

Adults Health and Wellbeing Directorate 2010 – 2013 Service User and Carer Involvement Strategy

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1. Introduction

The involvement of service users and carers in the planning, decision-making and monitoring of services is not a new concept for the Adults Health and Wellbeing Directorate. At any one time there are a variety of options for service users and carers in Tower Hamlets to get involved and make a positive impact on social care and support services in the borough.

The purpose of this Strategy is to build on the good practice which already exists in relation to involvement. Developed with staff, service users, carers and other key stakeholders, the Strategy lays out a vision and ambitious plan for the Directorate to develop and deliver on service user and carer involvement in a fast-changing and often complex environment.

At a minimum, an involvement strategy is needed to ensure the Directorate is in a position to effectively deliver the transformation agenda and the performance requirements of the Care Quality Commission. Indeed, the third Care Quality Commission outcome area “Making a Positive Contribution” underpins this Strategy and accompanying three-year action plan.

The impact of involvement has the potential to be both lasting and far-reaching. To be successful then, this Strategy needs to be viewed not as a way for the Directorate to meet minimum regulatory and national requirements, but as a way for the Directorate to improve the quality of the services we provide, a way for individual service users and carers to be empowered to make a positive contribution and a way for communities to be strengthened through this contribution.

It is the impact of involvement on these areas that is the focus of this Strategy, and the focus of future involvement. Looking at the outcomes and impact of involvement is the key to ensuring it is effective, and communicating this impact is essential if service users and carers are to continue to get involved.

Delivering this Strategy will ensure that the views and experiences of service users and carers as experts in their own right are respected, heard and acted on to improve social care services in Tower Hamlets.

2. Definitions

2.1 Service user and carer

For the purposes of this Strategy, a “service user” is defined as an individual who currently uses or has used services provided or commissioned by the Adults Health and Wellbeing Directorate. A “carer” is defined as an individual who spends a significant amount of their time giving unpaid support to a family member, partner, or friend who is ill, frail, disabled or has mental health or substance misuse problems. The definition of a carer is therefore wider, and includes those who do not receive carer services, and those who provide care for non-service users. However, for ease of use, in this Strategy the term “user” will be used to cover both service user and carers.

2.2 Involvement

Involvement covers a broad spectrum of activities and can mean different things to different people. Terms such as “engagement”, “consultation”, “co-production” and “participation”, and are often used interchangeably with “involvement” as the meaning of all these terms overlap. However, each term has a slightly different emphasis: “engagement” has an emphasis on having someone’s understanding and interest in an issue or process, “consultation” is often used to refer to a formal process where people are asked their views on a proposed decision, “co-production” has an emphasis on working in partnership from the very beginning of a project, and “participation” has an emphasis on behaviour and action.

For the purposes of this Strategy, “involvement” will be used to cover all these terms, and is defined as “the involvement of service users in the management, design and delivery of services¹”. However, it is important to note that different areas of the Partnership use different terminology. When communicating involvement to an external audience, consistent terminology that is meaningful to the audience should be used. The term “involvement” may therefore not always be the most appropriate term to use in external communication.

2.3 Volunteering

Volunteering can be defined as “an unpaid activity where someone gives their time to help an organisation or an individual who they are not related to”². Volunteering can be a form of involvement depending on the role, but is not involvement by definition.

¹ Philips, J (2004) “Service user involvement in homelessness” Glasgow Homelessness Network for Changing Homelessness in Practice (ChiP)

² Volunteering England (2009)

3 Scope

- 3.1** The main focus of this Strategy is adult carers in the borough, service users in services provided directly by the Adults Health and Wellbeing Directorate and service users in services where the Directorate is the lead commissioner.
- 3.2** Providers and commissioners of other public services have equivalent involvement Strategies. An individual may therefore fall within the scope of strategies developed by their care and support service provider, the commissioner of that service, their housing provider, and other public services such as council-wide services, health and police services. The key issue is for all of the approaches and involvement initiatives offered to be meaningful to service users. Where appropriate, the scope of this Strategy will therefore extend to cover the scope of other Strategies. This includes service users where we are not the lead commissioner (i.e. mental health services), to future potential service users and the general public.
- 3.3** The act of involving service users is related to but distinct from conducting research about service users. This Strategy therefore includes user involvement in research, but does not include research approaches and procedures.

4 Background and context

4.1 The national and regulatory context

4.1.1 Legislative context for health and social care

Legislation on health and social care has been driven by the efficiency and value for money agenda, the transformation agenda and the disability rights movement. The result is a body of recent government policy and legislation which demonstrates a radical shift towards focusing on the needs and views of the individual. Key policies include:

- Improving Life Chances of Disabled People (2005). This set out the government's key aims on how to improve equality for disabled people in Britain. Keeping disabled people “at the heart” of initiatives to support independent living is highlighted within this.
- Our Health, Our Care, Our Say (2006). This white paper set a new direction for health and social care services, where people have a stronger voice and are “the major drivers of service improvement”.
- Local Government and Public Involvement in Health Act (2007). This act placed a legal duty for local authorities to “inform, involve and consult” and established local involvement networks (LINKs) as a key component of involvement structures.
- Putting People First (2007). This cross-government concordat set out an agreement to radically transform health and social care services to be personalised by March 2011, in order effectively enable independent living. The concordat emphasised the importance of local authorities working with partnership with others to create a new, high-quality care system which is fair, accessible and responsive so that “everyone who receives social care support... will have choice and control over how that support is delivered³”. Service user views and experiences are at the heart of this transformation.

³ Transforming Social Care: Local Authority Circular LAC (DH) (2008) 1, 17 January 2008

- Valuing People Now (2007). Building on the 2001 “Valuing People” which set out a vision for people with a learning disability based on four key principles of rights, independence, choice and inclusion, “Valuing People Now” highlights actions needed to increase user choice, control and inclusion in mainstream society.
- Carers at the Heart of 21st Century Families and Communities (2008). This ten-year government Strategy demonstrated a new commitment and focus on the needs of carers. The Strategy lays out a vision for carers, which reflects the transformation agenda, where carers are offered more integrated and personalised support services.

Taken together, these policies, guidance and documents demonstrate the ongoing shift away from old authoritarian and institutionalised models of providing services where the user is viewed as a passive recipient; towards a model of service provision based on equality and where the views, experiences and choices made by the individual are at the heart of service planning and provision. Involvement is very much part of this shift, of which personalisation is the end point.

4.1.2 Regulatory context for health and social care

The Care Quality Commission (CQC) is mirroring the direction of government policy and the direction of other regulatory bodies in putting an increasing focus on involvement, and in particular on the outcomes and impact of involvement.

