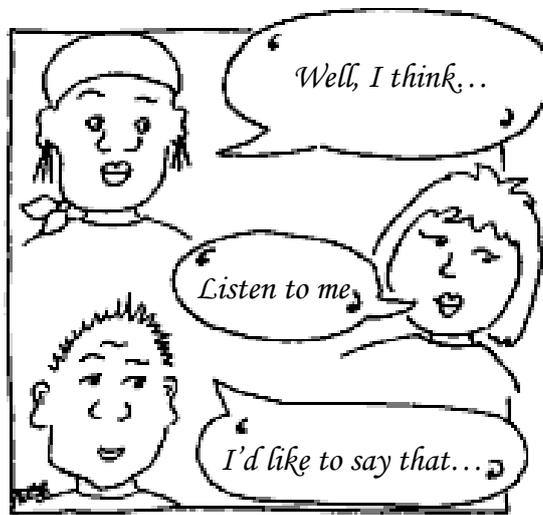


# INVOLVEMENT STRATEGY



## Social Care Services

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# 1. ABOUT THE STRATEGY & HOW IT FITS WITHIN GATESHEAD



This Strategy is for the people who use Adult Social Care Services, their Carers and our staff who support them. In Section 2 we define who our service users and carers are.

Adult Social Care services have a long tradition of partnership working with service users and carers and we are committed to ensuring that people who use our services and carers are at the heart of our work. Input from current and previous service users and carers and information drawn from other Council and national strategies resulted in the initial Involvement Strategy, first approved by Cabinet in 2005 and revised in 2007. We now aim to build on our previous good work and achieve a consistent approach to embedding continued involvement. Throughout 2009 and early 2010, through consultation and discussion at the Involvement Forum, with individuals, service user and carer groups, voluntary organisations and some Teams within the Council we have revised and updated this Strategy.

Both Central and Local Government know that the expertise found in the experiences of people who use our services and their carers is of crucial value to our work. It is important to make sure that we acknowledge and value the input from individuals and groups.

Barriers can be very individual and it is important to understand that a number of factors may create a barrier that is not immediately apparent to others. Barriers may be physical, cultural, practical, attitudes, perceptual or be rooted in fear, anxiety or lack of confidence or lack of understanding. The aim of this strategy is to give local people, service users and carers more influence and power to improve their lives by

- identifying and breaking down barriers to involvement
- being clear about Adult Social Care's commitment to involving the people who use our services and their Carers
- being clear what involvement means and where service users and carers have opportunities for influence
- providing some Good Practice Guidelines so that service users and carers can challenge us when we make mistakes

## Legislation and Priorities

Involving service users and carers is not new. However in recent years there has been lots of legislation and guidance produced to make sure local authorities and their partners consult, involve and engage with the people who live locally. The Coalition government have signaled a commitment to involvement local people through their Big Society agenda and the proposed Localism Bill.



Involvement matters and within social care we believe that actively engaging people who use services and carers is vital if we are to improve and transform our services to deliver more personalised care. This is especially important with regard to implementing the personalisation agenda, to ensure that people have real choice and control over their own care. This also fits with the Liberating the NHS White Paper (2010) which sets out a number of involvement measures.

There is also legislation and national priorities for agencies who work with us ~ they are called our 'partners' including agencies like the Acute Health Trust, Primary Care Trust, Mental Health Trust, Voluntary sector organisations and Community groups. Some of the Legislation is listed in Appendix 1.

