

# Participation and Involvement Strategy

**2020-2025**



*Brilliant care through brilliant people*

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### DOCUMENT TRACKING SHEET

<b>Participation and Involvement Strategy 2020-2025</b>
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Version	Status	Date	Issued to/approved by	Comments
0.1	Final	March 2020	Quality Committee	Endorsed by Quality committee
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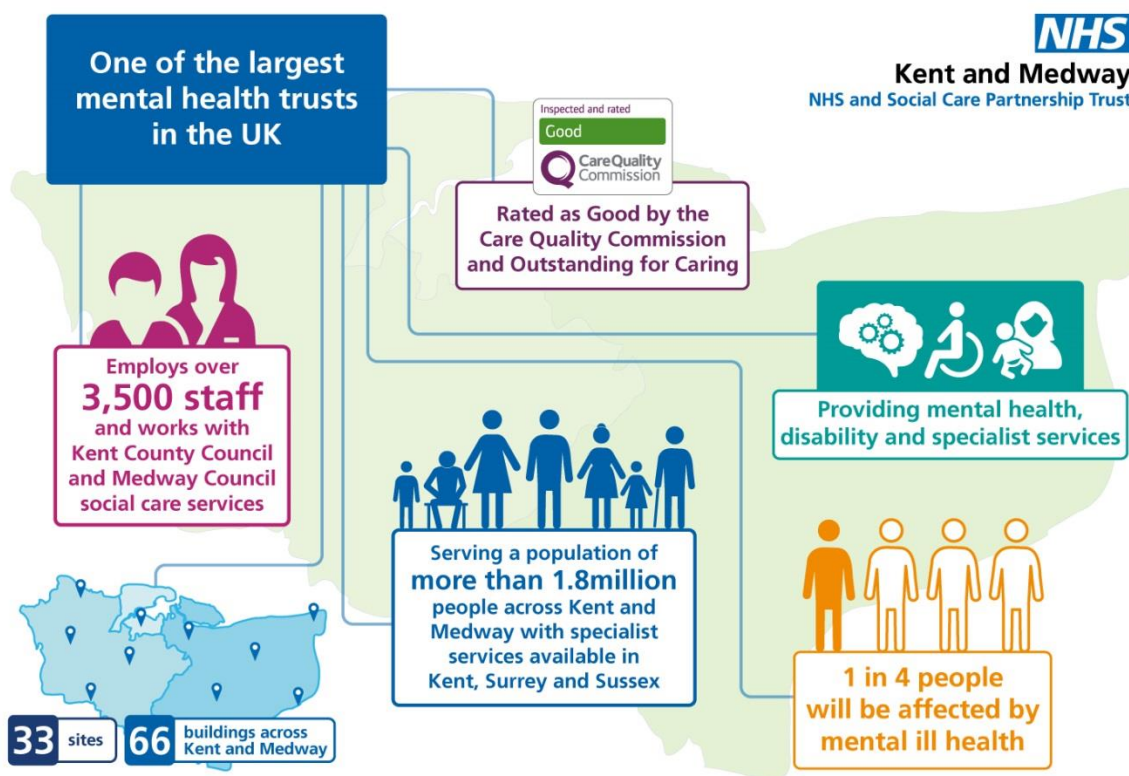
### SUMMARY OF CHANGES

Date	Author	Page	Changes (brief summary)

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## 1 WHO WE ARE



## 2 VISION – OUR ASPIRATIONS FOR THE FUTURE

*To make a valuable difference to our services by empowering and supporting service users and carers to bring a lived understanding of mental and physical wellbeing to the work of the Trust*

## 3 OUR AMBITION – WHAT WILL BE DIFFERENT IN 5 YEARS TIME?

It is our ambition to further drive the development of participation and involvement work to enable us to achieve our vision of service users and carers being equal partners in their care. By supporting service users and carers to use their lived experience to influence the strategic direction of the organisation, we will be working towards a culture within which co-production becomes second nature.