The CQC outcomes highlight the need for inclusive, systematic involvement that has an impact on service planning, monitoring and improvements across each of the seven key areas. The importance of supporting users, user-led organisations and providers in relation to involvement is highlighted. Involvement in this context is both a means and an end for ensuring users are playing an active part in their communities and are making a “positive contribution”.

4.1.3 Legislative and regulatory context on involvement

Whilst the above measures demonstrate the requirements on health and social care services, they can only be understood in a wider context of changes in public services, where the emphasis on user engagement, participation and involvement in all public services continues to grow. The 2006 Respect Agenda, 2006 Strong and Prosperous Communities white paper and the 2008 Communities in Control white paper all demonstrate a growing emphasis on active citizenship and empowerment, and involvement and choice over public services as a right rather than a privilege.

4.1.4 National involvement models and best practice

Models of involvement have been developed to enable practitioners to evaluate and develop involvement in their own areas.

D. Wilcox’s “Ladder of Participation⁴” is a well-known model of involvement based on a five-stage progression from basic to advanced forms of involvement. In this model, involvement moves from the provision of information, through to consultation to a level of “supporting independent local initiative”. Fifteen years on, this model continues to provide an effective means of planning, evaluating and delivering involvement.

⁴ “Effective Guide to Participation” D. Wilcox (1994)

Another established approach for viewing involvement is based on a model of influence. In this model, involvement moves from an individual level to an operational level and finally to a strategic level.

More recently, co-production has placed a renewed emphasis on the service provider and user working in partnership from the very start of a project or plan⁵. The premise underlying co-production is that the provision of public services can only be effective if the receiver of these services is an active participant in this role, and that the user has assets and expertise which can help improve services.

These models of involvement are consistent with the principles of related national models, including active citizenship models, the social model of disability, the recovery model in mental health services and the person-centred planning approach in learning disability services.

4.1.5 Future national and regulatory challenges

Delivering the efficiency and transformation agendas in the context of a national recession where resources are limited is a key challenge. Under the current financial climate, difficult decisions may have to be made over the allocation of resources. The other key issue to consider is the 2010 general election, and the potential change in government direction this may bring.

4.1.6 What it means for user involvement

The minimum requirements for involvement are outlined particularly in the Care Quality Commission “Making a Positive Contribution” outcome area, and in the transformation agenda requirement that the individual be as fully involved as possible in directing their care and support. This means that the choice for us is how we deliver on involvement, not whether we do it all. However, services which only involve people because they are required to will see involvement as a separate activity and miss the opportunity of it being an integrated activity which facilitates empowerment, social inclusion and improves our services.

This Strategy therefore identifies the actions needed not only to meet the CQC key outcome area and the requirements of the transformation agenda, but to exceed these requirements. The Strategy focuses on user involvement as a means and an end to meet the aims of the transformation agenda. To do this, the Strategy has been based on the “Ladder of Community Involvement”, developed from the Wilcox model to encompass co-production and adopted by the Tower Hamlets Partnership Participation and Engagement Framework. The Strategy is also consistent with related health and social care models.

In terms of user involvement in the context of future challenges, one of the key issues will be how best to involve users in making decisions over the allocation of resources at a time when these resources may be limited or under pressure.

4.2 The local context

4.2.1 Tower Hamlets residents

Tower Hamlets is a young, diverse and deprived borough. 59% of the population are aged between 15 and 44, compared to a national average of 42%. Around 48% of the population are from minority ethnic backgrounds, with a third of the borough from a Bangladeshi background. Tower Hamlets is the third most deprived borough in the UK, with 18% of families living on less than £15,000.00 per annum.

⁵ Dr. C Needham “Co-production: an emerging evidence base for adult social care transformation” SCIE

4.2.2 Local plans and interdependent strategies

Local plans and Strategies across Tower Hamlets are aimed at delivering national change on a local level, tackling issues in the borough and raising the quality of existing services. Taken together, the key messages from the 2020 Community Plan, 2006-16 Improving Health and Wellbeing Strategy, 2006-11 Council Strategic Priorities and 2009/10 – 2010/11 Council Strategic Plan are around the need to provide personalised and high quality services, empower those who are vulnerable and at-risk and strengthen community cohesion. NHS plans in Tower Hamlets mirror this direction in working to provide patients with more choice, control and personalised services that are moving away from being delivered in traditional or institutionalised settings.

In addition, the Tower Hamlets Third Sector Strategy aims to create a thriving environment for the third sector, including user led organisations. The Strategy includes actions to ensure a supportive infrastructure for the third sector exists, and that their voice is heard and acted upon.

Involvement Strategies also exist across Partnership services. The Tower Hamlets Partnership Participation and Engagement Strategy is due to be developed in summer 2010 will state the Partnership-wide objectives in relation to participation and engagement in Tower Hamlets. Other interdependent strategies include those held by NHS Tower Hamlets, Tower Hamlets Community Health Services, Barts and the London Trust and the East London Foundation Trust.

4.2.3 Local involvement structures

A range of involvement opportunities exist across Tower Hamlets. Groups, surveys and other involvement opportunities that residents can participate in include those based on geographical location, community plan theme and diversity strands. Further groups and mechanisms including those based on new technology then exist to enable users to have an impact on the provision of key public services.

Tower Hamlets Partnership has led on the development and delivery of participatory budgeting practices called “You Decide”. This is a direct form of involvement that has provided a good example of innovation and involvement best practice.

4.2.4 Future local challenges

Unemployment, overcrowding and health problems are some of the issues related with deprivation, with levels varying significantly in different parts of Tower Hamlets. One of the key challenges for Tower Hamlets remains the issue of tackling deprivation and inequalities in the borough.

Future regeneration is aimed at tackling this issue (planned in part in relation to the 2012 Olympics and Paralympics) but is also cited as a major contributing factor in the predicted growth in population, which is estimated to rise from around 220,500 to 270,000 in the next ten years. The challenge for public services will therefore also be to meet the needs of an increasing population.

4.2.5 What it means for user involvement

Involvement is a key mechanism to achieve the desired outcomes of community cohesion, personalised and high quality services and the empowerment of those who are vulnerable and at-risk. As such, involvement is not optional if we are to effectively deliver the strategies, plans and policies that exist across the Partnership.

As a Directorate, we need to ensure that our approach to involvement is consistent with other areas of the Partnership and that we are using resources in the most effective way. This Strategy has therefore been developed in consultation with the Participation and Engagement Strategy steering group and Health and Social Care Engagement Group to ensure consistency.

