A Strategy for Service User and Carer Involvement in Older People’s Services

Adult Social Services and Housing, London Borough of Sutton

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A Strategy for Service User and Carer Involvement in Older People’s Services

1. Introduction

The London Borough of Sutton has a long history of service user and carer involvement and voluntary sector participation in the development of health and social care services for older people in the Borough.

This paper aims to enhance our strategic approach to working with local older people, seeking out the views of service users and carers and developing methods of partnership that can result in more meaningful and lasting engagement.

The overarching aim for enhanced and improved service user and carer involvement is to ensure we provide high quality and responsive social care services and improve the health and well being of older people and their carers.

The specific objectives of this Strategy is to ensure that we, in Older and Disabled People’s Services;

a) have agreed the standards and methods for the involvement of service users and their carers in our social care services,

b) have an understanding of the resources required to implement these; and

c) have agreed processes for recording, monitoring, and evaluating the impact of service user and carer involvement on the quality and provision of our services.

‘People who use social care services want not only to be listened to but also have their aspirations supported and turned into reality so that their lives are demonstrably better’ ¹

This Strategy will;

• provide the background and context to service user and carer involvement in social care,

• highlight our commitment to involving older people, and those directly receiving or affected by service provision, in a purposeful way,

• explore our current practices and methods for service user involvement and of seeking out user views and feedback,

¹ Real Voices, Real Choices. The qualities people expect from care services. Commission of Social Care Inspection, March 2006.
• evaluate the effectiveness of some of these methods and their role in service developments, and
• make proposals for improved practice, taking account of the most recent requirements as well as arguing for a more consistent approach to evidencing the changes made as a result of user and carer views.

We are aware that we have already developed significantly in the active involvement of older people, and engagement with service users and carers, and we are grateful to all those who have enabled this and who work closely with us to continue to achieve these partnerships.
2. Terminology and Scope

The word ‘involvement’ is used in the Strategy to mean the process and activities by which service users, carers and older people have a say, and greater control, over decisions that affect their lives either now or in the future. The words ‘involvement’ and ‘participation’ may be used interchangeably throughout.

It can refer to, for example, the individual involvement of a person in their social care assessment or care plan. It also includes the participation of older people in the planning and decision making about new service developments or about a services that they currently receive and need. There are also activities and methods of research into user and carer views on service provision that may affect change or monitor quality of service. This could be via consultation surveys, questionnaires, forums or focus groups or individual interviews for a specific purpose.

The words ‘service user’ and ‘carer’ are used throughout to refer to our customers;
- older people who currently receive a social care service,
- those who look after them (unpaid) or who have personal interest in them,
- and older people who may require services in the future.

There is no one agreement about what constitutes ‘old’ and ‘older’ in our society. In Adult Social Services and Housing we provide social care to people over 18 and over but for budgeting purposes those over 65 years are currently classed as ‘older’ service users.

However, there will be carers of service users who are younger than 65 and whose views need to be included. Similarly, people who are under 65 may wish to participate in service development and planning especially if their concerns are about the future shape of services.

The scope for this paper will not include any evaluation of complaints or the system for complaints. Whilst this is a vital source of information from service users and carers about services they receive, complaints are already managed and governed by specific requirements within Adult Social Services.

The recording and response to complaints is also considerably more robust with careful scrutiny by managers, service providers and council members. In comparison, the more general and varied activities associated with service user involvement are not always documented or responded to in a consistent way.

It is now increasing important for Social Services to be able to evidence how we have responded to service user views, their choices, and their experience of care services (as well as formal complaints) and it is this imperative that this paper is most concerned with.
3. Context for Strategy

The involvement and participation of service users in developing public services is not a new concept, but the requirements and expectations from both the public and national government have grown and continue to do so.

3.1 Demographic Drivers

For services for older people there are at least three notable forces of impact arising from society and demography.

a) The first is that older people may have previously been marginalised or overlooked in initiatives for participation, heightened by lower expectations or discrimination and obstacles such as lower income, restricted access or mobility or loss of role in the community. Such barriers to involvement are being successfully and actively challenged by organisations representing older people and within key national and local policy. However, the obstacles and attitudes which may mean that some older people will be spoken for rather than having their own voice heard are still evident.

b) Secondly, the older population is in itself a growth area. Since the 1930’s the number of people over 65 years has more than doubled, and now the average retirement could last 30 years. Whilst the majority of this age group do not require specific health or social care services there is still a projected increased demand for such services associated with the increasing population and longer life expectancy. In addition, with our increased awareness of demography and its impact, there is much more interest and concern about the quality of life associated with older age.

c) Thirdly, linked to the changes above, people who are now retiring or entering their ‘third age’ are more likely to expect and demand more of services and they are also fit and active in order to participate in groups and initiatives. This trend will continue and prospective service users will want a higher quality service and demand a greater stake in the decisions that could affect their future.

3.2 National Policy Drivers

Government initiatives such as the Inter Ministerial Group on Older People and the Better Government for Older People Programme set up in 1998 sent out a message that older people and issues concerning them are to be given higher priority in policy and decision making in national and local government. Other developments which have been spurred from these have revealed an enormous
amount of energy amongst older people to not only participate but to take a lead role in ensuring their views are known and heard and all levels.

*The National Service Framework for Older People* (Department of Health 2001) brought a number of the issues facing services for older people to the fore and gave a mandate to Health Trusts and Local Authorities to ensure older people and their carers were enabled to participate in making improvements to the care and services which impact on them.