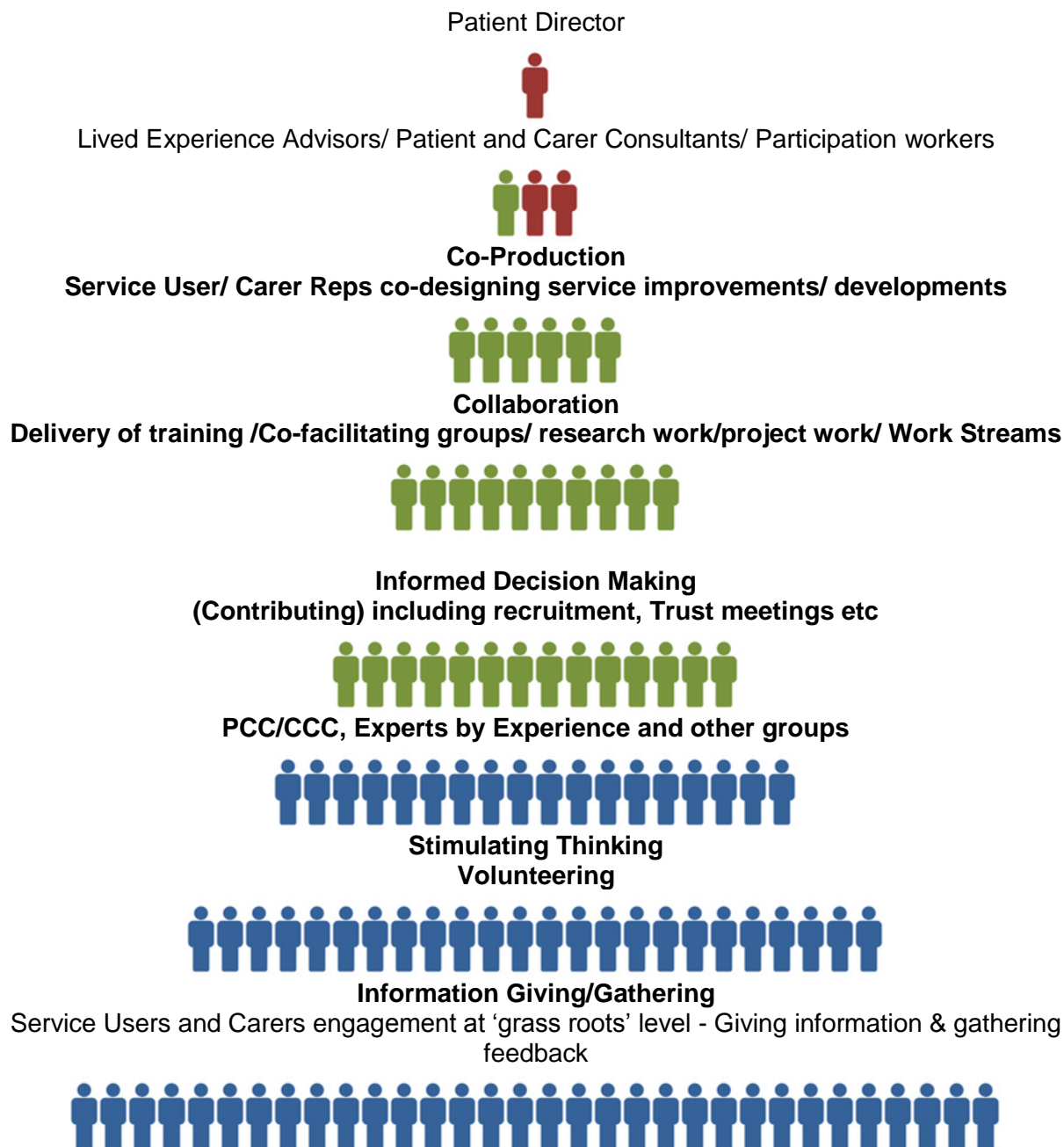
We will actively support our staff to recognise the benefits of co-production and support them to uphold the national standards as outlined in this strategy.

By working to increase the numbers of service users and carers who are actively engaged, we will strive to ensure that those involved are not only representative of the patients we care for, but also are representative of the wider and more diverse population of Kent and Medway.

We acknowledge that not all service user and carer representatives will have the time or resources to dedicate significant time to strategic development work, however for those who wish, or are able, we will endeavour to provide them with the support, training and remuneration that allows them to be as involved as they should choose.

## The Involvement Pyramid

As the Trust is able to engage and recruit more service user and carer representatives, it is important to differentiate the varying levels of engagement, and therefore be able to support and remunerate them accordingly. It is anticipated that the largest number of service user and carers engaged will stay at the bottom layer – receiving the newsletter, engaging on social media and feeding in their views via various channels, as and when they feel able. This clear development structure will allow service user and carer representatives to aspire, and be supported, to engage at more intensive levels if they wish. We also encourage and support our service user and carer representatives to engage at a national level.



**Key:**

- Developed Unpaid Roles
- Developed Paid Roles
- Not yet developed/ Potential ideas

#### **4 BACKGROUND – WHY ARE WE DOING THIS?**

The NHS Constitution states that service users "have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those service" (The NHS Constitution, 2015). Kent and Medway NHS and Social Care Partnership Trust (KMPT) recognises the importance of working with people who use our service and is therefore committed to supporting all interested service users and carers to be actively involved in Trust development projects.

The Five Year Forward View also highlights the importance of involving service users and carers in shaping the future of mental health services. It states that:

**"Every person with a mental health problem should be able to say: I am confident that the services I may use have been designed in partnership with people who have relevant lived experience".**

In order to compile this strategy and develop its ambition, a working group has been formed to identify best practice and undertake a literature review. During this process we identified the National Survivor User Network (NSUN) 4Pi document that set out National Involvement Standards and a collective decision was made to structure our Participation and Involvement Strategy around these standards in order to facilitate and embed true co-production.

#### **5 KEY DRIVERS – HOW WILL WE ACHIEVE OUR VISION**

*"To make a valuable difference to our services by empowering and supporting service users and carers to bring a lived understanding of mental and physical wellbeing to the work of the Trust"*

This strategy supports the Trust's recognition that a structured approach to participation and engagement will help improve and embed lived experience in everything we do. We strive to ensure that this will not only support the improvement and development of services across the Trust but also the recovery and wellbeing of our service user and carer representatives, providing opportunities to develop and/or enhance their skills.

This strategy will support the development of a diverse community of service users and carers who can help us to continually review and improve mental health services. To enable this, KMPT recognises the importance of shifting to a community engagement model to develop strong community links, to work alongside community groups, organisations and other partners to build trusting and productive relationships.

It is our desire to develop a clear structure, with levels of engagement that sets out the roles and expectations of our service user and carer representatives in line with the Service User Payment Policy. It is envisioned that this will create a progressive and clear pathway, for service user and carer representatives to develop their participation skills and work at more senior level within the organisation if they wish to.

It is our ambition to become a leading example of co-production and its use in the development of mental health services. This is in line with the Trust's values particularly with reference to innovation, respect and working together.

## 6 OUR CURRENT POSITION - WHAT ARE WE DOING NOW?

This strategy replaces the Trust's Community Engagement Strategy which has now expired.