### In Gateshead...



Gateshead Council already has some excellent Policies and guidelines that refer to consulting, involving and engaging with services users, carers and local communities. The Strategic policy that has been agreed by Gateshead Council and all the Partners who deliver services is Gateshead is called **Vision 2030**. It is a document which sets out the ambitions for Gateshead and its residents for the next 20 years. To achieve this Vision and make a difference to local people, the Council will respond to issues that they have said are important. Gateshead Council promises to support people to make contributions to their community (through being involved and volunteering) and by making sure that local people know how they can get involved in decision making processes and influence services. There are some specific targets within the Vision and Corporate Plan that help to achieve these aims. The **Community Development Strategy** (Dec 2008) is being reviewed alongside the Community Cohesion Strategy. These both aim to support some of the aims within Vision 2030 and specifically about how different communities and individuals will be engaged and supported to be involved in decisions that affect their lives and how this can be achieved at a community level. The five outcomes within the Community Development Strategy identify the key areas of work that the Council and its partners will focus on to achieving. Work is also ongoing to prepare a jointly agreed **Volunteering Strategy** as part of the "Compact" on relations between the Council, the voluntary and community sector. All agencies and organisations that work within Gateshead will agree to this at the most senior decision making level – the Gateshead Strategic Partnership. Volunteering is also one of the big ideas in Vision 2030 and this Strategy recognises that all the service users and carers who work with us give their time, experiences and expertise freely, as volunteers. The principles within all these documents apply equally to the service users and carers who work with us to improve our services – essentially these people are volunteering their time to make change and seek improvement.

The Social Care Involvement Strategy builds on and reflects the principles within these key documents and supports the involvement of people who use social care services and their carers. Some of the Council policies and processes that specifically make reference to involving people can be found in the Appendix.

The Planning and Development Team, located within Gateshead Council has facilitated the involvement of service users & carers within social care and health services over many years. Involvement has become central to all new Work Themes and many Teams undertake their own involvement activity. In 2003 the 'Involvement Forum' was established of workers and volunteers mainly located within the voluntary and community sector representing over 200 users and carers, plus individual service users and carers. This Forum continues to meet and its central aim is to ensure that ongoing involvement helps social care to deliver and commission the highest quality services that are based on the priority needs of individuals and their carers. The Forum identified priorities where involvement should be tackled to improve the overall social care experience. The Involvement Forum's aim is for continuing involvement to become an intrinsic part of the working culture.

## 2. WHO ARE 'SERVICE USERS' & 'CARERS'?

These terms will be used throughout this Strategy. They include the following people:



- People who use our services or may do so in the future
- People who 'look after' or 'care' for those who use/might use our services
- User and Carer groups and Organisations who support and represent the interests of people using our services

## 3. WHY INVOLVING PEOPLE IS IMPORTANT TO US



There are many good reasons to involve service users and carers. These include:

- To give people a real say in the services we offer and how we provide them
- To better adapt our services and processes to meet peoples' individual needs
- To make sure we provide good quality services that are friendly, fair, useful and provide good value.
- To make sure our services and processes support people's dignity and independence

- To give people an opportunity to express their personal experiences (for example: providing training to staff)
- To give people a say (for example: in the staff we recruit and the services we provide) The quality of our staff and services can only improve if we understand people's experiences.
- To make sure that the services we provide continue to give people the things that they want and meet their needs.
- To make sure we continue to improve in all areas of our work and development.

Consulting and involving service users and carers is a Service priority and is important to our Planning Process. We want to ensure that involvement is translated into action and produces real beneficial outcomes for the people who use our services and their carers, to ensure we continue to meet their needs and they are central to our planning process.

## **4. ABOUT INVOLVEMENT**

SU&C involvement takes places at different levels within social care:

*Strategic* – the business of the Council and the various Overview & Scrutiny Committees, measures of performance

*Operational* – the management and change in social care services, progress in supporting people to live independently

*Individual* – during assessment and choice of care, particularly with reference to the transformational change in delivering personalisation.