Also in 2001, *The Health and Social Care Act* (Section 11) placed a new legal duty on NHS Trusts to involve and consult patients in planning services and proposed changes to services. The Commission for Patient and Public Involvement in Health (in 2003) provided a platform for effective participation in the NHS through Patient Forums. This followed through on the Government’s pledge to make the National Health Service more responsive to public views in the delivering the NHS Plan. In addition Primary Care Trusts were charged in their Local Delivery Plans to show how they will improve patient experiences and base this on public knowledge of the local health service.

The theme of responsive and accountable public services that work ‘with’ rather than ‘for’ the people who require them is continued and expounded in the most recent of government policy.

*Creating a Patient Led NHS*, (Department of Health March 2005), which picks up themes from the Wanless Report in 2002, and reflects policy previously focused on social care, endeavours to hammer home the message that the relationship between health services and public still needs to change. The relationship is to become one of partnership, where people are fully engaged, given information to make informed and real choices, and empowered to improve their own health where possible.

The recent White Paper, *‘Our Health, Our Care, Our Say - A New Direction for Community Services’* (Department of Health 2006) proposes certain outcomes from health and social care, which service users/patients can expect. One of these outcomes is for ‘choice and control’ with the promotion of individual budgets and direct payments being seen as a key way of achieving this. The title of this Paper in itself reflects a further shift which both service providers and service users are expected to make. There is a responsibility on individuals to use available information to make informed choices and to be exercise some control and responsibility over their lives. There is a responsibility on providers to enable greater choice and greater involvement.

The Commission for Social Care Inspection (CSCI), in response to the national approach, will judge Adult Social Services on their commitment to and practice for listening and responding to service users. Evidence is required that services

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2 *Securing our Future Health – Taking the Long Term View*. Derek Wanless, Dept of Health, 2002
do act upon what users and carers tell them and that choices are provided within the context of social care. More emphasis is also now placed on customer views to judge the quality of services during inspections.

In March 2006 CSCI published their report, Real Voices, Real Choices - The Qualities People Expect from Care Services, which reported on what services users had told them about the qualities of good care services and some of the failings of services. This information is impacting on how CSCI will judge performance in the future.

The Department of Health, in recognising that the involvement of the public and service users is the key to developing responsive services have also recently issued best practice guidance. This deals with issue that volunteers and services users must be recompensed for time provided by them and for their contribution to development groups or forums. They should be actively supported to become involved and share their views in order to influence practice or commissioning.

There are also requirements on Social Services from the Department of Health regarding formal research activities. In April 2005 the Social Services Research Group developed a Resource Pack to help social care agencies implement the Research Governance Framework (RGF). It is acknowledged that social care service users may be amongst the most vulnerable members of society and that principles of ethics, such as dignity and personal rights, must be considered in research. In addition best practice will uphold scientific scrutiny, ensuring information is available on research being undertaken, that health and safety of staff and users is upheld at all times and that financial and legal implications are considered.

### 3.3 Local Policy Drivers

The mission statement, or vision, of the Council is to “build a community in which all can take part and all can take pride” This is furthered through the Sutton Community Charter principles which promotes the rights of citizens to participate, be consulted and have a voice in decisions which impact on their community.

The borough’s Community Strategy 2005 – 8 demonstrates the high priority placed on engagement and public accountability by the Council and also has a

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3 Reward and Recognition. The principles and practice of service user payment and reimbursement in health and social care. Care Services Improvement Partnership, Dept of Health Jan 2006

4 Research Governance Framework for Health and Social Care, Department of Health, 2003

key theme of ‘Valuing Sutton’s Older People’, both of which can be furthered through enhanced service user and carer involvement.

For ‘Older and Disabled People’s Services’ in particular we have identified several imperatives for improved service user and carer involvement which can be summarised as follows;

- to be able to effectively monitor and improve the quality of our service delivery, including the services we commission from external providers;

- to improve the experience of individuals who require social care services so that they have a say as ‘active participants and contributors’;

- to provide evidence (to CSCI) of the methods for involvement and of action taken as a result of user views, and improve our overall ‘rating’ as Social Services;

- to contribute to the Council priority of 2006-7 of ‘Listening and Responding’;

- to be able to inform and influence the longer-term changes or redesign of services in line with the objectives of our Commissioning Strategy (for Older People);

- to be able to deliver with our health and housing partners the objectives of the National Service Framework for Older People, our local Housing, Health and Social Care Strategy and other locally agreed joint priorities;

- to implement the principles of Research Governance where appropriate and ensure the protection of services users and staff is upheld in the range of activities used.

3.4 The Drivers from Older Service Users and Carers

We have noted that there is a rise in expectation from the older public and this, coupled with greater opportunity to participate and have local influence, is something which many people welcome. Not everyone wants to participate in the same way but the driving force, from the user perspective, is to improve the service outcome whether in his or her immediate context or to bring about a change for the future.

Currently, older people, as a sub-section of the population, are reluctant to complain for a variety of reasons. This can be validated from the numbers of

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6 Improving Older People’s Services, Policy into Practice, Social Services Inspectorate, October 2002,
complaints from older people and through what older people themselves have said when asked. However where consultation activities are undertaken it is often the older population who are more likely to respond and share an opinion or complete questionnaire showing a willingness to contribute to and have concern for improving public services. We know too that in local elections the largest numbers of people turning out to vote are over 65 years.

The Age and Change Report (2000)\(^7\) from Joseph Rowntree reflects that most people who want to participate do so primarily, ‘to improve their lives, choices and opportunities and those of people like them’. A quote from one of the Programme’s Steering Group says;

‘Involvement is an individual thing, as well as a political and collective thing. Having control over your life is what matters…’

Another senior citizen, active in her local Forum, makes a very positive remark about genuine involvement, and the reasoning why it is so crucial.