KMPT has a good record of engaging with service users and carers within the planning and monitoring of its services. We acknowledge that there is currently a wide range of engagement activity taking place across the Trust. Whilst we celebrate staff's commitment to involving service users and carers in our current projects, it is acknowledged that there is no standardisation of training, support or supervision for service user and carers who participate in Trust business and some of the activities take place are not captured centrally. It has been suggested that this lack of structure may be hindering the recruitment and retention of service users and carers who may want to work with us.

With this in mind, we have agreed four key themes that we are keen to address to help us achieve our vision: **recruitment, training and support, communication and marketing and process and practical issues.**

The Trust is committed to ensuring that service users and carers continue to be involved in all aspects of Trust business but also to ensure that they feel supported, valued and empowered to do so.

We have used the concept of the Engagement Onion, taken from the Wellcome Trust, as a tool to demonstrate the diversity of engagement activities and the varying levels of involvement with service user and carers. The core represents true co-production and as the layers move away from the core, the engagement activities move from collaboration, to consultation and then to informing.

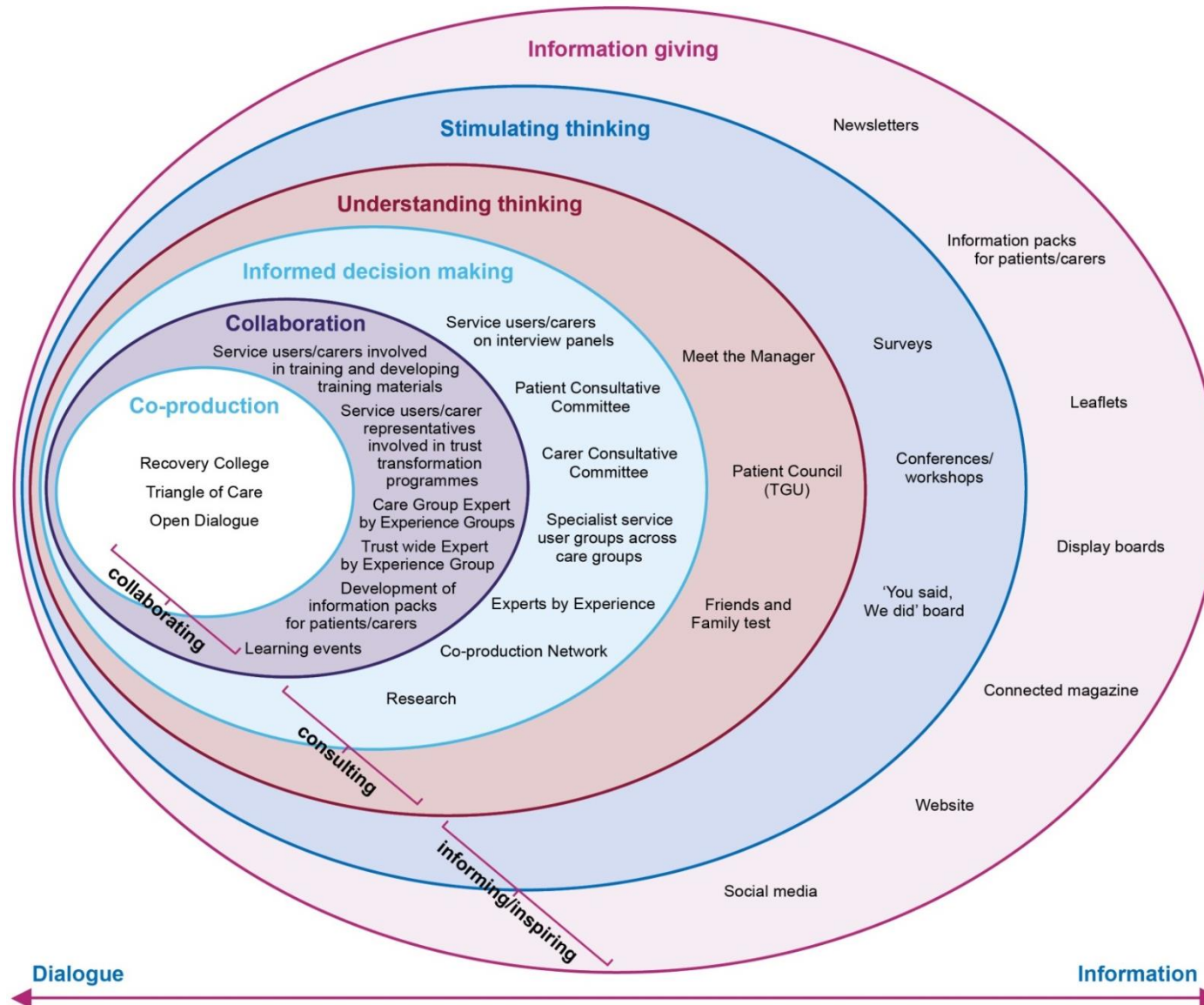
In order to inform this strategy, a mapping exercise was undertaken with Patient Experience Leads from each care group to understand the engagement activities that are currently being undertaken across the Trust. Through this exercise it became apparent that each care group engage with their service users and carers differently due to the varying nature of the patients they support. Care group specific engagement onions have also been developed<sup>1</sup>.

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<sup>1</sup> Refer to Appendix A

Trust Wide Engagement Onion

This diagram illustrates the high level Trust Wide activity that is currently undertaken by KMPT. It is our ambition to ensure that much of our engagement activity moves toward the centre of the onion, towards the collaboration and co-production layers. Each care group was tasked with undertaking this mapping exercise. The care group specific onions can be found in Appendix A.





