We would argue that it is helpful to consider more explicitly the way in which members of the public volunteer in health settings. Volunteers are 'active citizens' who can help bring a more informed view to services and provide another perspective to their day to day running. In addition there is a growing evidence base that volunteering can provide an effective route through to training and employment, this is particularly relevant to people with mental health problems and learning disability.

Recently the Kings Fund has produced two reports on volunteering in the health and care system.¹⁰ The second of which focuses on acute trusts, it notes that:

"Volunteers play a critical role in improving patient experience"

According to the report on average acute trusts have almost 500 volunteers and that more than half of trust boards receive information about their volunteering services on a regular basis.

Our Findings

Involving You 3

We summarise Involving You 3 (IY3) in Appendix A. We tested understanding and ownership of Involving You 3 with the people we interviewed.

While the existence and ambition in IY3 was seen as a strength by some interviewees it was the case that others (including senior managers) were not aware of it or had not read it. In general IY3 was seen as a background document but not a driving force for change. This is important given the need for leadership to give a clear message about engagement and to ensure that 'a culture of engagement' permeates all levels of the organisation.

"It gives a focus IF followed it should be effective in terms of both involvement in governance and decision making and at individual care level".

"Not much impact – awareness at corporate level but not understood at ground level, or service manager / local lead level"

"People don't refer to it"

"Haven't read it as it's not a priority"

"Unclear what's changed throughout the organisation as a result of it"

We found that IY3 does not offer an explicit vision of why patients and public should be involved and what added value this might bring. To quote an interviewee:

"The Trust needs to be clear why someone is being involved, what's expected of them and what they'll get out of it"

Our comments on Involving You 3

- Why Involvement is important. In a difficult political and economic climate it is hard to motivate staff and managers to drive forward a Patient Public Involvement Agenda in an energetic way if messages about why this issue is important are not clear and specific. This is particularly the case with operational managers. Involving You 3 does not state clearly why the Trust considers involvement to be important and what benefits this could bring to service users and the Trust itself. The importance of being clear about why involvement is important was affirmed at the extended TWIG workshop which was attended by service users and staff. Some of the points made included:

"Service users have a wealth of knowledge and experience to tap into and this is a resource that should be recognised.

Trust asset – thousands of people are patients and they could all offer valuable insight or information at some level.

It offers checks and balances against the targets that come from external sources. Need to balance targets with user experience.

Opportunity to check claims that are made for services e.g. those claiming to provide or strive to provide a good or excellent services – if terms not defined then service users might challenge the view a service has of itself.

Builds confidence in the service and demands transparency

Reduces waste – finance and resource. Helps to get it 'right first time'

Keeps the focus on patient and carer needs

Through partnership – the relationship between patient and provider should be positive and supportive working to the same goal, not feel as it does sometimes like an 'us and them'”

- Experience or Involvement? IY3 is has a strong focus on patient experience rather than involvement. Clearly good involvement can help improve patient experience – however, they are not the same thing. Patient experience is fundamentally concerned with service quality in the round. It is therefore surprising that IY3 focusses on Patient Experience so significantly – leadership for Patient Experience might be expected to rest at a more senior organisation level within the trust.
- Responsibility for PPI? We have already indicated that a number of senior managers have not read IY3. A systematic strategy on PPI might be expected to speak to key corporate functions that are responsible for developing the organisations capability such as Human Resources, Data Collection and Intelligence, Membership, and Training. The responsibility of these services for PPI is not made explicit in IY3 and there are no actions required of them.

“There is a lack of connection between the engagement and involvement team and the membership office”

“PPI practice should be really good but lack of co-ordination and leadership mean that it isn't recognised”

- IY3 reads as an action plan for PPI leads with an expectation that they will champion PPI. However, this does not reflect their comparatively junior role and the fact that they are usually based in specific services with little presence in others.

“Managers don't see involvement as a core part of their role”

“Frontline staff lack either the capability or the capacity – there is a sense that the work has plateaued”

- Organisational Change. IY3 does not recognise the fundamental change that the organisation has experienced since the merger. There are quite different cultures and approaches to involvement to working with people who may have a long term condition compared to those who may only use a service intermittently or once or twice, or for a brief period. At the joint TWIG workshop there was a strong feeling that several aspects of work which had been started got lost in the merger. A number of examples were given including the website which was felt had reduced emphasis on Patient and Public Involvement. The difference in culture was also highlighted as an issue and the need to recognise that different service areas required different approaches. It was felt that IY3 reflected the needs of the organisation as it was prior to merger and is not as relevant or meaningful to the community side services with the exception of services such as Podiatry and Champions Show the Way.

Strengths and Assets

The trust has a long history of supporting Patient and Public Involvement we have put together a list of the wide range of initiatives that we became aware of during this review. We have grouped these activities, products and programmes using an adapted version of Arnsteins Ladder of Involvement. This version can be found in the INVOLVE publication People and Participation¹¹

The table below must be read as illustrative – we know that there are more activities than the ones listed below.

	BDCT Activity	Service User	Citizens	Volunteer
Inform – providing the public with balanced and objective information to assist them in understanding the problem, alternatives, opportunities and / or solutions	Membership talks aiming to educate and improve engagement		✓	
	PALS service	✓		
Consult to obtain feedback on analysis, alternatives and decisions	Regular communication with membership via e-mail and mobile phone texting		✓	
	Your Health – the BDCT magazine		✓	
	Service user surveys e.g. Podiatry	✓		
	Trust Board patient and carer stories	✓		
	National Mental Health Service User Survey	✓		
Involve – to work directly with the public to ensure that public concerns and aspirations are consistently addressed	Service user involvement in recruitment and selection training	✓		
	Patient Association – Training service users and carers to record video footage with to feedback to service areas	✓		
	Podiatry Services survey and engagement events	✓		
	15 step challenge	✓		
	PLACE review visits	✓		

	BDCT Activity	Service User	Citizens	Volunteer
	Patient Experience Measures Advisory Group	✓		
	Carers in Action Group	✓		
	Service user involvement on Service governance and Mental Health Legislation committees	✓		
Collaborate – To partner with the public in each aspect of decisions including the development of alternatives and the identification of the preferred solution	PiAN Patients Involved in Audit group – service users are partners in decisions about which service to audit, conducting the audit and reporting results	✓		
	Explore, exciting futures collaboration with Huddersfield University looking at access for patients families and carers	✓		
	Champions show the Way			✓
Empower – To place final decision making in the hands of the public	Participation groups of young people	✓		
	Service User Involvement Development Workers in mental health services	✓		

There is not sufficient space in this report to provide detail on the wide range of innovation and good practice within the trust on Patient and Public Involvement. Instead we will highlight examples of practice in three areas.