‘So often, things are decided for us, as if we don’t count as real people beyond a certain age. The Forum makes sure we are not just included in the occasional consultation but in genuine partnerships and decision making about the things which concern our quality of life’.\(^8\)

Researchers have highlighted that effective involvement only comes about where there is a degree of faith from the services user that they will be listened too. In order to encourage the right ‘culture’ effort and commitment at every stage is required.

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\(^8\) *Senior Citizens Forums: a voice for older people.* Help the Aged 2002.
4. **Principles for Service User and Carer Involvement**

As part of developing this Strategy for older people’s social services, some key principles have been discussed with older people and with staff. The purpose of the Principles is to guide, correct and inform staff and our partners in all work with our ‘customers’, ‘service users’ or ‘patients’. They are promises of the approach we will take with older people working as professionals in a social care or health setting.

The draft Principles were discussed at the February 2006 meeting of the User and Carer Involvement Project (Age Concern) and the following comments and suggestions were made by older people present:

- Remove words like ‘value and respect’ which are outdated and tired, and use ‘work in partnership’ instead which reflects action.
- Use ‘listen to’, and be courteous towards older people to reflect more positive human interactions.
- Instead of ‘consult’ use ‘ask’ and instead of ‘share information’ use ‘engage’ which is less bureaucratic.
- There was a strong feeling that the Principles should not be a public relations exercise but be part of an overall approach, backed up by action.
- People want to be treated well, eg. notice of meetings or cancellations, consideration and awareness shown towards them, expenses covered.
- People want to know the reasons why actions cannot be taken and the barriers to change. They welcome honesty and explanations about the sorts of areas that are difficult to change or implement.
- People welcome feedback in writing when they have taken the time to voice their opinion, get involved or complain.
- It is important to involve existing groups in the community and make best use of local resources.
- We need to make it possible for all minority groups to be able to voice their opinions, get involved or complain.
- Organisations should work together –but don’t used words like ‘multi-agency’ or ‘whole systems approach’ as these also sound bureaucratic.
• How will the Principles be applied and who will hold organisations to account? How will the LIG ensure this is not just words?

• Be specific about the support and resources available to help people get involved, or share their views.

The Principles ideally, would be acted on jointly by all the partner organisations represented on the Sutton Older People’s Local Implementation Group (LIG) in the work undertaken with older people and those who need our services (health, social care, housing and voluntary sector).

The Principles were discussed at the May 2006 LIG meeting and were endorsed by this partnership.

AGREED REVISED PRINCIPLES

- We will **work in partnership** with older people, users of individual services and their carers and **listen to their views**.

- We will **ask** users and carers their opinions regarding their care services or longer term plans for service provision and, wherever possible, we will **take action** based on their views.

- We will **explain** the reasons why an action or a change to services may not be made.

- We will be **courteous towards** older people, service users and carers at all times and act to **protect** those who are most vulnerable.

- We will provide **written information** on the results of user and carer involvement, service feedback or a complaint.

- We will make it possible for **minority groups** of users and carers in our community to share their views or to get involved.

- We will make sure that **existing networks** and groups of older people and carers are involved.

- We will **work together** to support and resource the involvement of service users, carers and older people.
5. Illustration of Service User and Carer Involvement

- **INDIVIDUAL INVOLVEMENT**
  - Helping Individuals to have choice & control
  - Fair Access to Care Services
  - Single Assessment Process
  - Person Centred Care
  - Carers Assessments
  - Reviews
  - Outcome based care plans
  - Direct payments
  - Complaints

- **IN Volvement in Service Provision**
  - Quality of Current Services
  - Quality Monitoring Interviews
  - Questionnaires
  - Forums
  - User Committees
  - Complaints
  - Annual DoH Questionnaire
  - Specific Research
  - Spot Checks

- **INVOLVEMENT IN SERVICE PLANNING**
  - Future Needs & Service Re-Design
  - User and Carer Involvement Project
  - Seniors Forum
  - Task Groups
  - Workshops
  - Local Implementation Group
  - Peer Interviews
  - Local Democracy & Sutton Partnership
  - Sutton Older People’s Strategy
  - Annual Council Questionnaire
The illustration shows the range of user and carer involvement which can take place in social care services and in the wider Council. These can be grouped under three main headings:

- involvement of individuals through assessment and care planning
- involvement through service provision
- involvement in planning and decision making regarding future services

An audit approach has been taken to discover the methods used and their effectiveness in each of these areas. Improvements, where required to meet local and national priorities, will be noted. The audit has been undertaken based on current availability of information, which in itself highlights an issue for potential improvement. Some of the information used for this strategy is from work undertaken in the last 2 years but validated through current experience and staff knowledge.

Each area in itself could be the sole topic of this Strategy. In attempting to cover each of these aspects of service user and carer involvement there is inevitably a need to summarise and this paper will not reflect all the work and good practice that takes place.

6. Involvement in Work with Individuals

6.1 Overall aim

At the heart of social care services is the individual assessment of a person’s needs and agreement of care required (the care plan). This role is undertaken by a care manager, normally a trained social worker, and it will shape what services a person will receive. For some time now there have been Social Services standards applicable to the quality of service care managers are expected to deliver. The overall aim of standards is that ‘older people and their carers benefit from convenient and person centred care management arrangements.’

Original guidance on assessment and care planning, reiterated in the Fair Access to Care Services guidance and Single Assessment guidance, provides for individuals to take responsibility themselves for their lives and care needs, challenging the view that users are passive recipients of services. The

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9 Improving Older People’s Services, Policy into Practice, Social Services Inspectorate, October 2002,


aim is to promote a sense of partnership and provide for user choice wherever possible when agreeing needs and services.