## 7 NSUN 4PI

'The 4Pi National Involvement Standards have been developed by the National Involvement Partnership (NIP) project, a partnership of organisations hosted by the National Survivor User Network (NSUN). The idea behind the project is to 'hard wire' the service user and carer voice and experience into the planning, delivery and evaluation of health and social care services. The project aims to share good practice, centralise resources, strengthen existing networks and build an infrastructure that connects and coordinates the involvement of service users and carers throughout and beyond services.

The 4Pi framework has been developed by mental health service user and carers. The involvement of people with lived experience of mental distress and their carers and family members has formed the basis of the work. However, the framework has universal relevance: it is simply to enable services, organisations and individuals think about how to make involvement work well.' (4Pi National Involvement Standards, Executive Summary, 2015)

The 4Pis are:

- **Principle** – *Involvement benefits from the commitment to shared principles and values*
- **Purpose** – *Meaningful involvement needs to have a clear purpose against which it can be monitored*
- **Presence** – *'We can all be involved at all levels'*
- **Process** – *Involvement process must be carefully planned and thought through so that service users and carers can make the best possible contribution*
- **Impact** – *Involvement should lead to the improvement of services and the mental health and wellbeing of individual service users and carers*

## 8 OUR PLEDGES TO YOU

It was identified by the project group that the NSUN 4Pis provided a solid basis on which we would build our Trust's strategy. Each 'P' provided a list of activities that the Trust must demonstrate in order to meet the national standards. A small working group was formed to interpret the list and develop KMPT's pledges.

It is important to note that in drafting this strategy the 4Pi framework was presented to groups of service users, including one group of people with a dementia diagnosis, who were invited to describe the elements of this principles which were most important to them in their engagement with KMPT.

To ensure that these standards are upheld, KMPT will:

### Principles

- Improve KMPT services for service users, carers and staff
- Ensure all communication is clearly written and accessible
- Ensure the experience and expertise of everyone involved is treated with equal respect
- Ensure that we use a variety of engagement techniques to enable everyone to give us their views

## **Purpose**

- Be clear about the expectations of all participants
- Be open about the limitations of any changes that can be implemented
- Develop clear role descriptions and guidance for any activity to be undertaken.

## **Presence**

- Actively and continually recruit service users and carers who want to participate and help the Trust to continually develop and improve services
- Ensure that all participants have the relevant experience and/or access to training to enable them to undertake the role
- Ensure that service users and carers are supported to influence Trust business across all levels of the organisation
- Ensure that we expand and adapt our engagement activities to involve people a wider group of people including diverse and ethnic communities

## **Process**

### **Engagement/ Recruitment**

- Adopt a community engagement model to ensure that we build trusting and productive relationships with community groups, organisations, charities etc
- Use a variety of ways to engage with our service users and carers about the opportunities to work with us
- Develop a fair and open process to support service users and carers to engage at a level at which they are comfortable
- Be clear at every stage the level of payment and/or expenses that can be claimed
- Offer appropriate and reasonable adjustments for people experiencing health difficulties or with caring responsibilities

### **Communication**

- Ensure that all communication is sent out in a timely fashion to ensure participants have time to prepare
- Ensure timely feedback is given regarding the outcomes of any projects that service users and carers have been involved in
- Give service users and carers the opportunity to give either verbal or written feedback on the activities in which they have been part of. This will ensure that engagement feedback is shared widely among relevant groups

### **Support and Training**

- Develop a comprehensive modular training package for all service users and carers to support them to engage effectively and to enhance their own personal skills
- Give service users and carers the opportunity to have a personal development plan
- Provide the opportunity to undertake regular and appropriate individual/group support sessions
- Introduce a mentor scheme to support new service user and carers in their roles
- Where appropriate give service users and carers access to the Trust induction programme
- Co-produce a pack of useful information for people getting involved in Trust business to include jargon busters etc