- Specialist PPI Specific Innovation
- Service Level PPI good practice
- Whole organisation PPI activity

Specialist PPI

15 steps quality challenge.

The trust has trained 14 service users, carers and members of the public and has conducted 15 visits (as of October 2013) that have included District Nursing, Dental Services and Podiatry. There is a published programme of planned visits and individuals who have made a complaint are invited to participate in future visits.

Partners in Audit Network (PiAN)

This is a group of service users and carers who lead on service user prioritised audits. They have recently completed an audit of mental health and substance misuse services which focussed on referring patients to non-statutory support such as self-help groups.

Trust Wide Involvement Group (TWIG)

This group aims to provide a forum for Patient and Public Involvement Leads from service areas across the trust.

Elephant

The trust has pioneered implementation of electronic feedback using mobile touchscreen computers. The tool aims to provide service users with the opportunity to quickly provide feedback in a user friendly form. The tool has been piloted in a small number of service areas. When used effectively the tool can provide good quality data on service user perceptions at a moment in time that can be interpreted easily. Questions include: How well did the doctor treat you with respect and dignity, how well did the doctor explain your problem, how long did you wait to see the doctor and how likely are you to recommend this service to friends and family?

Service Level

We set out below three examples of good practice at a service level that were identified during the course of our interviews, we recognise that there are probably other examples that we have not mentioned. The full case studies are included as appendix D.

Podiatry

This service has engaged service users through a regular survey which provides feedback across all clinics in the area. Two engagement events were held which were used to provide information but also encourage service users to express an interest in being further involved. Subsequently these service users have been invited to a service user group. Patient and public involvement is incorporated into staff and service management meetings. The Involvement lead has prioritised some work on staff understanding and capability and shows a commitment to driving the agenda within the service.

CAMHS

This service area aims to maximise Patient and Public Involvement at both the individual level in terms of shared decision making at each stage of the care planning and review process. The young people involved may not feel they have had much choice up to the point of referral to the CAMHS service. The approach is built into staff induction and development and young people are involved in recruitment processes. Other activity, on a population level is supported through a partnership with Barnardo's who employ a worker to support engagement groups. The groups have undertaken projects, to address a need that they have identified, for example a permissions bookmark and guidelines for services on how to make their services more accessible to young people or specific groups of young people. There is resource in terms of money to support involvement in this service, but the lead is also proactive in driving the involvement agenda.

Champions Show the Way

The community workers are responsible for profiling the area, understanding the demographic and the health need and recruiting local health champions to deliver activity related to the specific health and wellbeing needs of the area. The purpose of the service is to:

- Promote health
- Reduce isolation
- Reduce the numbers of hospital re-admission

- Reducing the number of GP visits

The champions promote a self-care model by working with partners to promote wellbeing through for example;

- Remembrance writing
- Art sessions
- Guided walks
- COPD sessions
- Tea and dance
- Physical activity sessions
- Singing sessions

The service provides a Young People's Confidence group which works with young people on ICT, job search and mental wellbeing issues. The service is engineered and facilitated by the team but led by the champions. The different localities have very different populations with different needs so the services offered look very diverse.

There are 150 volunteers working as Health and Wellbeing Champions within the service. There is a recognition that it is important to show how valued the volunteers are so, though they are not paid for the work they do, only expenses, there is an annual lunch designed to recognise their work.

Organisation Level Patient and Public Involvement

Trust Board Patient and Carer Stories

Since February 2013 every Trust Board meeting has started with a patient/carer story. These are delivered in a variety of ways including visual media, staff member telling a patient story or by the patient or carer themselves. These stories have been well received by the Trust board and help set the tone for meetings.

Your Health

The trust produces the quarterly magazine "Your Health" which is posted to all members of the trust – approximately 8,000 people. The magazine comes across as a lively and attractive publication with a variety of stories.

Public Talks

The Trust has started to organise a variety of talks open to the general public where clinicians talk about aspects of their service. They include subjects as diverse as continence and podiatry

Challenges

Strategic Ownership

Although there is clearly a commitment to embed PPI in the trust it feels as though initiatives are incomplete and not followed through sufficiently. A number of activities feel as though they operate at pilot level only. We have already commented on IY3 which has clearly had limited traction in the organisation.

The other main mechanism which should bring together the trust is the Trust Wide User Involvement Group (TWIG). This is meant to include a representative from each service. Perceptions among interviewees varied with regard to its effectiveness, some felt that about 60% of service areas have nominated a PPI lead of which 80% had an Involving You group. Others felt that less than 50% of services have a lead.

"The groups are perceived not to understand corporate performance and want to do it in their own way"

"TWIG works well occasionally – they developed the strategy"

"TWIG should be made mandatory and ensure that leads are appointed in each service area."

We note the good record in innovation that the trust has with regard to Patient and Public Involvement. However, we consider that much of this activity continues to operate at a project level and is not used systematically. For example use of the Elephant feedback system, or the personnel training programme and PiAN.

We consider that this could be an indication of committed junior and middle managers with a responsibility for PPI developing innovative solutions but lacking the positional clout to ensure that these programmes are rolled out across the organisation.

An example of this failure to move from innovation to mainstream is the Trusts relationship with Patient Opinion. The trust has signed up as a full member of Patient Opinion. Patient Opinion has been described as the 'trip advisor' of the health service. However, this description does it a disservice. Full membership of Patient Opinion allows NHS organisations to respond directly to compliments and complaints as well as providing access to detailed metrics.

As well as addressing the presenting problem effective utilisation of Patient Opinion has two other benefits with regard to Patient and Public Involvement these are:

- It gives a clear public message that the trust is open to comments from the public and keen to respond them as a matter of course. This should encourage further engagement from the public.
- It changes the behaviour of service managers – giving them confidence to respond to public engagement through experiencing the benefit of doing so.