This Strategy includes actions to ensure the Directorate works effectively with other areas of the Partnership so that good practice is shared, resources maximised and that the wide range of involvement options “make sense” to people who live in Tower Hamlets.

4.3 The Directorate context

4.3.1 Directorate service users

Predictably, users of adult services are older than the borough average and also reflect the diversity profile of local older people. There are proportionally less older people from minority ethnic backgrounds in Tower Hamlets, though the level is still high.

The nature of the services provided by the Directorate also means that the number of people with a disability is likely to be significantly higher than the borough average.

4.3.2 Directorate plans, frameworks and independent strategies

Directorate plans and strategies reflect national and local priorities and needs.

- The “2006-16 Improving Health and Wellbeing Strategy” aims to have health and social care services which are “the best in the country and will be recognised by the people of Tower Hamlets as being so.” The theme of organisations working in partnership with each other and with residents to provide personalised and high quality services runs throughout the strategic principles needed to achieve this.
- The “2009-10 Adults Health and Wellbeing Business Plan” lays out specific priorities for the Directorate in order to fulfil its role in “supporting people to maintain, or return to, life within the mainstream as active citizens with equal rights, opportunities and contributions to make.”
- The Directorate Research and Governance Framework sets standards for good research practice as well as the process for approving planned research activity. This framework therefore applies to any planned research that involves users or is about user involvement itself.
- The 2008-11 Tower Hamlets Carers Strategy outlines how the national carer’s strategy will be delivered locally, and includes a commitment to involvement by “finding the best way to listen to carers needs, views and ideas about services.”
- Delivering the transformation programme is a key priority for the Directorate. The five-stage operating model will significantly change the way services are planned, commissioned, delivered and monitored and has far-reaching implications for staff, providers, and users.
- As part of this transformation, the “Communication Strategy for the Personalisation and Transformation of Adults Social Care” aims to initiate a co-ordinated network of communication and engagement approaches to support the transformation of adult social care for Tower Hamlets. In terms of user involvement, the Communications Strategy includes the objectives on the

provision of information to users and the accessibility of this information, which in turn acts as the first stage of involvement and ensures we are accountable.

4.3.3 Directorate involvement structures

Appendix I highlights the wide range of options that are available to users who want to get involved in Directorate services. The current involvement structure includes user membership on Partnership Boards, a wide range of user groups (largely based around client groups) and organisations, a comprehensive programme of surveys, user involvement in tendering panels and user involvement in events. There are also instances of good practice that have taken place previously in the Directorate but have not been maintained, such as involvement in staff recruitment. THINK (Tower Hamlets Involvement Network) provides a key mechanism for users to influence social care services, through active membership in the network or providing feedback to an impartial body.

Through the involvement structure, service users and carers have had a real and positive impact on Directorate services. Recent examples include user involvement in the refreshed Improving Health and Wellbeing Strategy, the Carers Strategy, the Joint Strategic Needs Assessment as well as the development of this Strategy. The users involved in personalisation work have worked to co-produce tools around planning self-directed support. Furthermore, THINK (Tower Hamlets Involvement Network) has played an increasingly valuable role in scrutinising services, gathering wider user feedback on their experiences of services and making recommendations to the Directorate as a result of this.

The THINK Steering Group scrutinises involvement in the Directorate via monthly reports detailing what involvement has taken place and changes to the involvement structure. The Review and Monitoring Sub-Committee review complaints made to the Directorate via quarterly reports. The Quality Board reviews quarterly complaint reports and monitors the results of Quality Assurance Frameworks. The latter includes information on how services have met standards in relation to involvement.

4.3.4 Key messages from users, staff and stakeholders on involvement

In developing this Strategy, feedback was gained from a range of users, staff and stakeholders. Taken together, the key messages were around:

- Communication and the outcomes of involvement. The key message gained from users and stakeholders in the development of this Strategy has been that while we are good at asking for feedback, we now need to concentrate on demonstrating what we do with it and telling people about this.
- Feedback on how we involve users was generally positive, though the areas highlighted for improvement were the need to involve users from the start of a project to avoid tokenism, to offer consistent opportunities across services and having effective and sustainable options that do not rely on individuals. There were noticeably differing views in relation to whether mechanisms to enable a collective user voice to be heard are best based on defined client groups (for example, physical disability) or on theme.
- Users and stakeholders including THINK, commissioned services and NHS services highlighted the need for the Directorate to work in partnership with them to ensure that involvement works and makes sense to people, as well as ensuring we avoid duplication and “consultation fatigue”.
- Internal culture and support: Users, staff and commissioned services highlighted the need to have an internal culture where involvement is

understood by all staff, and where staff are supported to understand and apply the principles of involvement into work practices.

4.3.5 Future challenges in the Directorate

The key challenge for the Directorate is how to meet national, local and user priorities – particularly around transformation and personalisation – in the face of national and local challenges and limited resources.

Furthermore, whilst the involvement of carers has occurred and has always been recognised as good practice, the national and local focus on involving carers as a specific group is relatively recent. One of the challenges will therefore be how the Directorate is going to meet the needs and respond to the expectations of carers once these expectations have been fully clarified.

In relation to Tower Hamlets overall and the expected population growth, the Directorate can expect increased level of need for services. There are also likely to be higher expectations around the quality of services from younger people in particular, who increasingly view public services from a consumer perspective.

4.3.6 What it means for user involvement

Taken together, the current and future direction of the Directorate has the following implications for involvement:

- Involvement will be a key mechanism to ensure we are both meeting increased demand and expectations around the quality of services, but also to ensure that we are empowering those with lower expectations. This Strategy identifies the actions needed to do this.
- Driven by the resources available and the transformation agenda, there is a need to ensure that involvement is part of everyone's role in the Directorate.
- There is a need to consider how to most effectively involve users in the difficult decisions that may need to be made by the Directorate in the context of the current financial climate.
- The Directorate needs to demonstrate the impact of involvement and ensure that this is communicated back to users as a priority.
- Driven by the transformation agenda, there is a need to ensure that individual user is fully involved in directing their care and support.
- There is a need to ensure that all services offer the same quality and range of involvement options to users. Effective communication and systems and processes will enable sustainable and effective involvement whilst continuing to encourage local innovation.
- There is a need to ensure that users can have a positive impact in the planning and delivery of *all* Directorate services and the transformation programme.
- The new operating model in particular raises the issue of to what extent (if at all) involvement initiatives should be based on client groups or subject matter.
- The objectives in this Strategy can only be successful if the objectives in the Transformation Communication Strategy are achieved. We need to find ways to communicate and engage most effectively with vulnerable adults who are likely to be less able to access and use “mainstream” communication and

involvement mechanisms due to literacy barriers, language barriers, access to new technology or health issues.