The most recent CSCI research with service users (nationally) highlights expectations by service users and carers from the care management process;

'It’s not just about having the support to choose the kind of care you want. It is also about having the support to make a proper informed decision without pressure from family or society.’

6.2 Audit of Activity and Methods

The requirement on care managers to ensure user and carer involvement in the assessment and care planning process is understood and acknowledged in Sutton Social Services. The concept of a person centred approach for those working with older people has been reinforced through joint training on the Single Assessment Process.

There are limitations placed on both staff and users in this process, whether due to individual needs or available services and resources. There are also restrictions on staff when agreeing care plans which can impact on user choice and control, eg. manual handling legislation, health and safety, meeting a wider range of performance measures and financial limitations. There is a requirement on care managers to involve users and carers and to inform them of limitations and the boundaries, including financial, in which social care services operate.

Examples of Good Practice

From meetings and forums held with staff and managers there is evidence of good practice within care management in working in partnership with users and carers to ensure care plans suit individual requirements and take account of personal choices where possible.

A case file audit undertaken in late 2004 showed that a great deal of liaison with users and carers as well as other professionals took place to ensure that care plans and services were appropriate and working well to support individuals and their carers. There was also evidence of a good response rate to queries or difficulties raised by users and carers, ironing out of problems early on and potentially avoiding any complaint.

In the hospital setting there was evidence of good practice in ensuring difficulties were resolved to prevent delays and of good negotiation with users and carers to achieve the most positive outcome.

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12 *Real Voices, Real Choices. The qualities people expect from care services.* Commission of Social Care Inspection, March 2006
Performance Monitoring

There is evidence from our performance monitoring indicators that care management practice has improved since the audit in 2004. These indicators measure, for example, how many older people take up a Direct Payment, numbers of Carers’ Assessments, users who receive a statement of their needs (care plan) and numbers of Black and Ethnic Minority users helped. In all these areas improvements have been seen and have contributed to our increased star rating.

It is likely that some of the other measures of quality for users and carers, such as advocacy, outcome focused care planning, sharing of information, and recognition of the specific needs of Black and Ethnic Minority users, will also be incorporated in future performance indicators. Information is already requested via the overall Performance Assessment Framework for Adult Social Services.

6.3 Making improvements

In follow up with managers, it was judged that improvements should be mainly focused on the recording of actions rather than with practice itself. The case file and our electronic information (on PARIS) is now the main source of evidence of good practice. It also informs all our performance monitoring and will be audited in future inspections.

Whilst there are other sources of information other than electronic case files. (anecdotal case stories, letters of thanks, reports from other organisations), there is not a consistent way of noting these within teams in order to measure outcomes or the impact for users and carers.

Therefore, one main issue is that there should be some ongoing monitoring of practice and recording which would enable us to both promote and to evidence good service user and carer involvement. Developments have taken place since the audit to improve case file recording, including revised guidance for staff.

Developing a Quality Monitoring Tool

Work with the Team Managers (Older and Disabled People’s Assessment Teams) has led to an agreement to pilot a ‘care management quality monitoring tool’. This is to be used by managers and staff when closing files, ensuring their records evidence the quality areas that are required. The tool is attached, as Appendix 1.

This quality tool provides a method of measuring less tangible outcomes, and reminding staff to provide the evidence of user and care involvement in their records.
Increased use of PARIS

Another development, which will take longer to implement, is the increased use of the PARIS computer system to run reports on user and carer views as recorded by care managers.

This would include the recording on the case record the views of user /carer, or care management, at the Assessment or Review. Once the record has been entered, a report could be run which would identify comments made and be used to monitor services and Care Homes. Work is required to identify and agree the best way of recording views which can be used to judge satisfaction levels or where user choice has been exercised.

There is already scope on the assessment format on PARIS for recording ‘unmet need’ (that is where an assessed need is unable to be met from current service provision, for example a special requirement, or due to user choice). This facility could be developed as a method of influencing commissioning and services and recording specific needs and views of users/carers.

Care planning on PARIS is also in development and this will enable greater knowledge of up to date services being commissioned for individuals.

6.4 Proposals for Implementation

- Implement full use of Quality Monitoring Tool in care management teams and Occupational Therapy Team as a method of continuous audit.
- Agree reporting methods on the Tool from Teams in order to be able to evidence standards and practice.
- Influence training in assessment and care planning for care managers/social workers and ensure ‘Principles’ and best practice are publicised.
- Continue to develop systems on PARIS that will enable reports to monitor and study service user and carer views once recorded.

6.5 Resources required

The proposals require staff and managers’ time and commitment to improving practice and evidence base. It is expected that training and awareness raising of the issues and standards would be met from existing resources. PARIS developments have been agreed in principle but there is a staff resource implication for the technical side that could affect the timeframe for implementing this.
7. Involvement through Service Provision

7.1 Overall aim

The overall aim of involving and consulting users and carers about the services they receive is so that the quality of services can be continuously determined. This is best judged through the experiences of the person who relies on that service. For social care services the outcomes can affect the quality of a person’s whole life and their ability to participate in the wider community.

7.2 Audit of activity and methods

There are a range of methods in place in our own Provider Services to seek out the views of users and carers about the services they receive. We are expected to have such systems in place, but also need to show how we may have acted on users’ views and made changes as a result. Where we commission social care or prevention services we also place requirements on providers through the formal contract or agreement that users will be consulted and this will be monitored.

During September to December 2005 research was undertaken to investigate the different methods in place amongst older people’s care services. A questionnaire was sent to a selection of managers of provider services or to the manager responsible for service commissioning.