However, we have the impression that Patient Opinion is currently seen as an interesting innovation rather than a key part of the PPI system in the Trust. The evidence below illustrates this:

	Number of stories Feb 2013 to Jan 2014	Number of times viewed	Number of managers in trust who receive alerts
Bradford District Care Trust	24	4,210	2

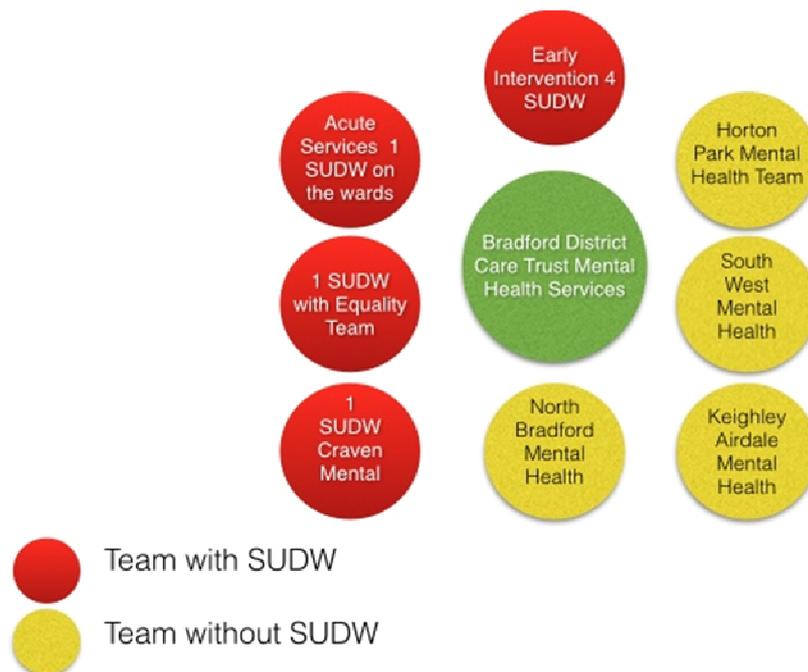
	Number of stories Feb 2013 to Jan 2014	Number of times viewed	Number of managers in trust who receive alerts
Nottinghamshire Healthcare NHS Trust	576	74,964	327

Finally, in this section we did not feel that that the organisation as a whole takes a sufficiently integrated approach to work on membership, volunteering and involvement of service users and carers. There is a clear relationship between all of these and potential benefits from a more coherent framework that brings this work together.

History and change

It is clear that the trust has a long standing history of Patient and Public Engagement particularly with regard to mental health services. However, organisational changes and restructuring has led to a loss of organisational memory which can mean that the rationale for some services is forgotten or may no longer be relevant.

For example the Service User Development Team which was established in 1996 provides an interesting model built around the support worker function of mental health services – and deliberately recruits people with experience of services. However, it no longer provides a systematic service across the trust mental health services as a whole and the potential of this service model for roll out to other service areas does not appear to have been considered.



Representation and Involvement

Mental health services in particular have a long history of involving service users; this tradition is not necessarily the case across other services in the Trust. At the moment it is probably fair to say that mental health service users are over represented in trust processes. It is also the case that many of the service users who are involved have been involved for some considerable time. There is not a great deal of evidence of renewal and change among representatives or of actions to systematically develop new cadets of service users. It is important to recognise however, that sustained

involvement of experienced service users is an asset to any organisation – however this needs to be balanced with regular renewal and growth in fresh voices.

Community and Hospital

A number of interviewees highlighted the need to develop a more coherent approach to engaging members of the public who use community services. There was an acknowledgement that this would require different tools and standards. The public's relationship with community services is often more intermittent and transitory. Some managers noted that the new local structures and responsibilities (CCG and GP in particular) meant that there was a need for, and opportunity to develop closer working with Patient Reference Groups attached to General Practice.

Metrics

We struggled to get a clear picture of the level of user involvement within the trust. We understand that there are dangers in taking an overly quantitative approach to measuring this – involvement needs to be understood in the round which includes taking account of more qualitative and relational factors.

Nonetheless some measures would be helpful, so long as they were used in an intelligent manner to inform and challenge current practice. Ideally these could be used to compare level of involvement against the number of people who receive a particular service. We struggled to gather information on service utilisation and while understanding the difficulties the trust has having inherited a number of different data collection systems (RiO, SystemOne and R4) we consider more could be done here.

The Future

Despite the very difficult economic and policy environment there is clearly a tremendous desire among many of the people we spoke to – both staff and service users to improve Patient and Public Involvement and a belief that this is possible.

In our discussions at the special TWIG meeting some views of what good might look like included:

Involvement is embedded across the trust – how would we know?

- Takes place from the beginning of the care process and all the way through
- Senior managers meet service users on a regular basis
- It is easy to see that actions are followed up
- Service user art is out and about around the trust
- The Involvement agenda is considered at a high strategic level within the organisation on a regular basis
- Patient and Public Involvement is in all job descriptions and service users are on all recruitment panels and are trained appropriately
- There is an easy to use compliments and complaints process
- Clear information is available
- There is a strong network of trained and supported service users to provide peer support

It is not surprising that many of the above initiatives can be found in the Trust already. However, most are not adhered to systematically across the organisation as a whole.

Lessons from the case studies

- A senior committed and proactive lead Director is required to make things happen across the service
- To achieve a good level of engagement and involvement requires a concerted effort and commitment from all staff within the service area, and a level of understanding that enables them to motivate their patients or service users
- Delivering effective involvement does require a resource in terms of staff and management time and a budget. The organisations structure and culture needs to allow for this and to actively support and encourage the process
- No one size will fit all, and within the context of an overall strategy, based on clarity of objective and outcomes sought, service areas will need to adapt the approaches, methods and tools used to the needs and preferences of the service users or carers and the way of service operation.
- Effective engagement and involvement can be a long slow process and needs to be built up over time so perseverance and trying out new and different ways of engaging target groups of users, carers and community members is required

Conclusions

Leadership

BDCT continues to produce innovative examples of PPI practice. However, it not clear which of these are most suited to systematic roll out across the organisation as a whole.

We think the large number of comparatively small PPI initiatives should not distract from the continuing need to develop a more robust and coherent approach to PPI across the whole organisation. This could be addressed through more assertive leadership at the top of the organisation – where expertise and responsibility for organisational development rests.

Some approaches to PPI such as the SUDW model feel as though they have been left to ‘wither on the vine’. If the organisation considers them to important then they need to be sustained and rolled out to other areas and their role as a key element to service delivery described clearly in relevant strategies.

Mental Health and Community Services

Bradford District Care Trust has a strong history of Patient and Public Involvement, this is particularly the case with regard to the mental health and learning disability services that were provided prior to merger.