- Involvement in the Directorate has to continue to be developed and delivered in consultation with users, staff, providers, and the involvement leads in health and council services.
- The Directorate Research and Governance Framework will be applied to all involvement work that falls under this remit.

5 Resources to deliver the Strategy

5.1 Financial resources

A dedicated annual budget will need to be agreed if the actions within the Strategy are to be achieved. To support a growing involvement structure, the budget will require an annual increment for 2011-12 and 2012-13. During the period covered by the Strategy, tools will be developed so that an assessment can be made of the cost effectiveness of the investment. The outcome of this will inform future strategies.

5.2 Staff resources

The Directorate has a Service User and Carer Involvement Manager, who provides one full-time central resource in relation to involvement. Given the size of the Directorate, the central resource has to function as support to teams who will deliver the Strategy at a service level.

For the Strategy to be successful, Directorate staff will need to have a clear role in mainstreaming it. This will involve clear communication between operational teams, commissioning teams and the Quality and Performance team. It will also involve staff taking ownership of involvement initiatives and delivering on the actions identified in the Strategy. Systems and processes will be developed by the Service User and Carer Involvement Manager to enable this to take place effectively.

5.3 Service user and carer resources

A range of tools and resources exist across the Directorate, third party providers and other areas of the Partnership to enable users to get involved, although their availability and application are not always consistent. Resources and tools include information on involvement, training and financial resources to meet user expenses in relation to involvement. Systems and processes will be developed by the Service User and Carer Involvement Manager to enable resources to be effectively utilised.

6 The vision for user and carer involvement

Our vision is to go beyond the current requirements and expectations of our regulators in relation to user and carer involvement

“To create an environment where the impact of involvement on our services, local communities and the individual user or carer is positive, visible and lasting”.

7 Strategic objectives and priorities

7.1 Objective 1

To create a culture where user involvement and empowerment is embedded and reflected in the work practices of the Directorate and commissioned services.

7.1.1 What do we want to achieve?

- For all staff to understand and incorporate the principles of involvement into work practices
- For the Strategy to be owned by all Directorate staff and providers
- For involvement best practice to be celebrated and shared
- For staff and providers to evidence and communicate the impact and outcomes of involvement
- For involvement to be embedded in the performance and quality monitoring of in-house and commissioned services.

7.1.2 How will we do it?

- By establishing effective communication mechanisms with and between staff, providers, and stakeholders, and using these mechanisms to communicate involvement principles, involvement best practice and the rolling out of the Strategy
- By ensuring that user involvement is a standard part of all team plans
- By embedding involvement in staff induction and learning and development programmes
- By rolling out a toolkit and training to staff and providers on involvement principles and best practice
- By developing systems to enable staff and providers to record involvement and its impact
- By embedding involvement in contract monitoring processes and quality assurance frameworks.

7.1.3 Why is this a priority?

User involvement can only be successful if everyone is engaged with and understands their role in relation to involvement.

7.2 Objective 2

To maintain and develop an involvement structure that is inclusive and meaningful to users and the Directorate.

7.2.1 What do we want to achieve?

- To have a coherent structure that enables users to have a real impact on the planning and delivery of services
- To have an inclusive and flexible structure with wide range of involvement options that have varying levels of time and commitment
- To have involvement mechanisms that enable a “collective” user voice to be heard, based on subject matter rather than client group where appropriate
- To have new involvement mechanisms that use new technology.

7.2.2 How will we do it?

- By developing and clarifying the existing user involvement structure in relation to the Directorate governance and accountability structure
- By developing and supporting the existing user group structure, including Directorate groups, other relevant user groups and user led organisations

- By developing and supporting a range of new and existing ways for users to get involved, including involvement through events, surveys, site visits and being part of decision-making panels
- By using new technology to enable users to get involved, including the internet, and touch-screen technology.

7.2.3 Why is it a priority?

A wide range of options is needed to ensure that involvement is inclusive and that we are hearing the experiences of “hard-to-reach” groups. These options need to make sense as part of the overall AHWB governance and accountability structure so that users can have a real impact on service planning and delivery.

7.3 **Objective 3**

To develop involvement so that user perspectives and experiences are included from the start of service planning, throughout the design, delivery and monitoring of all processes and in all aspects of the transformation agenda.

7.3.1 What do we want to achieve?

To have meaningful user involvement in:

- All planning processes
- Decision-making
- Delivering relevant services, including the provision of information
- The monitoring and performance management of services.

7.3.2 How will we do it?

- By developing and rolling out procedures to involve users in the development of key policies, strategies, projects and plans; and research including Joint Strategic Needs Assessments and social marketing
- By delivering the 2010-11 Service User and Carer Involvement in Personalisation plan
- By developing and rolling out procedures to involve users in staff recruitment, tendering processes
- By developing and rolling out procedures to involve users in other key decisions made in the Directorate, including decisions around the allocation of resources
- By developing participatory budgeting in the Directorate
- By developing user involvement in setting quality standards for services, communication and user involvement
- By developing and rolling out procedures to involve users in producing information, delivering training, delivering research and consultation and running events
- By effectively supporting user led organisations to deliver services
- By supporting individual user volunteers and employees to deliver services
- By developing existing and new procedures to involve users in reviews of key policies, strategies and projects and in the review of internal and commissioned services.

7.3.3 Why is it a priority?

User involvement in all aspects of service planning and provision will help to ensure that the quality of services improves across the board.

7.4 Objective 4

To develop processes and tools to support staff and users to be involved so that involvement is empowering, effective, inclusive and value for money.

7.4.1 What do we want to achieve?

- To have a high quality involvement structure and programme
- To be able to easily demonstrate how users have been involved, how many users have been involved, to what extent individual users have been involved in directing their care and support and what the findings and key messages from involvement are
- To target and involve hard-to-reach groups
- To offer value-for-money in user involvement
- For users to feel supported to be involved in a meaningful way.

7.4.2 How will we do it?

- By developing a process for agreeing and communicating planned involvement
- By developing a mechanism for recording and monitoring levels of involvement, the involvement of individual users in directing their care and support and identifying hard-to-reach groups
- By developing and rolling out minimum standards for involvement and tools for staff and users to evaluate involvement in their service
- By developing and rolling out tools and procedures for specific user involvement initiatives
- By developing a programme of support to users, including training and mentoring
- By developing a consistent approach to meeting user expenses to recognising and rewarding user involvement.

7.4.3 Why is it a priority?

Involvement can only be effective and sustainable if there are systems and processes in place to enable this to take place.