The services we provide are as individual as the people who use them. Consequently each section/team within social care will need to respond in the most appropriate way to involve SU&C in shaping their services. Involving people is not an end in itself but the beginning of a process in developing and maintaining service improvements. We are therefore committed to:

### **Principles:**

- Involvement must be focused on improving SU&C experiences and outcomes
- Involvement will be a means of promoting improvements to services
- There must be clear links between SU&C feedback and involvement, service improvement and improved experience and outcomes
- Receiving and responding to feedback will be managed as closely as possible to service delivery
- Well established approaches must be strengthened and developed
- Involvement in decision making and feedback will take place at individual SU&C levels, operational and strategic levels
- Improvements which come from SU&C involvement or feedback should become a routine part of service delivery

## Values:

- Services should be accountable to the people who use them
- Dignity and respect for staff, SU&C should underpin all involvement and feedback
- Changes are more effective when working in partnership and responsibility for improvements is shared
- There must be an awareness of the differences in power between those involved and how this affects SU&C involvement
- Respect for diversity will underpin all work and improvements
- Mechanisms should be in place to reward SU&C for various types of involvement, at the very least expenses will be met.

Involving people is about talking and listening to service users and carers, involving them as partners in the decisions that affect their lives and working with them to achieve solutions. There are a number of different ways we do this –



- **In the way services are delivered**

We are aware that simple basic changes can often make a big difference to people's lives and new services can be developed. Please let us know if you have any ideas for making a difference.

- **In planning and policy making**

The local authority is fully accountable to local people. Gateshead has a variety of diverse and developing communities and meeting the needs of the whole population and giving them the right information presents a challenge. Social Care Services need to know what our local communities want so that their needs can be taken into account which informs planning and policy making.



- **In developing our staff**

We are proud of and want to continue to value our workforce by improving training and induction programmes for staff development. There are times when the input of users and carers is useful to the learning process and so it is sometimes relevant for users and carers to take part in delivering training. This can improve the quality and value of the training thereby increasing the learning and awareness of participants.

*"People should remember; it's their job but it's our life"*

Service User

- **In the tendering and monitoring of contracts**

Adult Social Care commissions (or 'buys') some services from Organisations and agencies who provide support and/or assistance to vulnerable people.

By supporting users and carers to become involved in these commissioning processes we aim for services that deliver what local people want. Involving service users and carers in the monitoring process will also help to make sure that commissioned services remain of high quality, take account of needs and provide value for money.



“Engaging service users in the commissioning process should not just be done because public services have a duty to do so. Rather it should be done because involvement leads to better service outcomes and improved implementation of change.”

***Dept of Health, Care Networks – Better Commissioning 2008***

▪ **In relationships with partners such as the local primary care trust, mental health and hospital trusts**

Relationships with other providers and partners can all benefit from better communication and understanding of what local people need and what their priorities are. It is important that the discussions we have are centred on what local people need rather than the interests of different Organisations. The Council and its partner agencies have worked together to develop the Community Development Strategy and agree shared outcomes for the development of involvement within Gateshead.

We believe that service users and carers have the right to have their say, to enjoy choice and control, and to share in decision making about their services. At the same time we know that there are limits to this right and we must be open and honest about these. For example, elected members of the Council are also involved in decision making and have the ultimate authority in policy making. Also, the Council has legal duties and responsibilities that it must carry out. Because of this, we may sometimes need to make decisions that may go against the views of service users. If this happens, we will clearly explain our actions as well as people’s right to appeal or to make a complaint.

Taking account of these limits to involvement, we are committed to making sure that users and carers are at the Centre of all that we do and the way we do it.

## **5. LEVELS OF INVOLVEMENT**

We want to ensure our participation and involvement structures and methods promote an on-going dialogue with service users and carers. The aim is to understand each other’s perspectives and to work together to identify priorities within the resources that are available to us and/or jointly agree processes and decisions. We seek to involve service users and carers in many different areas where decisions have to be reached. Some of these

decisions will be difficult to reach but we should always be clear about why we seek the involvement of service users and carers.

Is this a cost cutting exercise?

Service User

Sherry Arnstein's "Ladder of Participation" is frequently used to illustrate the different levels of involvement. The Ladder helps us to consider at what level involvement can take place and reflect on how meaningful that involvement is. It is vital at the beginning of each stage that the level of involvement is made clear (see also Section 6 on Good Practice Guidelines).