While it is clear that that there are good examples of service level approaches to Patient and Public Involvement in community services too (some of our case studies are drawn from these) there has not been a systematic response to ensure that the challenges faced by Community Services are understood and addressed.

This is particularly important given that the future is likely to include a greater reliance on the provision of integrated community based services – driven through initiatives such as the Better Care Fund¹². There will therefore need to be a greater focus on ensuring that the PPI activity of the trust is appropriately integrated with that of General Practice, the CCG and Local Authority.

The individual user experience

We recognise that keeping track of progress on the personalisation agenda and driving it forward is very difficult for the reasons we explain at the beginning of the document. Nonetheless, this is not a reason for inaction. Successful action requires a clear understanding of responsibilities and required action at all levels of management with regard to assuring quality of engagement and monitoring impact. This will involve a shared approach across HR, Training, Service Directors and PPI advisors.

Contributing as volunteers and employees

Active and engaged citizens – There are good practical examples within the Trust where real progress has been made to take a more asset based approach to engaging with the public for example:

- Citizens – the membership programme and preparations for recruitment of Governors
- Volunteers – Champions show the way, Partners in Audit Network, XPIore, 15 Step Challenge
- Service Users – Service User Development Workers (recruited from service users)

We think that the examples above demonstrate that it is possible to develop more co-produced relationships that can not only improve experience but also actually improve people's lives through enabling them to contribute as citizens, volunteers and employees. In order to build on this practice a more coherent organisation level approach is required.

Recommendations

We do not propose to present the Trust with a long list of recommendations. It is for the trust to determine the detailed actions it might wish to take. We suggest the following:

Leadership

The Trust should ensure that there is leadership at the top of the organisation to include an executive director and a non-executive director who will be responsible for developing a coherent strategic approach to engagement across all aspects of the trusts service. They should be accountable to the Board for development and implementation of this strategic approach.

They should ensure that:

- There is an integrated approach to user involvement, membership development and volunteer engagement.
- All of the trusts functions service delivery and corporate services (HR, Information, Training, etc.) are mandated to engage and have clear responsibilities with regard to PPI to ensure systematic, whole organisation culture change.

Metrics

The Trust should agree a simple set of metrics that allows it to test strength of involvement. For example:

- It could consider receiving regular information on the number of service users involved in particular activities, how long they have been involved, training they have received etc.
- If it were to continue with the Patient Opinion contract this provides an easily accessed means of auditing some comments and complaints.

These metrics should be tested against service utilisation measures.

Scope

The strategic approach that the trust takes forward with regard to engagement should:

- Set out a set of challenging minimum standards for user involvement across the trust as a whole. These standards to be sensitised the needs of particular services – for example community vs. hospital based.
- The strategy should also recognise the wider context of Bradford and Airedale and explicitly make links to the local authority as a commissioner and custodian of citizenship and to the CCG and NHSE with regard to their responsibilities for PPI, this to include a negotiated stronger and more explicit relationship with General Practice Patient Participation Groups.
- Identify a small number of organisationally important areas – for example a particular service or area of activity to provide an explicit focus for a concerted improvement on PPI.
- Consider how to strengthen the involvement of service users and carers as volunteers and potential employees. There are real opportunities to build on programmes such as Champions show the Way – improving people's recovery and developing new service models that involve a greater degree of coproduction and co-delivery.

Learning and Innovation

There should be a coherent programme to share learning and innovation within the trust, fostering innovation and supporting improvement with an emphasis on peer support.

The trust should develop confidential and supportive peer relationships¹³ at a leadership level with other trusts to share good practice at an organisational level. Possible peers might include Leeds Community Healthcare Trust or Nottinghamshire Community Health Care Trust. The Trust should consider whether an independent agency such as a University could support this.

Professor Mark Gamsu

Jennie Chapman

Leeds Metropolitan University

10th March 2014

¹ <https://www.gov.uk/government/publications/better-care-fund>

² "Peer Review is an invaluable means of spreading and maintaining a positive common culture in which good practice is encouraged to flourish and bad practice can be identified and remedied. It should be an intrinsic part of all professional , managerial and leadership activity in NHS provider organisations" Francis Report (Chapter 21 Values and Standards pp1400)

³ <http://www.bdct.nhs.uk/who-we-are-what-we-do/our-vision-values/>

⁴ Report of the mid Staffordshire NHS Foundation Trust Public Inquiry, Volume 3: Present and Future, Robert Francis QC 2013

⁵ Community Engagement NICE 2008

⁶ INVOLVE are a charity who are experts in public participation which supports actions to strengthen democracy through citizens being able to take and influence the decisions that affect their lives.

⁷ People and Participation. How to put citizens at the heart of decision-making INVOLVE 2005

⁸ Patient and Public Engagement – Still an aspiration? PMN & PCC 2013

⁹ Helping measure person-centred care. A review of the evidence about commonly used approaches and tools used to help measure person-centred care Health Foundation March 2014

¹⁰ Volunteering in Health and Care: Securing a sustainable future Kings Fund 2013 and subsequently Volunteering in acute trusts in England. Understanding Scale and Impact Kings Fund 2013

¹¹ People and Participation How to put citizens at the heart of decision making INVOLVE 2005

¹² <https://www.gov.uk/government/publications/better-care-fund>

¹³"Peer Review is an invaluable means of spreading and maintaining a positive common culture in which good practice is encouraged to flourish and bad practice can be identified and remedied. It should be an intrinsic part of all professional , managerial and leadership activity in NHS provider organisations" Francis Report (Chapter 21 Values and Standards pp1400)

Appendices

Appendix A

Summary of Involving You 3

Involving You 3

Takes as its starting point the Department of Health Guidance Real Involvement Working with People to Improve Health Services (2008)ⁱ

- Not seeing involvement as an isolated activity
- Target people who are easy to overlook
- Invest in developing capacity and capability of staff to make sure that they have the skills and capability to undertake involvement
- Make good use of intelligence
- Consistently provide an audit trail
- Utilise a range of techniques to involve users

The Involving You 3 strategy aims to embed user and carer involvement in all four elements of its 'vision wheel' which are Patient Experience, Quality, Value for Money and Relationships.

Progress on implementation of the strategy is reported to the BDCT Service Governance Committee on a 6 monthly basis.

There are examples of strong involvement, for example CAMHS UCanBHeard group has been trained in Recruitment and Selection, is facilitated by Barnardo's and involved in all recruitment for CAMHS and elsewhere in the Trust.

The Trust agreed the Involving You Strategy in July 2012.