7.5 Objective 5

To ensure that the outcomes and impact of user involvement is visible, real and known by users and key stakeholders.

7.5.1 What do we want to achieve?

- For users to feel encouraged to get involved and give feedback
- To be able to easily demonstrate the outcomes of involvement on users, the Directorate and the community
- To increase our accountability and ensure that users are aware of the impact involvement has had
- To communicate effectively with users on involvement
- To have involvement mechanisms that provide a pathway for users into employment opportunities
- To enhance the reputation of the Directorate.

7.5.2 How will we do it?

- By communicating and promoting involvement and the impact of involvement to users and other key stakeholders through agreed communication mechanisms
- By developing and rolling out a way of assessing the impact of involvement on the Directorate, users and the community based on the seven CQC outcome areas

- By developing pathways from involvement to employment and training opportunities, and supporting users through this.

7.5.3 Why is it a priority?

Providing evidence of the impact of involvement demonstrates its value to both the organisation, the user and the community and is a mechanism for ensuring involvement is effective. This in turn ensures involvement is sustainable.

7.6 **Objective 6**

To work effectively in partnership with key stakeholders across relevant public services.

7.6.1 What do we want to achieve?

- To have an effective working relationship with THINK
- To have an effective working relationship with other key stakeholders, including user led organisations
- To work consistently with relevant stakeholders towards the same involvement goals
- To offer users a coherent programme of involvement in partnership with key commissioners and providers
- For resources and tools in relation to involvement to be used effectively across services.

7.6.2 How will we do it?

- By supporting THINK and using the results of THINK work to drive service improvements
- By supporting key stakeholders and user led organisations, utilising feedback to drive service improvements and facilitating communication between these stakeholders
- By supporting the development of a more formal and inclusive network of user led organisations
- By ensuring that involvement in the Directorate is consistent with other key involvement strategies, including the planned Tower Hamlets Partnership Participation and Engagement Strategy and involvement strategies in other Directorates
- By planning annual programmes of involvement with health and social care stakeholders and other Directorates
- By developing, delivering and sharing involvement initiatives, tools and findings with stakeholders where appropriate.

7.6.3 Why is it a priority?

Working in partnership with others will help us to provide a seamless and high quality service where resources and the findings of involvement are maximised.

8 **Communicating the Strategy**

8.1 **Communicating key messages from the Strategy**

One of the key success criteria for the strategy will be the extent to which service user involvement is embedded into the working practices and culture of the Directorate. It is important therefore the Directorate develops a communication plan on an annual basis to identify the key messages from the User Involvement Action Plan (Appendix II). Given that staff operate in a work environment of competing priorities, the only way involvement will be engaged

with is if how it relates to our overall direction is clear and tasks are made explicit through clear and effective communication.

8.2 Communicating the success of the Strategy

The success of the Strategy will depend on successfully promoting the outcomes of our involvement activity to users, as they will only participate if this can be demonstrated. Having and utilising marketing materials to communicate current examples of how involvement has improved what we do is therefore vital.

9 Monitoring the delivery of the Strategy

9.1 The Quality Board

The Quality Board will monitor the delivery of the Strategy through six monthly reports demonstrating performance against the Strategy action plan.

9.2 The Directorate governance structure

- The Directorate Joint Senior Management Team will monitor user involvement via quarterly updates based on the Strategy action plan targets
- The Directorate Management Team will receive updates on user involvement via internal monthly Self Assessment Survey (SAS) performance reports
- The delivery of business plans and service improvement plans are monitored through the Directorate governance structure. These plans will include service-level targets on involvement which are consistent with this Strategy.

9.3 THINK

The THINK Steering Group will continue to monitor user involvement via monthly updates based on the Strategy action plan targets.

10 Measuring the impact of the Strategy

We need to have a clear view on what success will look like by 2013. Here are some of the key indicators of success:

10.1 All Directorate users and carers:

- To report that the quality of services provided and commissioned by the Directorate has improved
- To report that the staff providing social care services listen to, respect and act on their choices and views
- To feel confident about giving complaints, comments and compliments to the Directorate
- To report that the following information is easy to understand and easy to find:
 - How Directorate services work
 - What changes are planned
 - How users can get involved
 - What the impact of involvement has been

10.2 Users and carers who are involved:

- To feel supported in their role
- To understand how Directorate services work and how decisions are made

- To know that getting involved has been of benefit to social care services
- To feel that getting involved has been of benefit to them
- To feel that involvement has helped users to meet their support goals, including any goals around employment and training

10.3 The Directorate

- To set and meet service-level targets are set and met for user involvement activity
- To have a robust involvement structure with a wide range of options
- To be able to demonstrate that a wide range of user views have been heard
- To be able to demonstrate the positive impact of user involvement in all planning, decision making, service delivery and monitoring processes

10.4 Directorate staff and commissioned services:

- To report that they understand and are engaged with the Strategy and user involvement
- To report that they feel supported to involve service users in their work and the work of their services
- To be able to demonstrate how user involvement has impacted on their work and the work of their services
- To have an awareness of the user involvement structure and the impact of user involvement across the Directorate

10.5 Key external stakeholders:

- To report that the Directorate communicates effectively on involvement
- To report that the Directorate has effectively delivered the Strategy
- To report that they feel supported to work with the Directorate

11. Appendices

Appendix I	Overview of current service user involvement in the AHWB Directorate
Appendix II	1-3 Year Action Plan

Appendix I: Overview of current service user involvement in the AHWB Directorate

1. AHWB Directorate User Group Structure⁶

Group	User membership on staff group/ Board:	THINK membership on staff group/ Board:	User group	Resident group	Commissioned group	In-house group
Quality Board		√				√
Transformation Programme Board		√				√
Learning Disability Partnership Board	√					√
Older Persons Partnership Board	√					√
JSNA Operational Group		√				√
Health and Social Care Engagement Group		√				√
Learning Disability Service User Group			√			√
Older Persons Reference Group (Age Concern)			√		√	
Older Persons Housebound Reference Group (THFN)			√		√	
50+ LGBT Network (Age Concern)			√		√	
Carers Forum (Carers Centre)			√		√	
Direct Payments Reference Group			√			√
Local older persons groups			√		√	
Local group in commissioned services			√		√	
Disability Network (various)			√		√	
THINK (Urban Inclusion)				√	√	

⁶ For services provided by the Directorate, or where the Directorate is the lead commissioner or lead for the group.