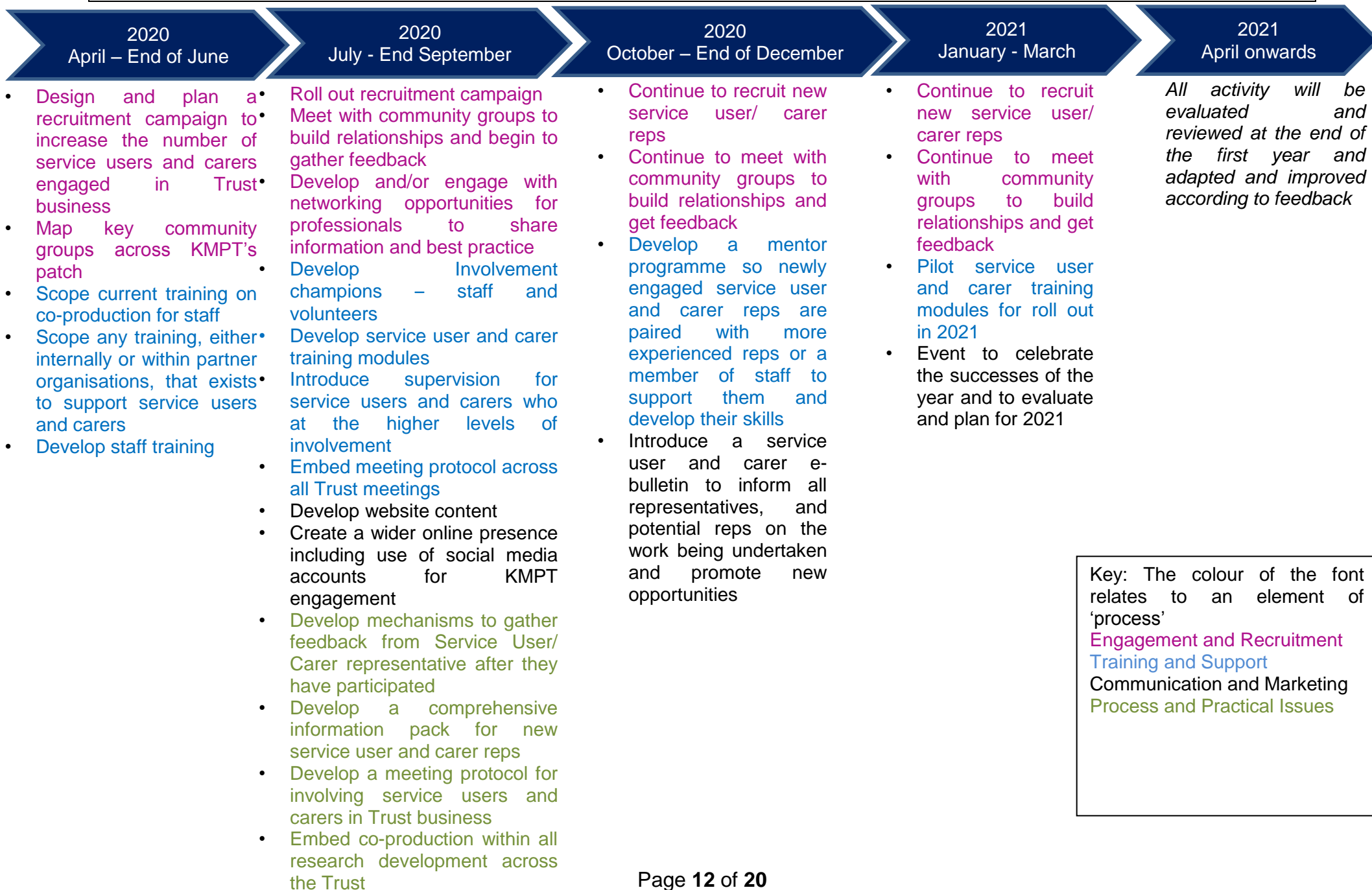
### **Practical Issues**

- Ensure that no service user or carer will be disadvantaged financially by their participation in engagement activities
- Give considering to those with carer responsibilities and make reasonable adjustment wherever possible

**Impact**

- Ensure that all involvement is meaningful
- Assess the impact of involvement to further develop opportunities for service users and carers
- Ensure that at the beginning of each project we will be clear
  - What the intended outcomes are
  - What is expected of the service users
  - What impact their involvement will have
- Regularly monitor the progress of projects and feed

## 9 DELIVERING OUR PLEDGES – WHAT MIGHT SUCCESS LOOK LIKE?



Key: The colour of the font relates to an element of 'process'

- Engagement and Recruitment
- Training and Support
- Communication and Marketing
- Process and Practical Issues

## 10 TELL US YOUR VIEWS

We are keen to know your thoughts on how you think we can implement this Strategy. Please send your thoughts and ideas to our Patient Experience Team.

## 11 MEASURING SUCCESS

It will be essential to evaluate the success of this strategy with the service users and carers who work with us. The Trust Wide Patient & Carer Experience Group will monitor the activity undertaken during the implementation phase and beyond.

We will use qualitative and quantitative methods to monitor and evaluate the impact of the changes we make.

We have set the following objectives to ensure we have impact within the first year. After this time, we will review the objectives and outcomes and adapt them, as required, in line with the Trust's model of improvement.

Objective	Achieved by end of	Responsibility
Conduct a base line audit to establish the numbers of service users and carers currently working at the various levels of the Involvement Pyramid	May 2020	Executive Director of Nursing & Quality
<b>Engagement &amp; Recruitment</b>		
Design and plan a recruitment campaign to increase the number of service users and carers engaged in Trust business	June 2020	Executive Director of Nursing & Quality Director of Workforce, OD & Communication
Roll out recruitment campaign	September 2020	
Continue to recruit new service user/ carer reps	Ongoing	
Map key community groups across KMPT's patch	May 2020	Executive Director of Strategy and Partnerships Executive Director of Nursing & Quality Director of Workforce, OD & Communication
Meet with community groups to build relationships and begin to gather feedback	September 2020	
Develop and/or engage with networking opportunities for professionals to share information and best practice	September 2020	
Develop mechanisms for incorporating feedback gathered into quarterly report	September 2020	

<b>Training and Support</b>		
Scope current training on co-production for staff	June 2020	Executive Director of Nursing & Quality Director of Workforce, OD & Communication
Scope any training, either internally or within partner organisations, that exists to support service users and carers	June 2020	
Create staff training on 4Pis and Co-production	June 2020	
Develop service user/ carer training modules	September 2020	
Pilot Service User/ Carer training modules	December 2020	
Evaluate and roll out Service User/ Carer training modules	March 2021	
<b>Communication and Marketing</b>		
Develop website content	September 2020	Executive Director of Nursing & Quality Director of Workforce, OD & Communication
Create a wider online presence including use of social media accounts for KMPT engagement	September 2020	
Introduce a Service User/ Carer bulletin/ newsletter to inform all representatives, and potential reps, on the work being undertaken and to promote new opportunities	September 2020	
Plan and hold an event to celebrate the successes of the year and to evaluate and plan for 2021	March 2021	

### Process and Practical issues

Develop a comprehensive information pack for new service user and carer reps  Develop a meeting protocol for involving service users and carers in Trust business	September 2020  September 2020	Executive Director of Nursing & Quality
Embed co-production within all research development across the Trust	September 2020	Executive Medical Director Head of Research