It identifies two areas for particular emphasis:

Patient experience

The strategy explicitly recognises the greater emphasis that is placed on the importance of patient experience and of the need to ensure that services focus on improving this experience.

The Trust notes that it must provide evidence of the following on a 6 month basis:

- Approaches used by the Trust to engage patients and carers
- Issues identified as concerns by patients and carers
- Actions taken to address issues and concerns
- Examples of good practice highlighted by patients and carers
- Updates on resolutions to issues identified
- Evidence that the trust has told patients and carers how it has improved services
- key themes on the five dimensions of patient experience

Involving You 3 commits to:

- Patient Experience Focus Group feedback reflecting patient experience perceptions of the trust board and staff focus groups
- A baseline for the Friends and Families test

The second area that Involving You 3 focusses on is Carers

This is based on the Carers Survey carried out in 2011 which identified a range of issues of concern to carers which would be monitored through the Trust Wide Involvement Group and the Equality, Patient Experience and Involvement Panel

- Support and encourage leaders at all levels of the organisation to create an organisational culture that prioritises work on understanding and improving experiences of patients
- Build and articulate clearly the business case for investing in the measurement and improvement of patient experience
- Make the focus on understanding and delivering a positive patient experience an integral part of staff induction, staff development and staff appraisal
- Make understanding and improving patient experience an integral part of in-house leadership development programmes (including for middle managers and clinicians)ⁱⁱ

Involving You 3 has the following strategic objectives

- To continue to improve involvement of service users in their own care
- To develop and implement effective patient experience systems
- To improve the support, experience and involvement of carers
- To support, develop and empower service users, carers and staff to facilitate effective involvement
- To involve service users and carers in all aspects of the trust

Assurance

The strategy identifies the following key roles:

- Trust Wide Involvement Group (TWIG)
- Local Involvement Groups
- Local Leads
- Patient Experience Advisory Group (PEAG)
- Equality, Patient Experience and Involvement Panel
- Patient Experience Walkabout
- Service Governance Committee
- Trust Board

Appendix B

Who we interviewed

Alison Harrison – PALS officer, Team Manager

Margaret Hanson – Strategy, Implementation and Policy Development Manager

Kerry Bennett – Quality, Health and Innovation and Carers Connection Team Support

Cathy Woffendin – Deputy Director of Nursing and Specialist Services

Elaine Edwards – Interim Head of Involvement and Equality

Phil Hubbard – Head of Service for City CCG Services

Deborah Gilderdale – Head of Service East & Shipley

Margaret Waugh – Head of Performance and Information

Steve Gascoyne – Head of Service, Airedale, Wharfedale and Craven

Shahid Islam – Patient Experience and Involvement Manager

Debbie Webster – Deputy Director Quality and Governance

Paul Hogg – BDCT – Trust Secretary

Fiona Sherburn – Deputy Director of HR & OD

Stella Jackson – Foundation Trust Membership and Governance Manager

Sue Wilde – Senior Service User Development Worker

For Case Studies

Helen Kirk – Podiatry

Catherine Wright – AHP Lead

Rebecca Bentley – Head of Nursing and Non-Medical Prescribing (Champions Show the Way)

Appendix C

Bradford Care Trust

TWIG plus workshop

Saltaire 24th February 2013

Attendance: 22 people were present. 9 identified themselves as service users, 3 had a dual role as current or ex service users employed by the trust, and 10 staff members

Purpose of Workshop

The purpose of the workshop was to ask the following questions. The responses to which would then be considered alongside the other evidence being considered in the review of Involving You 3.

- Why is patient and public Involvement Important?
 - What does good patient and public involvement look like?
 - How is BDCT doing now?
 - What are the strengths and weaknesses and what are the blocks to PPI?
 - What would help improve?
 - What does the board need to know?
-
- Why is Patient and Public Involvement Important?
 - Patients and public are the same. If people aren't patients now, they might well be in the future
 - Help services recognise what's working well and what isn't – have to be a user or have used services to give that perspective (or over)
 - Have a wealth of knowledge and experience to tap into and this is a resource that should be recognised.
 - OASIS and other groups have a lot to offer – need to listen to and to use the experience
 - Trust asset – thousands of people are patients and they could all offer valuable insight or information at some level.
 - Skills are required to make PPI work
 - It offers checks and balances against the targets that come from external sources. Need to balance targets with user experience.
 - Opportunity to check claims that are made for services e.g. those claiming to provide or strive to provide a good or excellent services – if terms not defined then service users might challenge the view a service has of itself.
 - Accountability
 - Builds confidence in the service and demands transparency
 - Reduces waste – finance and resource. Helps to get it 'right first time'
 - Keeps the focus on patient and carer needs
 - Through partnership – the relationship between patient and provider should be positive and supportive working to the same goal, not feel as it does sometimes like an 'us and them'
 - Improves long term health and recovery

- Empowering people and giving them the opportunity which leads to connectedness (people feel part of the process and organisation).
- It is important to act on what people say and feedback, letting them know what has happened or if it hasn't why not.
- Improving partnership helps to manager expectations

What does good involvement look like? (If it's going well, what will it look like in 3 years time?)

1. Involvement which takes place along the whole process, especially from the beginning
 - the start of a care process
 - of a recruitment process
2. Actions are followed up
3. Senior managers meet with service users regularly (managers are sometimes invited but then don't turn up).
4. Service user art is out and about around the trust
5. Involvement agenda is at a high strategic level within the organisation,
6. Filtered throughout the organisation
7. Patient and public involvement is included in job descriptions
8. Service users are on all recruitment panels – even for the most senior managers e.g. Chief Executive. Those involved in the process must be trained and supported and the training should be tailored to the specific needs of service users.
9. There is an over – reliance on statistics sometimes – a broader approach to the collection of data and also a challenge to the data and information
10. Waiting list shorter (Could all be used as indicators)
 - Less complaints
 - Family and Friends test
11. A complaints and comments process which is easy to use and navigate your way around.
12. Clear information available.
13. Improved funding and support for mental health services – redress the balance with physical health services
14. Broaden opportunities for care – (see beyond drug treatments)
15. Use language which people can understand – not jargon
16. Network of trained and supported service users;
 - peer led support for new patients
 - consider impact of involvement on people's recovery
17. Service users and ex users are employed by the trust

What is BDCT currently doing well and not so well?