#### **Level 4 – Support others' Actions**

At this stage service users and carers take a leading role and control key decisions about how services will be planned and delivered.

#### **Level 3 – Working Together**

At this stage you are asking service users and carers to work with you in all aspects of planning and decision making.

#### **Level 2 – Consulting**

At this stage you are asking service users and carers for their views and opinions so they can inform any decisions made.

#### **Level 1 – Informing**

At this stage you are telling people about services and decisions that have already been made. They cannot influence decisions at this level.

Adaption of Arnstein "Ladder of Participation"  
in the Commission for Social Care Inspection Wales  
"Performance Management Workbook"

Each level employs different ways of involving service users and carers. The methods used will determine the number and range of people they involve, the information gathered and the resources required. It is important to select the level of involvement and the methods of engagement that are appropriate to the people you are involving or hope to involve. Involvement and Empowerment are part of a continuum – usually starting with informing and moving through to empowerment. Different levels are appropriate at different times depending on the circumstances and expectations.

There are many approaches to involvement. Some methods are short term, one off or intermittent pieces of involvement. Other methods are longer term, designed to be more permanent and continuously linked into decision-making. We often need to employ a combination of different approaches to maintain a sufficiently broad spectrum of involvement.

People should be supported to understand their level of involvement, what their views will be used for and to what degree they can effect change at the beginning of and throughout any involvement process.

We must recognize that not everyone will want to be involved or participate in shaping services. It is important to understand the difference between “opting out” and “excluding”. We must take specific steps to promote inclusive practices. Equality of opportunity needs to be a reality for everyone and we must ensure we do not create, sustain or ignore barriers that may exist. (See Section 8 for some Good Practice examples).

A toolkit identifying different involvement/engagement approaches is being developed as a key action arising from the Community Development Strategy. This will be available on the Council website to anyone interested in finding out more about these approaches. There are other websites that highlight this information and these can be found in Appendix1.

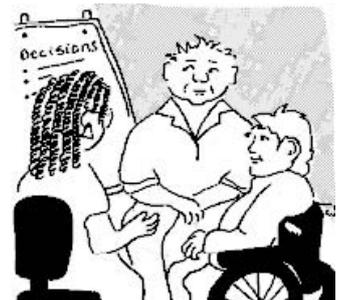
## 6. HOW MUCH INVOLVEMENT?

All service users & carers must be given the same chance to participate at a level and a degree that suits them and in issues they choose to be involved in. It has to be meaningful to the individual(s) and timely:

On asking a Carer if she wanted to attend a lecture about Involvement and Citizenship on a Friday evening – “I fancy that like a hole in the head!”

Carer

For some users and carers, receiving information about services and opportunities is enough. Others will want to be more actively involved, both by giving their views and expecting to take part in local decision making. Some people may want to take part in decision making about their own services and also take part in the management, planning and development of services for the community.



Others may want to take full control of their services. For instance, service users take responsibility for managing their own care packages under Gateshead’s Personalisation scheme.

*“We might have to look at participation in different ways. We may have to decide that some people are not suited to being on Boards.”*

Service User

Users and Carers often describe that they feel as if they are 'used' by services so that Organisations can 'tick' the involvement box – user and carer involvement can be tokenistic and seen as without any real meaning, if it fails to deliver 'real' outcomes.

*"We're only there because the Government says we have to be"*  
Carer

Adult Social Care services must be clear with users and carers at what 'level' they are invited to be involved (see above in Section 5). We should also be moving towards the situation where the opportunity and support is available for people to decide and define their own agendas, to make recommendations about services that affect them, to identify and carry out their own research and work with statutory services on their own terms.