The following are examples of methods currently used and in place:

- Annual questionnaire
- Individual quality questionnaire as people receive the service
- Bi annual interviews of a sample of service users (10%)
- User/ Carer Committee (elected members represent the others)
- Focus Group/s - may have a specific subject matter
- Regular ‘unit’ meetings – staff and users and relatives together
- Monitoring visits (spot checks) by a manager to service user
- Monitoring visits (arranged) by independent Monitoring Officer
- Individual interviews of service users by Age Concern Project volunteers.
- Use of ‘comments’ book

Good Practice

The results, together with conversations with managers, revealed that users and carers had opportunities to speak out about services and were in most cases...
actively encouraged to do so through the methods set up. Managers were keen to actively listen to service users and tried to be responsive to their concerns or wishes. There was active dialogue as a result of the activities and methods used.

New quality monitoring methods are being used which involve older people asking the users of services their views through a structured interview. For example, trained Age Concern volunteers have been involved in monitoring visits for domiciliary care, interviewing users of services. The findings are brought together in a report which is then used by Commissioning staff to monitor the contract with the service providers. The latest reports were in March 2006 and October 2005.

Although it was not part of this audit, volunteers have also been involved very successfully in ‘spot checks’ of local hospital catering and cleaning and in securing a visible improvement in service quality. The older volunteers made local headlines and this method has since been used in other projects across the country to measure quality.

The success of this approach is that users are more open about issues they are experiencing with services and that the volunteers also benefit from seeing first hand where good quality services exist, or changes are being made. From a commissioning point of view, the findings provide a more in depth account of the service provider’s approach and quality.

Annual Questionnaire

Social Services are also required to carry out an annual questionnaire with services users for the Department of Health and the results contribute the performance rating and indicators. The questionnaire is prescribed by CSCI, although Councils can add their own questions on specific services if they wish. Each year a different group of service users will be chosen with the latest group (2006) being users of domiciliary care.

The questionnaire is co-ordinated by the Performance Information Team, operating under the guidance of CSCI. This year, January 2006, for the first time Service Development and Commissioning staff were also involved in agreeing a couple of ‘extra’ questions which will enable further understanding of user experiences.

In 2006 the results of this satisfaction survey were positive, with 90.2% of respondents stating that their domiciliary carers did the tasks they needed to be done ‘nearly always’ or ‘always’. The satisfaction levels reported overall mean that our performance indicator level was improved.

Role of Monitoring
From the research it was noted that each service provider collects and uses their user and carer feedback on services in a different way. There are also a range of approaches to collating information and making use of it. For providers the information contributes to inspection processes, monitoring as part of a contract or agreement, or their own internal quality monitoring.

There is no central collation of this information or of improvements made currently as services tend to be monitored individually. In comparison to complaints, there is no organisational system in place, or an expectation, that service user and carer involvement or feedback will be reported on. This could weaken the strategic role this information may have in developing and commissioning quality services.

The Commission of Social Care Inspection (CSCI) have also recognised a need for more robust reporting on impact of the ‘softer’ information provided through user and carer views. They have now started a new requirement on service providers for a clear annual record of evidence of user and carer involvement and action taken in a more prescribed format, in an ‘Annual Development Plan’. At the moment this requirement is on Registered Care Homes only (National Minimum Standards) but may be extended to domiciliary and day care.

7.3 Making improvements

Annual Development Plans

During 2005-6 there has been considerable work to ensure that our own provider services in particular are meeting both internal and external the quality requirements. The Commissioning and Development Officer has been assisting managers of the borough’s Care Centres to develop policies and procedures. The procedure regarding the need for an ‘Annual Development Plan’ (ADP) has also been progressed and a framework has been agreed which will meet the requirements of their services and of CSCI to enable more robust monitoring of user and carer involvement. See Appendix 2.

Managers of our Provider Services are starting to use the framework to record the previous year’s service user and carer involvement (2005-6) as a trial, before implementing fully in 2006-7. This will also be an effective way of ensuring that centrally there is knowledge of actions taken within Care Centres and this can be reported on year to year.

The Service Manager for the Care Centres would also like to extend the way we involve older volunteers in quality monitoring to include these services, for example in the statutory visits (Regulation 26) and in interviewing residents who may not be able to participate in the current methods of involvement.
Independent Sector and Voluntary Sector Providers

As we commission a very large amount of care from the independent sector, both for Care Home placements and for domiciliary care we are concerned that systems will record activities and results of user feedback. The ADP approach is a way of receiving information from providers. The innovative engagement of older volunteers has enabled more monitoring in domiciliary care then is possible by the Monitoring Officer. This method could be extended to other providers but will require funding (for co-ordination, training and travel reimbursement for volunteers). To date this has been met through the commissioning of domiciliary care (Brokerage) budget on a twice-yearly basis.

Work is also currently under way to consider how we develop our own ‘Sutton Standard’ for independent sector Care Homes. This could include a local mechanism for requesting information on how users are involved in service provision and quality measures.

In addition we are reviewing all our Service Agreements with providers in the voluntary sector in a more consistent way. This has shown up where is a need for providers to take steps to improve how they involve service users and carers and we are requesting information regularly as per the Agreement conditions.

All of the above could be extended into an annual collation of a range of information to be able to evidence activities and responses across service providers.

Involving ‘harder to reach’ service users.

The research work showed that traditional methods of seeking views, for example questionnaires or focus groups, whilst useful in engaging people who can express their views and participate, are not always appropriate for a large number of our social care service users. In particular, managers who are responsible for services for people with dementia were often reliant on the carers’ views.

There are new methods and approaches being explored in developing user and carer involvement as well as working with people with dementia. We have already found that 1-1 interviews with specific service users enable much richer dialogue and sharing of views. The preparation, training and actual implantation of such methods do require greater planning and resources.