2. Key linked Partnership and Stakeholder Groups

	Partnership group	Mental health group	Other group	Commissioned	In-house
Health Scrutiny Panel	√				√
LAP Steering Group	√				√
CPDGs	√				√
Pan-Disability Panel	√				√
Interfaith Forum	√				√
New Resident and Refugee Forum (Praxis)				√	
Women in Tower Hamlets Inclusive Network				√	
Working Together Group		√	ELFT		
Your Say, Your Day (Community Options)		√		√	
Patient Reference Group			BLT		

3. Other mechanisms for user involvement in the AHWB Directorate

	All AHWB	In-house		Commissioning		Regular	Infrequent	Previously occurred/ discontinued
		Some	All	Some	All			
Surveys	√	√		√		√		
Involvement in events		√		√		√		
Involvement in staff recruitment		√						√
Involvement in producing information		√		√				√
Involvement in tendering panels				√			√	
Involvement in service reviews				√			√	
ULO meetings				√			√	
Involvement in conducting consultation		√						√
Mystery shopping								
Involvement in staff training								

Appendix II: 1-3 Year Action Plan

Objective 1: To create a culture where user involvement and empowerment is embedded and reflected in the work practices of the Directorate and commissioned services

Target	Action	When	Lead	Interdependent	CQC Outcome
1.1	For staff to understand and incorporate the principles of involvement into work practices	Year 1	JS	Comms Officer	8.0 (excellent)
	1.1.1 To develop a dedicated section of the staff intranet and staff briefings on involvement	Year 1	JS		
	1.1.2 To include involvement as a standard agenda item in relevant internal team and staff meetings	Year 2	JSMT	JS	
	1.1.3 To incorporate involvement into existing relevant staff and provider training, including training related to personalisation and equalities	Year 2	JS	Learning & Development	
	1.1.4 To develop training and programme of workshops for staff and commissioned providers on user involvement in health and social care	Year 2	Learning & Development	JS	
	1.1.5 To raise the profile of THINK with staff	Year 1	JS	JSMT	
1.2	For the Strategy to be owned by all Directorate staff and providers	Year 1	JS	JSMT	8.1 (excellent)
	1.2.1 To develop and roll out an annual Strategy communication plan	Year 1	JS		
	1.2.2 For service-level Directorate team plans to reflect the Strategy and incorporate and relevant actions	Year 1	DMT	JS	
1.3	For involvement best practice to be celebrated and shared	Year 2	JS	JSMT	8.3 (well)
	1.3.1 To establish a network of Involvement Champions from Directorate staff and commissioned providers	Year 2	JS		
	1.3.2 To use existing and new communication mechanisms (intranet, internet, staff briefings, provider forums) to present involvement best practice	Year 1	JS	Comms Officer	
	1.3.3 To develop and roll out a user involvement toolkit to staff	Year 2	JS		
1.4	For staff and providers to	Year 1	JS	JSMT	8.3 (well)
	1.4.1 To develop and roll out tools to enable staff and	Year 1	JS		

	evidence and communicate the impact of involvement	providers to record involvement and it's impact					
		1.4.2 To develop and roll out a procedure for collecting and communicating this information to users, stakeholders and regulators on a local level	Year 1	JS		Comms Officer	
1.5	For involvement to be embedded in the performance and quality monitoring of in-house and commissioned services	1.5.1 To include involvement in all relevant tender and person specifications.	Year 2	JS		HR JSMT	3.3 (excellent) 9.1 (well)
		1.5.2 To include involvement as a standard part of Directorate staff inductions	Year 2	JS		HR JSMT	
		1.5.3 To include user-led standards for involvement in the contract monitoring of commissioned services	Year 3	C&S SMT		JS	
		1.5.4 To include user-led standards for involvement in relevant Directorate Quality Assurance Frameworks	Year 3	Quality Board		JS	
		1.5.5 To develop and roll out a procedure to accept user nominations for staff achievement awards	Year 2	JS		HR Comms Officer	

2. To maintain and develop an involvement structure that is inclusive and meaningful to users and the Directorate

Target	Action	When	Lead	Interdependent	CQC Outcome
2.1 To have a coherent involvement structure that enables users to have a real impact on the planning and delivery of services	2.1.1 To agree and develop user membership or involvement on internal governance and accountability structures, including the Safeguarding Programme Board and Transformation Programme Board	Year 2	DMT	JS	3.3 (excellent)
	2.1.2 To maintain and support existing user membership in internal governance and accountability structures, including the Partnership Boards and Quality Board	Year 1	Meeting leads	JS	
	2.1.3 To develop a mechanism to ensure the wider views of users are heard and included in internal decision-making forums, including the DMT, JSMT, C&S SMT and applicable Programme Boards.	Year 1	JS	DMT	
	2.1.4 To increase Directorate accountability through regularly publishing information to users on the decisions made and service performance	Year 1	JS	Comms officer DMT	
	2.1.5 To continue to utilise THINK to drive service improvement	Year 1	DMT	JS	
	2.1.6 To develop user involvement in all internal and commissioning selection panels.	Year 3	DMT	JS	
2.2 To have an inclusive and flexible involvement structure with a wide range of involvement options that have varying levels of time and commitment	2.2.1 To develop and roll-out with key stakeholder an annual programme of one-off meetings, events and focus groups based on the Directorate business plan priorities	Year 2	DMT	JS	3.1 (excellent)
	2.2.2 To develop a mechanism for involving housebound users and carers in the decisions made by applicable	Year 1	JSMT	JS	

		user groups						
		2.2.3 To develop user involvement in mystery shopping	Year 3	DMT	JS			
		2.2.4 To develop user involvement in the site and validation visits in commissioned services	Year 2	C&S SMT	JS			
		2.2.5 To continue to carry out Department of Health Annual User Experience Survey	Year 1	JS	DMT			
		2.2.6 To rationalise and continue existing service-level surveys	Year 2	JS	DMT			
		2.2.8 To develop a pool of users who can deliver agreed learning and development programmes	Year 2	JS	Learning & Development JSMT			
		2.2.9 To develop a pool of users who can conduct research and consultation with other hard-to-reach users on a short-term basis	Year 2	JS	JSMT Research Analyst JSMT			
		2.2.10 To review the Strategy and involvement structure on an annual basis with users	Year 1	JS	JSMT			
2.3	To have involvement mechanisms that enable a "collective" user voice to be heard, based on subject matter rather than client group where appropriate	2.3.1 To maintain and develop existing user groups in the Directorate and commissioned providers, including the Older Persons Reference Group, Service User Learning Disability Group and Carers Forum	Year 1	DMT	JS			3.3 (excellent)
		2.3.2 To support the development of emerging groups including the Partnership-wide Pan-Disability Panel	Year 1	JS	DMT			
		2.3.3 To develop a Readers Panel of users and carers	Year 1	Comms Officer	JS			
		2.3.4 To support user led organisations and groups	Year 1	C&S SMT	JS			
2.4	To have new involvement mechanisms that use new technology	2.4.1 To agree an approach to using touch screen technology with health and other Partnership-wide services	Year 2	JS	Partnership DMT			3.3 (well)