## 7. HOW SOME PEOPLE ARE INVOLVED:

**Here are some practical examples, currently in use, to involve service users and/or their carers**

- Involving people in their assessment and decisions about their own needs and how these can be met.
- Asking people for their views on the usefulness and friendliness of our guides and information.
- Inviting people to take part in planning groups & creating Forums where people can have their say about the services we offer.
- Supporting people with good quality training so they can get involved in monitoring the quality of services provided.
- Asking people individually – either by questionnaire or 1-2-1 interviews for their views, opinions or experiences about something we are implementing or changing.
- Bringing people together (eg a focus group) to talk about a specific topic, idea or change.
- Satisfaction surveys
- Offering training through the Involved and Equal training programme to give people the confidence to get involved.



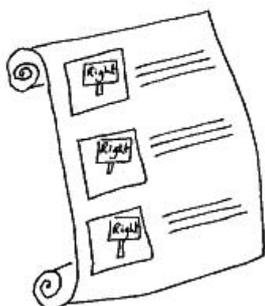
We have carried out a number of public involvement activities that range from giving people good information directly into their homes to assisting people to influence, both individually and as a group, how services will be developed. Below are some examples:



- *Learning Disability Partnership Board* ~ a joint planning group where service users and carers are developing the forums they use and opportunities to check the quality of services so that they have a real say in shaping the development of local health and social care services.
- *One Voice* ~ giving children and young people who are 'looked after' by the authority a chance to identify their priorities, set standards for their involvement, meet decision makers and have their voices heard in a range of forums.
- *Mental Health day services* ~ service users are involved in making a significant change to deliver a User-led model of mental health day - services that will deliver a real alternative option for local service users.
- *Carers Partnership* ~ carers have been involved in developing the new Partnership, commissioning new emergency services, and developing the Gateshead Carers Strategy.
- *Deaf Forum* ~ local people from the Deaf and hearing loss communities have been supported to develop their own Forum and begin to influence the delivery of local services.
- *Involvement Forum* – service users and carers have directly influenced the development of a jointly agreed Expenses policy and the delivery of training to support their ongoing involvement.
- *Peer Assessors* – service users & carers from the Supporting People service have been trained to interview and check the quality of services and care that other service users experience. This information then feeds into the overall review of that service.
- *Physical Disability & Sensory Impairment Partnership Board* – as part of the Mission Statement it states that membership of the Board will be fully representative of users, carers ... and full citizenship of people with physical disabilities and sensory impairments.

If you would like any further information, would like to become involved in any of these areas please, or find out if anything else is happening please contact the Involvement Officer. (See contact details in Section12).

## 8. OUR INVOLVEMENT “GOOD PRACTICE” GUIDELINES



The original Good Practice Guidelines and Aims were developed in the initial Involvement Strategy (2005). These are still considered relevant for successful user and carer involvement with only a few improvements.

The Guidelines and Aims could be made into a Charter for use across all Social Care services.

It is hoped that they will be adopted across all Council services when engaging with social care service users and carers. The Involvement Forum believe it is important that everyone knows about them and works to them as “rules” when they engage with service users and carers.

1. Involving users and carers is central to planning, delivering and monitoring effective services
2. Involving users and carers should happen before decisions have been made
3. Provide clear information in advance to all those who participate in involvement which is relevant, accurate, up to date and accessible. This should include the likely duration of the activity and the commitment required.
4. Language used must be clear, familiar and easy to understand
5. Be clear why you are involving people and what they are being asked to be involved with, how their views will be used and the limitations of the process
6. Ensure the venue is accessible and comfortable.
7. Support to help involvement at all levels must be provided. This should include an offer to provide (where necessary) expenses, transport, child care, carer support, interpreters, personal assistance, refreshments and comfort breaks.
8. Training for users, carers and staff may be required to make sure that equal participation is possible. This could include awareness raising, confidence building, how meetings work, and so on
9. Resources need to be built into the involvement process from the beginning