Dementia Care Mapping (DCM) is a method, which is designed to examine quality of care from the perspective of the person with dementia in formal care settings such as care homes, day hospitals and day centres. It has been used in
the UK since 1991 but has been revised over the past few years to reflect the best practice in person-centred care.

**Research Governance implementation**

The guidance for Social Services contained in the Research Governance Framework (RGF) *Resource Pack* uses a ‘deliberately inclusive definition of research’ including activities which would involve service users and carers in service developments or quality monitoring, for example individual interviews or service questionnaires. However, it is up to Councils to decide how far they will apply the RGF by assessing the potential risks to participants. A *Risk Assessment Tool* is provided to enable Social Services to apply the full RGF principles to activities where risks are identified.

In order to be compliant with national guidance on any formal research activities (once this is identified) Social Services need to;
- agree research with the Director of Adult Social Services
- register research on a central database,
- be compliant with Caldicott principles and data protection
- ethically review methods used including with peer organizations.

**7.4 Proposals for Implementation**

- Agree and implement a reporting system for involvement activity with annual collation of outcomes and actions taken reported to the Group Management Team (alongside Complaints).
- Extend the use of Annual Development Plans as a way of service providers evidencing user involvement, including those in voluntary and independent sector.
- Develop new methods of involving services users, particularly people with dementia.
- Explore the further involvement of older people themselves in quality monitoring approaches.
- Agree a system for measuring activities and methods against the Research Governance Risk Assessment Tool and comply with RGF.
- Provide guidance to staff and partners on best practice, the Principles, and new developments and requirements.

**7.5 Resources**

A more robust review and reporting system will require dedicated staff time and commitment. A range of staff at all levels will be required to produce information as required. However, some of this work is already underway with both internal and external providers.
There is a potential need for resources aimed at additional training and awareness raising regarding the requirements and expectations on services that have come about due to national guidance and more rigorous scrutiny of service user and carer involvement. By working with partners effectively, we can reduce the amount of resources needed to extend methods.

Providers themselves are expected to consider how they will improve service outcomes and hence resources will need to be directed by them towards this area of development in the future. Where older people themselves are involved there are requirements to ensure appropriate reimbursement is provided. Service providers are expected to consider how they will resource this.

8. Involvement in Planning and Decision Making

8.1 Overall aim

The aim is to engage older people who have an interest in future service developments, to involve them in planning groups, discussions and consultation exercises to seek their views (and others who they will interview) on proposed changes and developments. In recent years this area of engagement has been promoted more than any other with a range of projects and groups being set up to empower older users and carers.

‘If there is a single message that emerges from the Programme, it is that working together with older people produces better and more effective solutions’ (Better Government for Older People 2000)

8.2 Audit of activity and methods

Partnership working

In Sutton, as elsewhere, the activity since 2001/2 has been closely linked to the implementation of the National Service Framework for Older People. During 2001-2 the Local Implementation Group (LIG), which is the multi agency planning group for health and social care services, established a User and Carer Involvement Pilot Project for older people.

The purpose was that the Project would act as an important reference point for the required health and social care developments and support the work of the LIG. The LIG has a wide brief in agreeing the direction and proposals for older people’s health and social care services.

The pilot work was developed in partnership with the College of Health, who

13 Department of Health 2001
provided the expertise in research activities and training for interviewing, and Age Concern Sutton Borough, who provided the co-ordination and the ‘home’ for older volunteers who were interested in this work. Both the pilot and the first three years of funding came from Health Improvement and Partnership (HIMP) grants. The LIG and staff from partner agencies enabled the Project to start and supported Age Concern in the successful bid for funding. The Project has been maintained since the end of HIMP by a sharing of funding by the partner agencies, with a year on year agreement.

There are about 30 volunteer members at present in the User and Carer Involvement Project. They meet monthly to exchange views and canvas opinion. Many of the volunteers are also involved in specific projects or task groups and therefore the meetings are also an opportunity to share their findings.

**Good Practice**

Most of the volunteers have received training to help them take part confidently in meetings and at least half have been trained to carry out ‘peer interviews’ with housebound people or less able service users and carers.

The subject for user interviews and the priority areas for development are agreed at the LIG meetings. There are 2 elected members from the Project who attend the LIG as well as the paid co-ordinator. Older volunteers have joined the task groups that were set up to work on a particular issue, for example Single Assessment, Falls Service, Older People’s Mental Health.

Others have been successfully involved in the delivery of training of staff (including the Single Assessment Process ‘Roadshows’). They also observed training courses to check content and make suggestions about how to increase the awareness of age issues and reduce ageism. This initial work has demonstrated the value of involving older people in training. The User and Carer Project are now working with the Training and Development Team to develop and deliver a number of training events on age awareness.

Older volunteers from the Project have carried out interviews with specific service users to inform developments, for example, users of Intermediate care, people who had been assessed by care managers, and people who had treatment following a stroke. Reports on the findings are submitted to the relevant lead managers and groups to use. For example, from the interviews with those who had a stroke two key services were highlighted as needing development; psychological support and a project for speech therapy which was under threat.

The Age Concern Project has been recognized as an example of best practice\(^{14}\) in the country as it demonstrates active involvement and an ongoing partnership between health and social care services and older people.

\(^{14}\) *When Age is No Barrier*, Community Care, 19\(^{th}\) Jan 2006.
Older People’s Strategy and Seniors Forum

The Borough is also very fortunate to have a large and active Seniors Forum working for and with older people locally. The history of this group being involved in wider Council consultation is very good. The Seniors Forum sends delegates to meetings when asked and will canvas its membership (400+ people). They are represented on the Social Care Performance Committee and participate in the Sutton Partnership. They have a part time co-ordinator who enables the smooth running of meetings, finds speakers and acts a contact point for other organizations.