Strengths

- Posters and information
- Magazine
- Media savvy
- Employed SUDP (Service User Development Posts)
- I2I, Oasis etc.
- Good practice in mental health

- CX has worked at grass roots
- Have employed radical people in the past – prepared to take a risk
- Challenging / shake up services
- Patient involved in choices about care
- Improved fast tracking into mental health as a result of user feedback
- patient experience manager is excellent
- Early interventions
- Advanced statements
- Providing an opportunity to meet others
- Trust has strategy and is reviewing it
- When it works in partnership with voluntary sector – could be improved (brings challenge)
 - Values and relationships training

Weaknesses

- Rhetoric
- Lack of connections with GP's – trust could provide training on mental health
- waiting times
- restructure – changes in staff
- changed relationships
- knowing who has what responsibilities
- Communications – improvements, what out there – how to isn't communicated
- Merger – mental health and community services
- Service user invitations and involvement – imbalance between mental health and community
- community services feel they are 'out on a limb' – trying but not supported
- Approaches need to be different depending on the service and the nature of its relationship to the service user – this is not always recognised or supported
- IU3 strategy is geared towards mental health services
- Not spread equally across the trust – e.g. acute care pathway
- strategy needs to be updated to reflect trust as it is now – fit for purpose and flexible
- A number of things have started, gone well and then fizzled out sometimes in the merger e.g. values and relationships training and involvement included in induction processes

ACTIONS

- Communication – is improving but further to go – needs to be open, accessible, honest and understandable
- More joined up services – referral pathways – not bounced back to GP each time but referrals to be made between services. More holistic view of person
- Trust-wide newsletter for involvement
- More opportunities for service users for voluntary activity, employment and involvement. Keep the payments as it was felt there was a danger these would be lost. (joined up with other voluntary and community organisations)
- public awareness – health literacy e.g. members public talks
- Build confidence – by giving 2 way feedback
- Feedback following engagement and involvement – e.g. You said we did
- Improve website 'usability' – could use for 2 way feedback. There is a danger of losing it; Difficult to manage,

- Out of date,
- No single point for involvement,
- internet vs. intranet access,
- Service user involvement policy only on intranet
- Website needs updating – it also got caught up in the merger e.g. Speech and language therapy service users made some films which do not appear or cannot be accessed through the website. This sends out a message that your involvement is not valued
- If serious then resource to support involvement and engagement needs to be increased NOT decreased. It often falls off clinicians agenda.

What does the Board need to know / do?

- Do an analysis of research and learn from good practice and evidence of effectiveness from other places. Use the evidence to learn from and challenge and test practice against it.
- Trust board develop closer links with the University of Bradford – School of Health (citizenship)
- Trust clinicians
- Involvement could be a standing agenda item for the board. At the moment this is 6 monthly and features on the governance committee. Could be more often and also needs to be communicated back across org.
- Ensure feedback is given
- Service users can be intimidated by some board members. Some board members go into service areas and groups but this is ad-hoc and inconsistent.
- Back to the Shop Floor; must be followed up and fed back to services and users and carers (medical Director Andy McElligott has visited some services)
- Better engagement in meetings – not just to attend but support participation
- Training and support to help people to get and maintain positions on the board (RADAR has been lost)
- Education for staff within the trust re: What's on offer for service users / opportunities
- Provide information earlier about emerging and developing priorities and services.

Jennie Chapman / Mark Gamsu

February 2014

TWIG+ workshop write up

Appendix D

Bradford Alliance on Community Care Workshop Summary

Participants in the workshop were invited to discuss and respond to 3 questions:

1. Why do you think patient and service user involvement is important?
2. If you went forward in time 3 years, what would look and feel different if BDCT were excellent?
3. What actions could BDCT take to really improve how they involve patients and the public in their services?

Why is Patient and Service User Involvement important?

- To feed back on what's happening – what's going well and what might not be and what's being done about it.
- Can help to improve services by if feedback from service users is listened to and acted upon
- Stops people slipping through the net
- Without it nothing will change
- People who have experienced services know what works well and what doesn't
- Creates and helps maintain trust in services
- Helps service users with confidence and can aid the recovery process as well as redressing any power imbalance between service users and clinicians
- It needs to be part of the service and not just a tick box exercise
- Helps services to understand the different needs that people have
- Empowering for people if they feel they are making a positive and valued contribution
- Helps professionals get it right
- To inform commissioning process in terms of what the market place needs – e.g. TESCO
- Health services not always working together so important to listen to users to help improve training and support for staff is appropriate
- Service users can identify gaps in multidisciplinary and multi-agency approaches and provide information on these
- To measure service levels and quality
- Opportunities to streamline services and potentially save money
- Monitoring and evaluation of services

If you went forward in time 3 years, what would look and feel different if BDCT were excellent?

- Joint working across the NHS and with other organisations including the council and voluntary sector
- Central Assessment centre with one person (named professional) responsible for distributing the information, signposting and co-ordinating across service areas
- Different methods of communication used more effectively, including text, online, ensuring information is available in different languages and formats
- More extensive and efficient use of existing service user groups
- Feedback on what changes have taken place as a result of involvement is vital
- Encouragement of service users to complete surveys – using volunteers and being 'smarter' about the use of volunteers
- Smiling faces
- Services would be more responsive to need with better service delivery based on issues raised and complaints

- People listening to you
- Patient transport is provided or people won't access the services especially as austerity affects people on low incomes most and makes it more difficult to access services
- All staff will think of service user involvement as an integral part of their work
- Service users need to know their rights
- Service users would be involved at the start of the planning process and would continue throughout either the development phase or care delivery by jointly creating and monitoring care plans
- Equal weight given to service users to redress the power balance with clinicians and managers

What actions could BDCT take to really improve how they involve patients and the public in their services?