10. Contributions of the participants must be valued and recognised.
11. Where possible involvement should be planned at a pace which suits those being involved. However, where we have no control over the timescales for certain exercises this will be clearly explained.
12. Any “Consultation” exercise should follow the 7 criteria within central Government’s Code of Practice on Consultation: [www.berr.gov.uk/bre](http://www.berr.gov.uk/bre) which confirms that consultations should normally last for 12 weeks with consideration being given to longer timescales where feasible and sensible.
13. The ‘timing’ of any involvement activity should be considered. People with disabilities and carers prefer a start time of 10am (or later) and finish time of 3pm (or earlier). This is due to arranging P.A.s, medication and caring responsibility.
14. Involvement must be seen as an ongoing process
15. Minutes and action points should be circulated to those who attended. Feedback should be accurate and delivered as quickly as possible after the involvement/consultation has taken place
16. The outcomes of involving users and carers must shape service delivery and planning
17. Service users and carers should be involved in monitoring the quality of services
18. Service users and carers should be involved in the development of research and should be supported to carry out their own research
19. Provide opportunities for service users and carers to meet/network with each other, share experiences and provide peer support.
20. Aim to ensure that involvement is coordinated within the Department, with other relevant groups and with partner organisations.

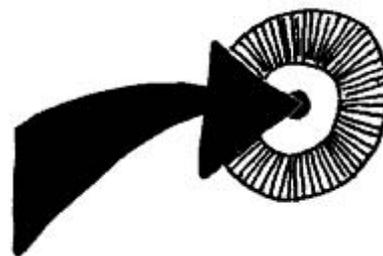
Whilst these guidelines draw attention to the involvement of service users and carers we also recognise that individuals often come together with people of similar interests and needs to further their agenda. We also aim to ensure these guidelines apply equally to working with groups that represent service users and carers from the Gateshead area.

“Make sure that everyone uses pictures and big writing – it is not fair that we can’t understand things”

Service user

## 9. OUR STRATEGY AIMS:

This Strategy has 8 main aims:



1. To **develop user and carer involvement** across all social care services
2. To make sure users and carers from **all groups within our community** have the chance to be involved. This especially includes working with people who are often left out:
  - ◆ People from black & minority ethnic groups
  - ◆ Older People
  - ◆ People with complex needs, for example those with disabilities (physical and sensory) as well as mental health problems
  - ◆ Refugees and asylum seekers
  - ◆ People with addictions & dependencies (drug, alcohol, solvents)
  - ◆ Children & Young People
  - ◆ People from the lesbian, gay & bisexual community
3. To develop **user and carer training and support** so that barriers are reduced, thereby making sure that involvement is meaningful and not just a 'token'
4. To develop **staff training and support** so that staff across all social care services are able to make involvement happen
5. To develop a policy to ensure people can **claim their expenses** quickly and that any policy development applies fairly to everyone
6. To **examine existing practices and/or policies** and change those which may prevent people from being involved
7. To give **feedback on the progress** made putting this Strategy into practice to all groups within the Community
8. To develop **Standards and Targets** so that our progress can be measured and reviewed

We have described how we are going to try and meet the aims in the Priorities for Future Action which is available separately. See section 12, called "Who to Contact" if you would like to have a copy.

## 10. WHO WILL MAKE IT HAPPEN?

All those involved have a role in making this Strategy happen:

### Service Users & Carers

... are at the heart of this Strategy and have a crucial role to play in helping us to continue to develop services that are user-friendly, fair and easy to access.



### The Voluntary Sector

...already supports lots of user and carer groups. These Organisations also have an important role in making sure that involvement happens both within their own agencies and with the statutory sectors. They will continue to challenge the lack of and/or tokenistic involvement. They will also continue to work in Partnership and support the development of new and existing policy.

### Staff

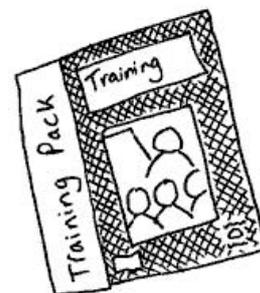
... are a key part of making the Strategy happen. Staff will make sure that users and carers are informed of their rights and of the standards we work to. Staff will also support users and carers to take part in their services, to recruit the right staff who will work with them and contribute to the planning and development of services for the community.