Social Services are a key partner in the Council wide development to improve Borough services for older people. A small panel of key representatives from the Seniors Forum and Age Concern are involved, with support from the Better Government for Older People. A consultation exercise (late 2005) was very successful with local older people demonstrating and active interest in issues and services that impact on their lives.

The developing strategy sets out key principles for how an improved quality of life for Sutton’s older people might be achieved and seeks to address the areas of service which older people have said most impact on their lives. 'Being involved' is one of these areas to which this paper and proposals will actively contribute to.

Day Care Review

During 2005 – 6 a joint Review of day services for older people in the borough was undertaken during which the views of current and future services users were sought. Current service users were asked to take part in ‘discovery interviews’ a method of engagement used primarily within the NHS to date. The approach is of a guided interview with the aim of hearing the story of the older person in his or her own words and find out what value they place on services. These interviews produced some very interesting and important results in terms of understanding the role of day services and day care for some older people.

Older people were also involved in the workshops that brought together providers, commissioners and service users and carers to consider and discuss future requirements.

8.3 Making improvements

Whilst we can be proud of the partnerships we have in Sutton with older people and of our approach to involving them in planning and service developments, we are still learning from this work. There is also a good deal being written and researched about these activities and best practice. Indeed Sutton has recently been chosen to take part in research led by Better Government for Older People and the Policy Studies Institute.
**Improved Practice**

Older people in the User and Carer Involvement Project have raised concerns from some of the work they have been doing and through our engagement with them we can improve practice as well as reach a greater understanding of each other’s role and perspective.

There are two pieces of work that reflect the improvements we are making. First, we have worked with older people on the Project to complete their own ‘good practice guide’ for use by partner agencies in health and social care when requesting some involvement. This was agreed formally for use by the Local Implementation Group (LIG) and has been used to some effect during 2005-6. See Appendix 3. The second objective was to seek out older people’s agreement on the draft ‘Principles’ for service user and carer involvement by to be used as part of this developing strategy.

Both of these indicate what is required of professionals in order that effective engagement with older people takes place and what is required when a professional requests service user involvement whether this be to join a working group, attend a workshop, to read documents, respond to a service change or to carry out interviews with other older people.

**Monitoring and Reporting**

As with the other areas of service user and carer views, it is crucial that we are able to demonstrate the work we have done with and how we have acted on views expressed. The LIG has monitored the work of the Project but all parties struggle at times to keep track of work undertaken and the results especially as some developments are long term.

Recently a reporting system was agreed as part of the annual review process of the Project. This will enable a better review of all work and clearer evidence of outcomes. Each piece of work where older people are involved has a designated lead manager from the either health or social care who is expected to take responsibility for following up on that aspect of the Projects work.

**Marginalised Groups**

Through our engagement with older people it has become apparent that some groups of older people are not well represented in consultation or involvement activities. As part of the work on the older people’s strategy consideration has been given to involving Sutton Racial Equality Council who seek to engage with marginalised and under represented people, for example Travellers and Refugee groups. There are a range of smaller organisations in Sutton who can enable contact with ‘hard to reach’ older people, who may be marginalised due to
language barriers or disability or illness. It is important to ensure that we continue to work with such groups as a means of identifying older people who will not readily be involved.

8.4 Proposals for Implementation

- Use the agreed reviewing format to explore how the work of the User and Carer Involvement Project impacts on service changes and developments.
- Agree with partners the funding available to dedicate to involvement activities and projects as part of the budget setting process.
- Take account of the national guidance on reimbursement and Research Governance in future work with the Project.
- Implement the jointly agreed ‘Principles’ by staff and partner agencies in all existing and future work.
- Extend and develop methods of engaging further with groups that are marginalised, including black and minority ethnic groups.

8.5 Resources

There are funding implications for the co-ordination and support of both the Age Concern Project and Seniors Forum. The former is seen as a joint health and social care responsibility, whilst the latter has a cross Council role. Funding pressures need to be viewed jointly.

There is a significant staff resource dedicated to supporting the work of the LIG and the Involvement Project. This resource is met by Older and Disabled People’s Services. In order to achieve all the proposals of this strategy staff time is likely require greater prioritising in the future.

9. Implementation Plan – attached
Appendices

Appendix 1
Care management quality monitoring form for user records.

Appendix 2
Annual Development Plans

Appendix 3
Good Practice Guide - for the involvement of older users and carers
Appendix 1: Care management quality monitoring form for user records.

Name of client: .......................................   Paris Number: ............................
Care manager: ........................................   Completed by: ............................
Date:  

This form measures some of the key quality standards for recording. It should be used with the checklist completed by the team administrator for factual and performance information on the record. The standards are taken from the criteria that have been used by the Commission for Social Care Inspection in their inspection of services.

Check a sample of 2 records each month. Copies should be kept in a file. They can be used as evidence of how far the record meets the quality standards for recording and of user and carer involvement.

The check will show areas of good practice as well as those that need to be addressed. It can also trigger a more comprehensive audit of the quality of a record. It can be used as evidence to support education and training.