### 12 DATE FOR REVIEW

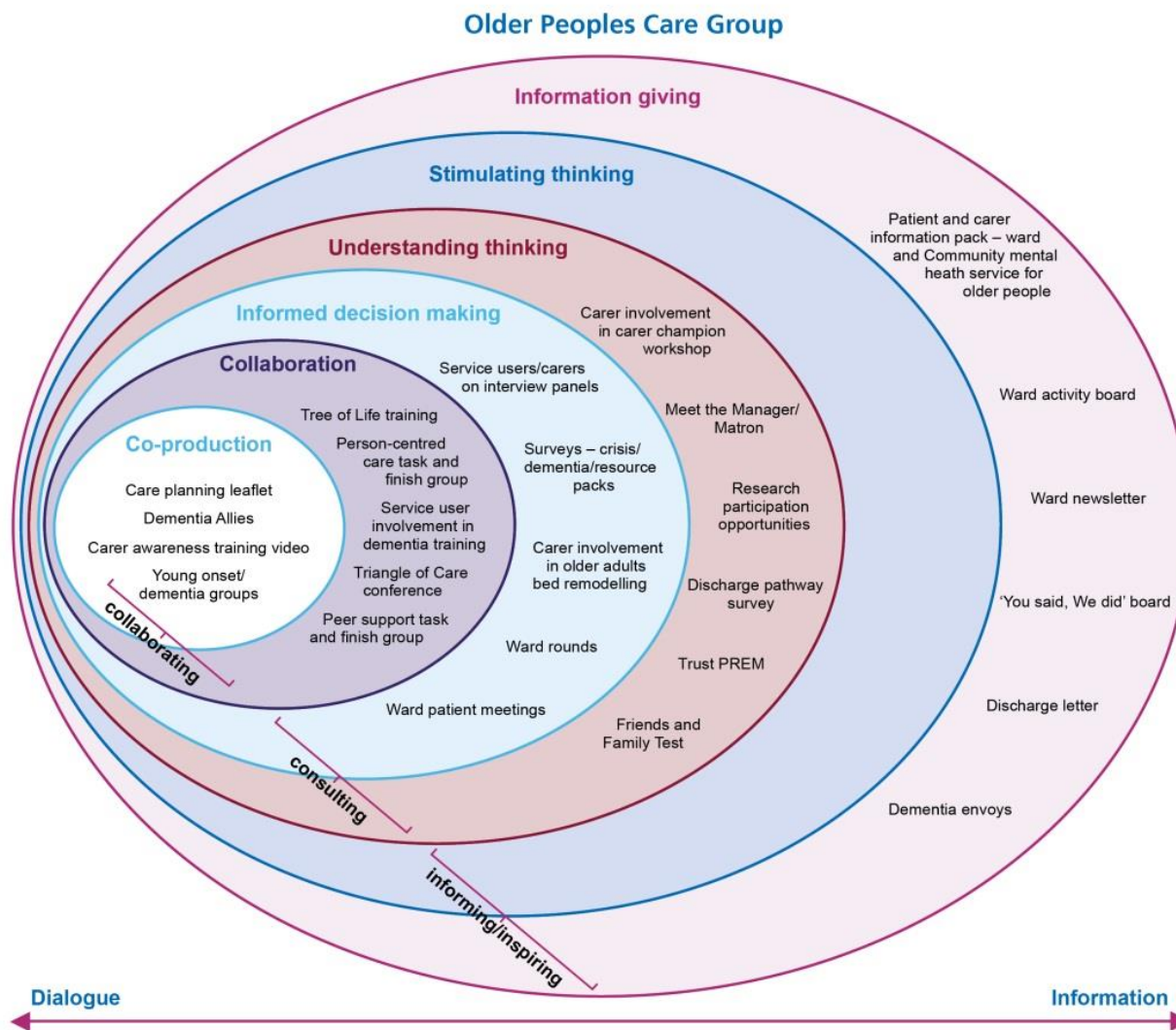
This Strategy should be reviewed at the end of five years but will be revisited annually to review its progress and make any adjustments in line with the Trust's model of improvement.

### 13 REFERENCES

The NHS Constitution for England, Department of Health and Social Care, July 2015  
4Pi National Involvement Standards, Department of Health, January 2015  
Community Engagement Strategy, KMPT, 2010