- More feedback and assertive questioning of the feedback. Ensuring people know what changes have taken place and if change isn't going to happen – why not? Feedback should go up as well as down
- Information in different formats – easy read, large print, Audio, British Sign Language, interpreters and plain English – and avoiding jargon
 - o Dissemination events
 - o Working proactively with health watch
 - o Duty of candour
 - o Use of plain English
 - o Information to be readily available – posters and something to take away
 - o Free numbers to contact and cheaper or free 0845 numbers
 - o Improve information exchange between health professionals
- Better links with other organisations e.g. council, (housing dept.), CCG's and more effectively joining things together e.g. Hospital discharges and making sure support is in place (working through the key worker idea)
- Lots of different ways for people to feed in and be fed back to in ways that people can understand
- Register of people with learning disabilities so support can be put in place – this model could be used for a range of different needs
- Better awareness among staff about different needs and how to communicate more effectively with people e.g. Talk to the person not their carer or parent
- People to be encouraged to use 'my needs cards' – linking in with a high range of services
- People being treated as individuals not a number
 - o Complete mapping of services available
 - o Raise awareness of patient participation network
- Bespoke solutions for different client groups – regular events for capturing views – need to be wary of the same people always attending
- BDCT to do more outreach visits to meet with specific groups
- Technology – touch screens to get patients to capture specific experience and feedback
- Only consult when there is an intention to act or the information received will be used in a meaningful way
- Recognise the role of the Voluntary and Community Sector
- Recruit more volunteers to the health sector
- Sharing of good practice and learning between organisations
- More getting back to the shop floor by senior managers
- Clarity about the involvement process and learn from the council and others
- Recognise and support (all) carers and the important role they play including financial support.
- Carers need support including short and longer term respite care

- Must be a buy in at top level with senior people engaged and service users sought, trained and supported to engage at the top level
- Service user nominated awards for staff who demonstrate excellence in service user involvement
- Appropriate equipment for example handset vs headset

Appendix E

Case Studies

Podiatry – Helen Kirk

Podiatry services operate in over 40 locations across the District. The service employs 39.58 WTE podiatrists, made up of 48 CHPC registered podiatrists (36.52WTE) and 4 Assistants (3.06WTE). The service is recognised as an example of good practice in the trust with regard to service user and carer involvement.

Background

The work on Service user engagement is dependent on having staff support and commitment as

'to get patients on board you need staff on board and that requires considerable effort and hard work'

In order to get staff on board the service adapted and utilised the NHS Institute for Innovation and Improvement's Productive Community Services (PCS), an organisation wide change programme which helps systematic engagement of all front line teams in improving quality and productivity. Alongside audit and patient experience sections, Staff engagement is a key feature of PCS and this was enabled by the establishment of a virtual board available to all staff. The service area won an award for this development and used the prize money for further development of service user activity, for example the development of an app which makes feedback from service users and carers via the survey less onerous to analyse. The service also secured grant funding to run Patient Engagement events.

The events, held in January and March in Bradford hotels, were used to raise awareness of the services offered; there was a presentation by the Patient Experience Manager and an opportunity to express an interest from people who would like to be more involved. The events were widely publicised through podiatrists, local media, information in clinics and personal invitations. All patients were invited to attend.

Following on from the events, 10 expressions of interest were received. Those 10 people received an invitation to a Patient Involvement Group meeting, the first of which met in November 2013. Four patients attended this and 3 people sent their apologies. The meetings are structured and will take place quarterly. At the first meeting, service managers asked what function the group should have and how it would work. The patient representatives wanted to meet quarterly to find out more about the services and developments within the service.

Members are sent reminders and details as well as getting a telephone call to remind them of the meeting. They are invited to forward any items that they would like to see on the agenda as well as routine items including, what the service is currently working on and possible developments. The second meeting is scheduled to take place shortly (Feb 27th) with agenda items including; DNA (did not attend) figures, Happy Feet (a volunteer nail cutting service), Introduction of a new booking in system and the piloting of a new patient experience questionnaire. The purpose of these items is to introduce them and to get a patient view on the developments before implementation. An additional item for the agenda is how to get more people involved in the process.

The other key opportunity for patients to influence services is the patient survey. The survey is administered in 10 clinics per quarter and generally has a good response rate. The whole team get the feedback from the survey and issues are followed up where patients indicate a concern with an aspect of service. Where it is possible action is taken to rectify issues, though this is not always possible, for example in terms of access and bus routes which are beyond the control

of the service. Where there are issues with response rates to the survey, these are investigated and generally relate to podiatrist issues e.g. sickness rather than issues with the patients.

There are always poster displays outside clinical areas and the service employs two Health Promotion Specialists, one focussing on adults, one on children and they provide a lot of events at a number of community settings. Where there is a need they will support consultation activity of the service or trust. The Health Promotion Specialist for Adults has developed a carer training package to promote foot health. All sessions are evaluated.

The key lesson is that to get patients on board with a service like podiatry, it is essential to have staff on board and achieving staff buy in can require planning and the adoption of multiple approaches. The way that Patient and Public operates has to work for the team and patients. Staff need to be involved at the outset and to understand the benefits of involvement.

This service was involved in developing staff support for Patient Involvement and looking at how to do it before Involving You 3 was published so the challenge was to adapt what they were doing to meet the requirements of the strategy.

The Patient Involvement lead for the service area takes the role seriously and sees it as an important and integral aspect of the service.

Child and Adolescent Mental Health Services (CAMHS) – Catherine Wright

CAMHS is a tier 3 service or specialist mental health service working with Children, Young people and their families. They operate out of 2 bases 1 in Keighley and 1 in Fieldhead, Bradford. They deal with a range of services including anxiety, eating disorders, Self-harm, Autism, and ADHD among other emotional and behavioural issues.

The aim of the young people and families being involved is shared decision making with the young people at each stage of their journey. This would include at their entry into the service, i.e. first contact through to telling their story and looking at the different treatment options and agreeing their care plan. Sessions are reviewed with all young people being asked to rate the extent to which they were listened to, involved, respected and the extent to which their choices are implemented. They are also involved with monitoring the outcomes of their care.

There is an electronic 'Elephant kiosk' in each CAMHS base which is used to give feedback about services. The use of this is growing as staff are encouraging it more, but families often want to leave the building after sessions without stopping to leave feedback.

On referral, young people don't always feel they've been able to make or influence decisions about their care, as referrals often come from schools, parents and other professionals rather than the young person themselves. By the time the young people reach the service they can feel that they have no say in their service journey, and are unsure about what they want and how the service can help. Time needs to be spent thinking with them about the options available to them. Young people are routinely sent with their 1st appointment letter an information leaflet about CAMHS and permissions bookmark, which enables them to know what to ask – both of these tools have been designed by young people in the CAMHS participation group – U Can B Heard

The service works very closely with Barnardo's as part of a Healthy Minds programme. As part of this initiative there are 3 participation groups, Junior and Senior U Can B Heard and Transition (those moving out of the service or moving on to adult services). Each has approximately 10 members and they are involved in a number of projects and initiatives relating to involvement. They have all been trained in recruiting staff and participate in the process. They have

developed values tools for workers on working in CAMHS, working with young people with LGBT and young people with Autism have also developed a values tool to make services more autism friendly.