### Managers

...at all levels will need to make sure that the way we offer services, as set out in our 'Service Specifications', include sustainable arrangements for user and carer involvement. They will also make sure that staff receive appropriate support and training in putting this Strategy into practice

### The Training & Development Team

...will work with all those involved to develop and/or support suitable training to maintain the Strategy Action Plans



### Our partners

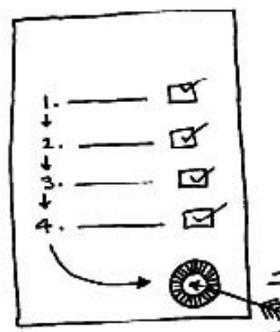
...have a key role in making sure that users and carers are involved 'as a matter of course'. We must all work together to reduce 'consultation fatigue', by sharing our findings. Adult Social Care services will encourage multi agency commitment to the involvement of users and carers.

## The Planning & Development Team

...will take the lead in making sure we continue to work with and encourage the groups who are often left out, (see Pg 14 ); that all those involved are supported to make the Strategy happen and to check and report on progress made. We will try different ways to involve more service users and carers throughout the various settings and Partnerships. We will use the information provided by our Customer Service team to ensure that people's views are taken into account as we strive to continually improve the services we deliver.

## 11. SETTING & REVIEWING TARGETS

This Strategy and the accompanying Priorities for Action will be checked regularly to make sure that it keeps up with the needs of service users and carers, and also that it is fully up to date with social care policies and procedures. Service Users and Carers will use it in their work with the Council and at its Partnerships to ensure that involvement is meaningful.



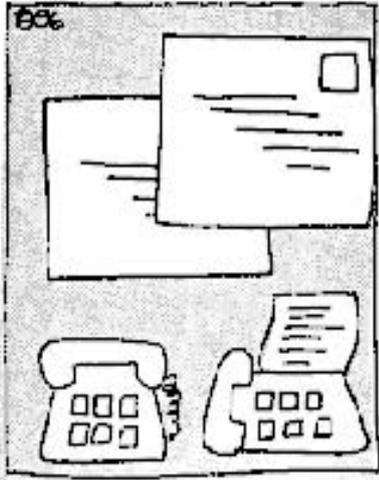
The Involvement Forum will monitor and review progress made with the Involvement Strategy, act as an accountable body and advise on future action.

Progress made in making the Strategy happen will be reported in the annual Self Assessment Survey and other audit and inspection updates.

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## 12. WHO TO CONTACT?

To make comments on this document, for more information about the Strategy, Priorities for Future Action or to get involved please contact:



**Andi Parker**  
**Involvement Officer – Planning & Development**

**Telephone: 0191 433 2346**

**Minicom: 0191 433 2619**

**Fax: 0191 477 9141**

**Mobile/SMS: 077667 48915**

**Email: [andiparker@gateshead.gov.uk](mailto:andiparker@gateshead.gov.uk)**

For copies of any of the documents or policies mentioned in this Strategy please visit the Council website: [www.gateshead.gov.uk](http://www.gateshead.gov.uk) or ring Andi Parker (details above).

**APPROVED BY CABINET – 8<sup>TH</sup> FEBRUARY 2005**

**REVIEWED BY INVOLVEMENT FORUM FEB 2007**

**REVIEWED & REVISED APRIL 2010**

**APPROVED BY CABINET NOVEMBER 2010**

## **13. ACKNOWLEDGEMENTS**

The Involvement Officer would like to thank the following people, user and carer groups and Organizations for their comments, advice and suggestions whilst reviewing the Involvement Strategy & Priorities for Action:

Pathways

Gateshead Mental Health User Forum

Sight Service

Visual Impairment Forum

Advocacy in Gateshead

Gateshead User Forum

Age Concern

Crossroads Caring for Carers

Alzheimer's Society

Childrens Rights Officer & One Voice

Gateshead Older Peoples Assembly

Planning & Development Team & Team Manager

Tyneside Women's Health

Healthy Communities Collaborative

Health Trainers

Gateshead Deaf Forum

Parents in Power

Community Care Forum

Planning & Development Team

GAIN – Gateshead Advocacy & Information Network

Carers Association

Involvement Worker for Drugs & Alcohol

Empower @ GVOC

Gateshead Access Panel

Carers Partnership

Plus all those other people who took the time to read the Strategy and send in their comments, quotes and ideas.