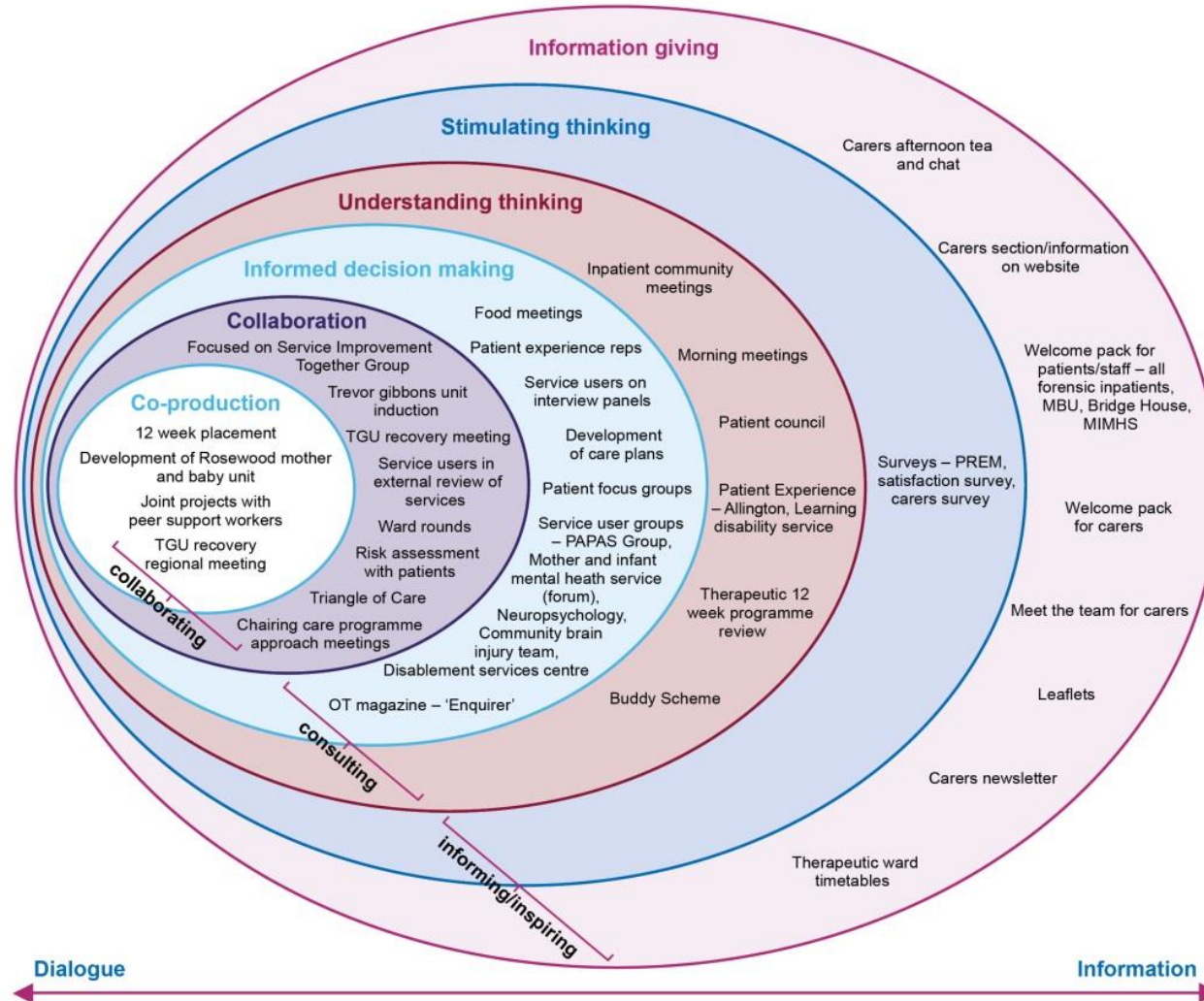
**APPENDIX A: CARE GROUP ENGAGEMENT ONIONS**

In order to compile these Engagement Onions, the project group worked with Patient Experience Leads in each care group to populate the diagram. It should be acknowledge that these 'onions' represent the snapshot taken in May 2019 and additional engagement activities will have taken place since the collation of this document.