The groups are consulted on service developments e.g. How to improve the environment and how to make policy's more accessible. They have developed a permissions bookmark which outlines the permissions which service users have, like the kind of questions that it's ok to ask. As well as creating confidentiality cards.

The Barnardo's group facilitates other groups, which helps to develop services across the board not just the CAMHS service.

Young people in the participation groups have taken part in national consultations – for example with Young Minds on how to make CAMHS services better, and some of the young people have gone on to work more closely with Young Minds through their 'Very Important Kids' projects.

It is recognised that monitoring and reporting could be better. The service currently uses feedback mechanisms such as you said we did, posters and displays and evaluations are invited from all involved. The service has been trying to get young people involved in governance processes.

The biggest challenge is the time that the work takes. Another challenge is embedding participation across the service. There are a number of staff that want to get involved, others don't have time or the energy or see it as an optional extra.

The service has open days and make your mark days for people to come into the service. All new staff, as part of their induction meet the U Can B Heard group and the service try to build involvement issues into team meetings.

The participation and equality leads jointly convene an Equality and Involvement meeting which is made up of 8 staff along with community organisations. Patient and Public involvement is also a quarterly agenda item on the service governance meeting, with a special annual meeting in school holidays to involve young people in the meeting and talk about the work they do.

The Trust Board are involved in Board on the Road which means that Board meetings are held out in community venues. This will take place at Barnardo's in March. Afterwards members of the board will attend the You Can Be Heard Group.

The CAMHS service is applying to be part of the next wave of – Children and Young Peoples IAPT, through this work there will be a significant focus on shared decision making and monitoring quality from a young person's perspective.

There is a plan in place to support young people in training in WRAP (Wellness Recovery Action Planning), this will enable a partnership approach between CAMHS staff and young people in delivering a therapeutic programme – co-facilitating WRAP groups, and developing peer support. It is hoped that young people will be supported to lead some research/service evaluation on WRAP.

Another key challenge is funding. The PPI activity is funded through the Healthy Minds budget but there is no guarantee that this will be sustained into the future. The participation lead is currently looking into opportunity to offer one of the young people currently helping with the U Can B heard groups an apprenticeship, but this is uncertain due to the uncertainty of funding.

The support systems for participation are good in the trust. There is a good level of communication. Some of this takes place because of shared offices which facilitates regular informal communication as well as the more formal mechanisms.

There are many more opportunities for participation for young people in particular with the inclusion of Health Visiting, School Nursing and Speech and Language services.

CAMHS are now looking at 16 – 18 year olds as the age limit of services was young people in full time education, but the age limit has now been fixed at 18 so the service is needing to look at young people into transition. How do 16 -18 year olds get information in order to make choices. The transition group are looking to make a u-tube clip and host an engagement event.

Another ambition for the future is to train young people in research so they can be involved in young person led research projects

Once more, the big concern is sustainability and the risk of this work becoming lost or tokenistic if not supported long term and not given time and done properly. In order to do it properly it needs to be resourced.

Champions Show the Way – Rebecca Bentley

Champions Show the Way is a commissioned service which recruits volunteers in the community to identify local need and develop locally based health and wellbeing activities. There are 4 project workers working across three localities, Bradford City, Bradford District and Airedale and Wharfedale. The team also has a dedicated information officer with responsibility for providing information and monitoring impact and outcomes. The service is commissioned year on year through the Clinical Commissioning Group (CCG).

The community workers are responsible for profiling the area, understanding the demographic and the health need and recruiting local health champions to deliver activity related to the specific health and wellbeing needs of the area. The purpose of the service is to:

- > Promote health
- > Reduce isolation
- > Reduce the numbers of hospital re-admission
- > Reducing the number of GP visits

The champions promote a self-care model by working with partners to promote wellbeing through for example;

- > Remembrance writing
- > Art sessions
- > Guided walks
- > COPD sessions
- > Tea and dance
- > Physical activity sessions
- > Singing sessions

The service provides a Young People's Confidence group which works with young people on ICT, job search and mental wellbeing issues. The service is engineered and facilitated by the team but led by the champions. The different localities have very different populations with different needs so the services offered look very different.

There are 150 volunteers working as Health and Wellbeing Champions within the service. There is a recognition that it is important to show how valued the volunteers are so, though they are not paid for the work they do, only expenses, there is an annual lunch designed to recognise their work.

There is generally a good representation of the population with the exception of some of the Eastern European communities. Where a gap is identified specific action is planned to target the community with a view to recruiting volunteers from that community who can then deliver peer led services.

The service works in partnership with local voluntary sector groups and organisations where specialist support is required, and part of the local needs analysis is about identifying gaps where there is no local delivery, or it looks to compliment what's already going on. One key to the success of the service is a very good relationship with the voluntary sector.

Monitoring and reporting

Targets and outcomes are negotiated through the commissioning process each year. The monitoring and reporting process includes some quantitative indicators, but also includes qualitative measures, based on case studies and story's to add depth to the figures. The measures used relate to the number of completed activities which is more meaningful than for example, number of people attending a session. This means that if a programme is for 6 weeks, they are only measured as a success if they complete the 6 weeks.

Bi-annual reports on activity are submitted to the service commissioners.

Links with other parts of the Trust

In some cases patients who have been referred into the service have moved through the system to become volunteers, delivering their own services. Service areas across the Trust are able to refer into the groups and the service is promoted across the trust.

The service supports other activity, for example stakeholder events etc held by other service areas and it is observed that many attendees at involvement events are either involved with the service as a volunteer or as a group participant.

Where the service sits within the Trust helps it to become an integral part of mainstream delivery as through shared management it has been possible to introduce this way of working into clinical areas and to look for the synergy across service areas. Previous barriers have been broken down.

A key achievement of the service is the fact that it is embedded across the organisation and not seen as a separate entity.

A key challenge is overcoming some of the language and cultural differences within the City. The service is adopting different approaches to open up communication with some groups where it has been more difficult to gain access. The aim is to work alongside those communities, recruiting champions from within and target specific service activity.

The ambition for the service is for it to become

- An integral part of NHS services.
- Bigger and better
- Involve Carers in Volunteering

- Reach into those communities not yet served

ⁱhttp://webarchive.nationalarchives.gov.uk/20130107105354/http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_089785.pdf

ⁱⁱhttp://www.institute.nhs.uk/patient_experience/guide/Quick_Guide_-_the_why_and_how.html