**Appendix 1** - The principle of participation underpins much current legislation and policy guidance across health and social care. Over the past two decades, several major pieces of legislation have made service user involvement in UK health and social services a statutory duty.

- ◆ Health & Social Care Act - July 2008 (prev 2001)
- ◆ Local Government and Public Involvement in Health Act 2007
- ◆ Liberating the NHS – July 2010
- ◆ Carers & Disabled Children Act 2000
- ◆ Carers (Equal Opportunities) Act 2004
- ◆ Putting People First – Jan 2008
- ◆ Localism Bill – expected Nov 2010
- ◆ Duty to Involve 2009 <http://www.involve.org.uk/assets/Docs-2/20090424-Duty-to-Involve-pager.pdf>
- ◆ NHS & Community Care Act 1990 – Section 46 describes the responsibility on a Local Authority to consult with service users in its plans to deliver Community Care Services [National Health Service and Community Care Act 1990 \(c. 19\)](#)
- ◆ Department of Health Patient and Public publications [Patient and public empowerment publications : Department of Health - Managing your organisation](#)
- ◆ 8 Principles of service user involvement – joint publication <http://www.gsccl.org.uk/NR/rdonlyres/A458DF16-A71E-44A8-AC58-C7F3A7BE6051/0/Principlesofparticipationleaflet2006.pdf>
- ◆ Centre for Citizen Participation - Undertakes research and provides education, training and consultancy in the field of user and public participation. [Centre for Citizen Participation \(CCP\)](#)
- ◆ House of Commons Report on User Involvement in Public Services [UK Parliament - pasc0708pn29](#)

- ◆ Practical Engagement Support - [Home - People and Participation the public engagement public participation website - people and participation - the public participation public engagement website](#)
- ◆ 'Modernising Social Services' (1998) and 'Valuing People' (2001) set out the Government's vision in relation to involving service users & their carers.
- ◆ The Local Government Act, 2000 promotes the duty of well being & asks local authorities to engage local people to find out what their needs are.
- ◆ Practice Guidance such as the National Service Framework for Older People (2001), the Carers Strategy, Every Child Matters and the Children Bill ~ amongst others, all speak specifically about the involvement of users and carers in care planning, management and review.
- ◆ The Care Quality Commission is the independent regulator of health and social care. During their Inspections they take a broader view about people's experiences of services, customer satisfaction and user involvement. [Get involved](#)
- ◆ The Direct Payments Act of 1996 shifted the balance from professional views about assessments to user choices and offering individual empowerment.
- ◆ The Council's Comprehensive Area Assessments also cover how the Duty to Involve is monitored [CAA framework and guidance - Audit Commission](#)
- ◆ Specific legislative requirements such as Valuing People, the National Service Framework in Older People, New Horizons in Mental Health, and the Race Relations (Amendment) Act, Equality Standards for Local Government all underpin the work outlined in the Involvement Strategy.

## **Appendix 2**

Below are some of the key Gateshead policies & strategies where the involvement of local people is mentioned or is a key principle:

Vision 2030    Communications Strategy    Community Development Strategy    Commissioning Strategy    Community Cohesion Strategy  
Neighbourhood Review    Corporate Plan

**Overview and Scrutiny Committees** (OSCs) also invite, ask for and listen to the experience of the public the various OSCs in Gateshead. See

<http://www.gateshead.gov.uk/>