<table>
<thead>
<tr>
<th>Quality Standard</th>
<th>Met/Partly Met/Not Met</th>
<th>Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Service users and carers have been involved as active participants and contributors, and been given access to independent advocacy where appropriate.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>2 Fair Access to Care Services (FACS) criteria has been applied correctly?</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3 Services provided in the care plan are in line with FACS guidance and appropriate to the level and type of need and risk.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4 There is evidence to support the FACS decisions that have been made.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>5 Service users and their carers experience services that respond to identified needs and achieve agreed outcomes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>6 The care management process, assessments and care plans promote independence, social inclusion and choice, and view users holistically.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7 Carers assessments are completed and there is evidence of encouragement and support to them.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>8 Services identify the needs of people from Black and Minority Ethnic Groups and respond to any specific social care needs.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>9 Collaborative work with health, housing, other council departments and the voluntary sector to provide well coordinated services.</td>
<td></td>
<td></td>
</tr>
<tr>
<td>10 Plain English has been used.</td>
<td></td>
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</tbody>
</table>
Appendix 2: Annual Development Plans

London Borough of Sutton Care Centre Procedures

Date: January 2006

Section: 7 Management and Administration

Name of Procedure: Annual Development Plan for Quality Assurance

Number of Procedure: 7.3

Description
The annual development plan for quality assurance is one of the ways in which to make sure that the care centre is run in the best interests of service users. It provides a planned means of finding out what improvements service users would like, how they will be achieved and how they will be sustained and reviewed.

Regulation
National Minimum Standard 33 The care centre is run in the best interests of service users. There is an annual development plan for the home based on a systematic cycle of planning, action, review, reflecting the aims and outcomes for service users.

Intent
The intention is to provide a straightforward and effective means of ensuring that the care centre is able to meet the aims and outcomes of service users.

Value added
Improved quality of life for service users. The service users should feel confident that their views and wishes are actively sought, listened to and acted upon.

There are a number of plans and methods that are used to monitor quality and achieve improvements to the service:
- CSCI inspection reports
- CSCI inspection questionnaire
- Business plan
- Team plans
- PAF indicators and Delivery and Improvement statement returns
- Strategic development plans for Council Care Centres
- Section 26 visits

In addition to these plans and methods the annual development plan will provide a way of consulting with users, carers and stakeholders and making improvements to the quality of their experience in using the care centre.
Evaluation
The annual development plan should be evaluated annually.

Review
Annual.

Procedure:
The care centre will use a variety or means to get feedback from users, carers and stakeholders. For example annual questionnaire, concerns, compliments and complaints monitoring, feedback forms, service users forums, reviews.

The care centre will also consult with other stakeholders such as care centre staff, General Practitioners, Care Managers, Carers / Family members, District Nurses, Community Nurse Specialists.

The feedback should cover the key themes of the National Minimum Standards
1 Choice of home
2 Health and personal care
3 Daily Life and Social Activities
4 Protection and complaints
5 Environment
6 Staffing
7 Management and administration

Possible Questions:
- How do service users choose to come to this care centre?
- How well do we meet individual needs and preferences?
- How well do we provide personal support?
- How do we respond to the diverse needs of service users?
- How do we deal with concerns, complaints and comments?
- How effectively is the care centre managed?
- How effectively is the care centre staffed?
- How can we improve the physical environment?
- How well do we deal with concerns, complaints and praise about services?

Priority areas for Annual Development Plan.
Each care centre will have an annual development plan for quality. Appendix 1 is a standard format for these plans. It will include the following elements.

- A plan to show how user, carer and stakeholder responses have been sought and the changes that have been or will be implemented as a result.
- The plan should be cross-referenced with any significant quality improvements from the other sources such as the CSCI reports and business plan.
• As part of the research the care centre manager will use the audit check template, appendix 2. They will add any improvements from this to the actions for the annual development action plan.
• The plan and progress on the actions will be communicated with service users, carers and stakeholders.
Appendix 3: Good Practice Guide

— for the involvement of older users and carers

Purpose: To enable older people and their carers to have more say about developments that will affect them.

Main concerns for older people and carers attending meetings:
- Avoid jargon
- Be clear about how the involvement of users and carers will help.
- Agree the appropriate method of feedback to users and carers.

For people seeking the involvement of the users and carers:
- Why do you want a user and carer representative?
- What is your expectation of user / carer involvement?
- What briefing or preparation will you give to the user / carers?
- How / when will feedback be given to user / carers?

Practicalities:
- How often are the meetings?
- How long are they?
- How long will this work be needed?
- Where are the meetings? How accessible?

At the meeting - Guidelines for chairs of meetings:
- No jargon, explain abbreviations or provide a glossary.
- Name badges to be worn by everyone.
- Introductions and explanations about what jobs people do at the start of every meeting.
- Invite comments from representatives for example ask, “How will this affect older people or their carers?”

After the meeting - Feedback from chair:
- What difference has the involvement of user and carer representatives made?
- Record how user and carer involvement has been included in plans.
- What action is planned, or has been taken, in response to the issues raised by users & carers?
• Send this completed form to the user and carer group coordinator.

After the meeting - Feedback from user and carer rep:
• Complete the feedback form at the end of the meeting. What were the main points discussed? What were the main things that would affect older people?
• Send your completed form to the user and carer co-ordinator. The co-ordinator will send a copy to the chair of the user and carer steering group and trustees of Age Concern Sutton Borough.
• Give feedback to the user and carer involvement members group. This group can agree whether the issues need to be taken anywhere else.
Reading and References


Croft and Beresford (1990) *From Paternalism to Participation. Involving people in Social Services.* Open Services Project and Joseph Rowntree Foundation.


*Senior Citizens Forums: a voice for older people.* Help the Aged 2002.


*Real Voices, Real Choices. The qualities people expect from care services.* Commission of Social Care Inspection, March 2006.

*Reward and Recognition. The principles and practice of service user payment and reimbursement in health and social care.* Care Services Improvement Partnership, Department of Health, Jan 2006