		2.4.2 To develop a pool of users who can test relevant new and technology equipment to be purchased by the Directorate	Year 2	JS	C&S SMT CES	
		2.4.3 To develop the Tower Hamlets website so that users can get involved through this	Year 2	JS	Comms Officer	
		2.4.4 To agree a method for providing feedback to the Directorate via text message	Year 3	JS	Comms Officer	

Objective 3: To development involvement so that use perspectives and experiences are included from the start of service planning, through the design, delivery and monitoring of all processes and in all aspects of the transformation agenda

Target	Action	When	Lead	Interdependent	CQC Outcome
3.1 To have meaningful user involvement in all planning processes	3.1.1 To develop and roll out a procedure for involving users in the development and review of key Directorate policies and strategies, including safeguarding, personalisation, complaints and fair access and inclusion	Year 2	DMT (roll-out)	JS (development)	3.3 (excellent) 7.2 (excellent)
	3.1.2 To develop and roll out a procedure for involving users in business planning at a service and Directorate level	Year 3	DMT (roll-out)	JS (development)	8.2 (excellent)
	3.1.3 To develop user involvement in setting priorities, including Joint Strategic Needs Assessments and Partnership-wide participatory budgeting options	Year 2	DMT (roll-out)	JS (development)	
	3.1.4 To continue to involve users in Joint Strategic Needs Assessment research	Year 1	Research Analyst		
	3.1.5 To develop user involvement plans as a standard appendix to all relevant project initiation document	Year 2	Project Managers	JS	
	3.1.6 To develop user involvement in social marketing projects	Year 2	Comms officer	JS	
	3.1.7 To deliver the service user and carer in personalisation involvement plan for 2010-11	Year 1	Transformation Programme Board	JS	

3.2	To have meaningful user involvement in decision-making	3.2.1 To develop and roll out a procedure for involving users in staff recruitment and interview panels	Year 2	DMT (roll-out)	JS & HR (development)	3.3 (excellent) 9.1 (well)
		3.2.2 To develop and roll out a procedure for involving users in commissioning and tendering processes and panels, including a Service Advisory Panel in Supporting People services	Year 1	C&S SMT (roll-out)	JS (development)	
		3.2.3 To develop and roll out a procedure to enable users to "test" and evaluate new technology (telecare, CES) before it is purchased	Year 3	C&S SMT and CES (roll-out)	JS (development)	
		3.2.4 To maintain existing and develop new user membership on decision-making bodies in the Directorate	Year 1	DMT	JS	
		3.2.5 To gather and use the results of user feedback gained from commissioned providers and key stakeholders and partners to inform decision-making in the Directorate	Year 1	DMT	JS	
		3.2.6 To develop participatory budgeting processes in the Directorate where applicable under the new operating model	Year 3	JS	Partnership DMT	
		3.2.7 To develop and roll out a procedure to involve users in service-level quality standards as part of the Quality Assurance Framework	Year 1	JSMT (roll-out)	JS (development)	
		3.2.8 To develop and roll out user-led minimum standards for the provision of information in the Directorate	Year 2	Comms Officer	JS	
		3.2.9 To develop and roll out user-led standards for accrediting services that can be purchased under the new operating model	Year 3	Transformation Programme Board	JS	

		3.2.10 To identify the key decisions to be made by the Directorate (including decisions around the allocation of resources) on a quarterly basis and agree a method of involving users in this					
3.3	To have meaningful user involvement in delivering relevant services, including the provision of information	3.3.1 To develop and roll out a procedure to involve users in the provision of information, including publications, new media and information on the Tower Hamlets website	Year 1	Comms Officer	JS	3.2 (excellent) 9.1 (well)	
		3.3.2 To develop and roll out a procedure to involve users in events and conferences	Year 3	JSMT	JS		
		3.3.3 To develop and roll out a procedure to run user-led research and consultation	Year 3	JS	Research Analyst		
		3.3.4 To support user led organisations to deliver key services based on the new operating model	Year 3	C&S SMT	JS		
		3.3.5 To develop and roll out a procedure for involving users in staff learning and development programmes	Year 3	Learning & Development (roll-out)	JS (development)		
		3.3.6 To develop and roll a procedure for involving users in wider campaigns aimed at raising awareness and combating stigma around key issues including dementia and safeguarding	Year 3	DMT	JS		
		3.3.7 To work with key partners in further education to develop user involvement in existing social work training	Year 3	JS			
		3.3.8 To support the development of user volunteering and work placement programmes	Year 2	Strategy & Policy	JS		
3.4	To have meaningful involvement in the monitoring and performance	3.4.1 To develop and roll out a procedure for gaining user feedback and including this in service reviews and case audits as part of the Quality Assurance Framework	Year 1	JSMT (roll-out)	JS (development)	3.1 (excellent) 3.3 (excellent)	

	management of services					
		3.4.2 To develop and roll-out a programme of user involvement in commissioned services validation and site visits	Year 3	C&S SMT (roll-out)	JS (development)	
		3.4.3 To develop and roll-out a programme of user-led mystery shopping	Year 3	DMT (roll-out)	JS (development)	
		3.4.4 To continue to submit complaints and involvement reports to THINK	Year 1	Quality Board	JS	
		3.4.5 To continue to support THINK's programme of Enter-and-View visits	Year 1	JSMT	JS	
		3.4.6 To develop and roll out a procedure to involve users in the review and monitoring of relevant policies, strategies and plans, including project related to transformation	Year 3	Strategic services (roll-out)	JS (development)	

Objective 4: To develop processes and tools to support staff and users to be involved in a way that is effective, inclusive and value for money

	Target	Action	When	Lead	Interdependent	CQC Outcomes
4.1	To have a high quality involvement structure and programme	4.1.1 To produce tools to assess involvement at a service and Directorate level	Year 1	JS	JSMT	3.3 (well)
		4.1.2 To develop a process for agreeing and communicating planned involvement (as distinct from research programmes)	Year 1	JS	DMT	
		4.1.3 To develop and roll out minimum standards for involvement with key health and social care partners	Year 2	JS	Health & Social Care Engagement	

4.4	To offer value for money	barriers to target hard-to-reach groups	Year 2	JS	& Scrutiny	9.2 (well)
4.5	For users to feel supported to be involved in a meaningful way	4.4.1 To develop a system of assessing value-for-money in involvement based on an analysis of resources, outcomes and benchmarking 4.5.1. To roll out a policy confirming our approach to meeting user expenses in relation to involvement 4.5.2 To roll out a policy confirming our approach to recognising and rewarding users for getting involved 4.5.3 To develop a network of mentors for users involved in internal governance and accountability structures 4.5.4 To develop an induction pack for users in relation to the work of the Directorate 4.5.5 To develop a training programme for users with key partners in health and social care services, including equalities training 4.5.6 To utilise existing systems and develop new systems to identify the communication mechanisms needed by users, and communicate involvement in these ways	Year 1 Year 1 Year 2	JS JS DMT	HR, Finance, DMT HR, Finance, DMT JS	3.3 (excellent) 9.1 (well)
			Year 2	JS	Learning & Development	
			Year 2	JS	Learning & Development, Health and Social Care Engagement Group	
			Year 2	Comms Officer	JS	

Objective 5: To ensure that the outcomes and impact of user involvement is visible, real and known by users and key stakeholders

Target	Action	When	Lead	Interdependent	CQC Outcomes
5.1 For users to feel encouraged to get involved and give feedback	5.1.1. For the barriers to users giving feedback and complaints to the Directorate to be addressed in communication and publications	Year 1	JS	Comms Officer	5.1 (well)

		5.1.2 To include information on involvement in key publications and the Tower Hamlets website	Year 1	JS	Comms Officer	
5.2	To be able to easily demonstrate the outcomes of involvement on users, the Directorate and the community	5.2.1 To develop and roll out a method of assessing the impact of involvement on the Directorate at a corporate and service level based on the CQC seven key outcome areas	Year 1	DMT (roll-out)	JS (development)	3.1 (well) 3.2 (excellent) 3.3 (excellent)
		5.2.2 To develop and roll out a way of measuring the impact of involvement on the user both in the short and long-term	Year 2	DMT (roll-out)	JS (development)	
		5.2.3 To develop and roll out a way of measuring the impact of involvement in communities as part of wider projects around community cohesion	Year 3	DMT (roll-out)	JS (development)	
5.3	To increase our accountability and ensure that users are aware of the impact involvement has had	5.3.1 To develop and roll out six monthly and up-to-date information to users based on a “you said, we did” format	Year 1	JS	Comms Officer	3.3 (excellent)
		5.3.2 To include information on the impact of involvement in key publications and the Tower Hamlets website	Year 1	JS	Comms Officer	
5.4	To communicate effectively with users on involvement	5.4.1 To ensure information on involvement in produced in accessible formats	Year 1	Comms Officer	JS	2.1 (well)
		5.4.2 To communicate involvement to users through the mechanisms most commonly used and preferred by users	Year 2	JS	Comms Officer	
5.5	To have involvement mechanisms that provide a pathway for users into employment opportunities	5.5.1 To develop mechanisms to sign-post users to existing employment and training opportunities, including internal and services such as Tower Projects.	Year 2	JS	Strategic services	6.2 (excellent)
		5.5.2 To support users to maximise experience from	Year 2	JS	Strategic	

		involvement to access employment, education and training opportunities				services	
		5.5.3 To develop mechanisms to signpost users from and to involvement and volunteering opportunities	Year 2	JS	Strategic services		
5.6	To enhance the reputation of the Directorate	5.6.1 To ensure all key stakeholders are regularly informed of service improvements made as a result of involvement	Year 1	JS	Comms Officer		2.1 (excellent)
		5.6.2 To produce articles for the trade press on user involvement in the Directorate	Year 2	JS	Comms Officer		

Objective 6: To work effectively in partnership with key stakeholders across relevant services

	Target	Action	When	Lead	Interdependent	CQC Outcomes
6.1	To have an effective working relationship with THINK	6.1.1 To continue to support THINK to complete their annual workplan	Year 1	JS	DMT	3.2 (excellent)
		6.1.2 To maintain THINK representation on existing decision-making and accountability structures	Year 1	DMT	JS	
		6.1.3 To continue to develop regular reports to THINK to ensure they can provide effective scrutiny over social care services	Year 1	JS	DMT	
		6.1.4 To share relevant information, tools and resources with THINK in order to support them to gain feedback from users	Year 1	JS	DMT	
		6.1.5 To further develop THINK's understanding of Directorate services	Year 1	DMT	JS	
6.2	To have an effective working relationship with key stakeholders, including user led organisations	6.2.1 To continue to support key stakeholders to involve users by sharing tools and resources where relevant	Year 1	JS		3.2 (excellent) 8.3 (well)

		6.2.2 To establish communication mechanisms between user led organisations	Year 1	C&S SMT	JS	
		6.2.3 To support the development a more formal and inclusive network of user led organisations	Year 1	JS	C&S SMT	
6.3	To work consistently with relevant stakeholders towards the same involvement goals	6.3.1 To ensure that involvement in the Directorate is consistent with the planned Tower Hamlets Participation and Engagement Strategy	Year 1	JS	Partnership P&E team	8.3 (well)
		6.3.2 To ensure that involvement in the Directorate is consistent with other key Directorates and stakeholder strategies	Year 1	JS	All Directorates	
		6.3.2 To communicate effectively on involvement with all key stakeholders	Year 1	JS	Comms Officer	
6.4	For key commissioners and providers to offer users a coherent programme of involvement	6.4.1 To plan annual programmes of involvement with health and social care services through the Health and Social Care Engagement Group.	Year 2	JS	DMT, Health and Social Care Engagement Group	8.3 (well)
		6.4.2 To deliver joint involvement initiatives where appropriate with health and social care stakeholders and other Directorates	Year 2	JS	Health and Social Care Engagement Group	
		6.4.3 To utilise the Partnership Consultation Calendar	Year 1	JS	Partnership	
		6.4.4 To communicate a shared message to users across health and social care services where possible	Year 1	Comms Officer	JS, Health services	
		6.4.5 To include information on other Partnership involvement initiatives in the Directorate whenever appropriate	Year 1	JS	Comms officer	
6.5	For resources and tools in relation to involvement to be used effectively across	6.5.1 To share existing and develop new involvement tools with health and social care services through the Health and Social Care	Year 1	JS	Health and Social Care Engagement	8.3 (well)

services		Engagement Group and Partnership Participation and Engagement Strategy Steering Group					Group Partnership	
		6.5.2 To share and use the findings of involvement with key stakeholders where appropriate to ensure the results of involvement are maximised	Year 1	JS		Partnership P&E team		
		6.5.3.To agree where to involve users across services and across boroughs	Year 2	JS		Partnership P&E team		

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