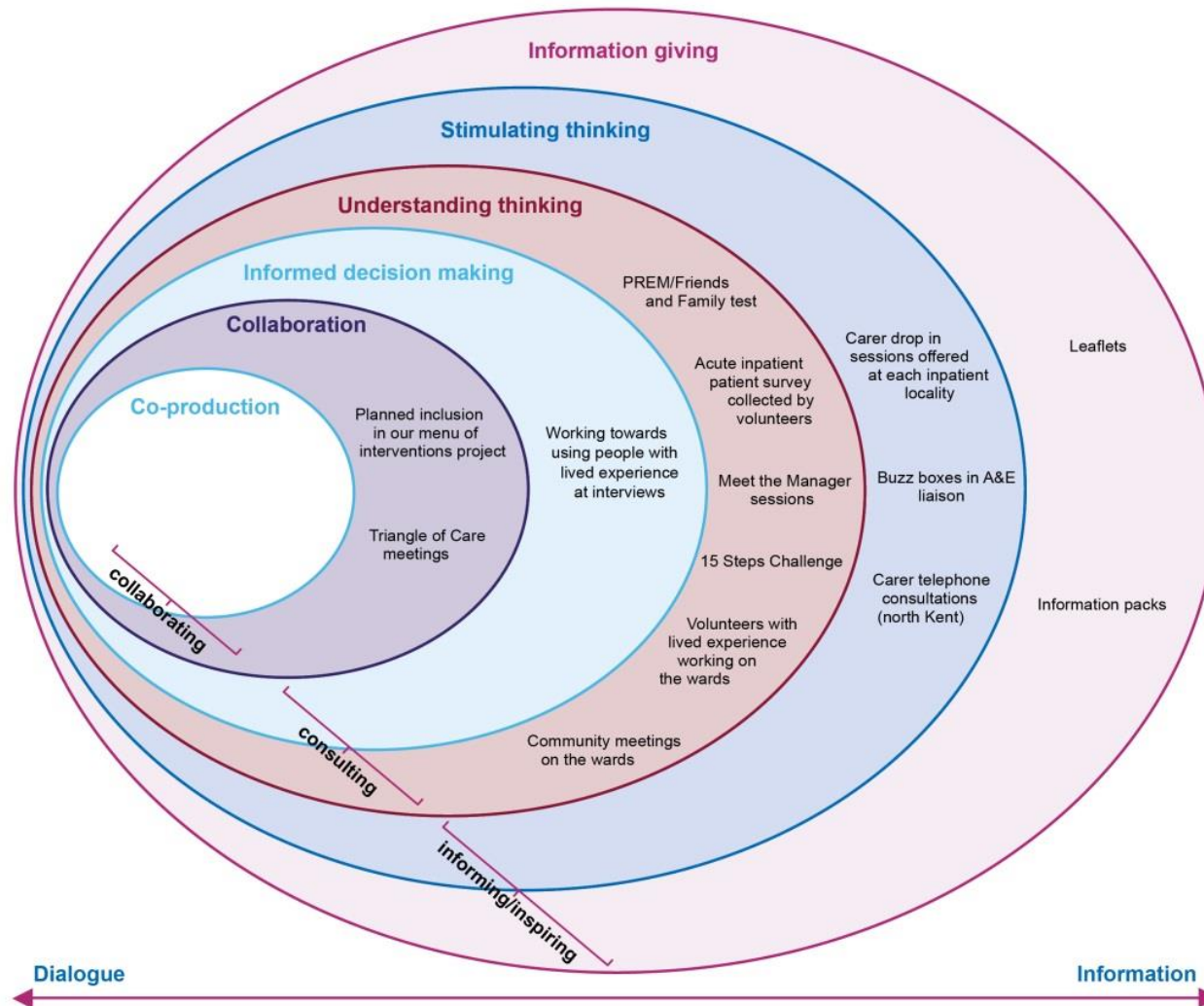




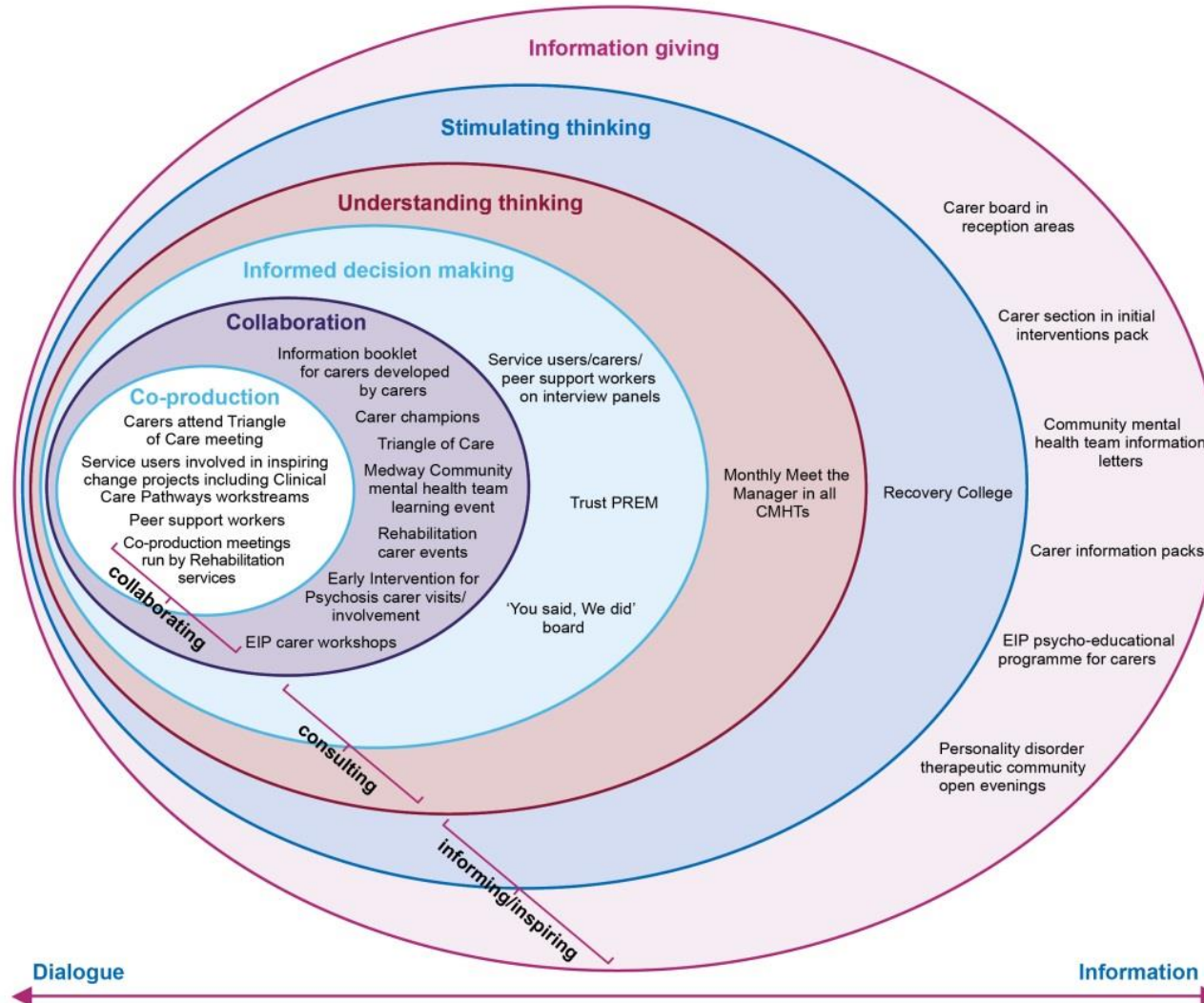
## Forensic and Specialist Services Care Group



# Acute Care Group



# Community Recovery Care Group



## APPENDIX B: EXPLANATION OF GROUPS

**Patient Consultative Committee and Carer Consultative Committee** – These are bi monthly meetings across the county where services users and carers meet to provide feedback on their experiences, receive updates of developments within the Trust and identify areas for improvement. A member of the executive team or senior leader within the Trust attends each of these meetings.

**Co-production Network** – This network comprises service users, carers, KMPT staff and representatives of outside MH agencies. It meets quarterly and provides a forum to discuss and direct co production within KMPT. Its meetings comprise feedback from co productive work underway and discusses new opportunities for co-production in KMPT.

**Experts by Experience Research group** – this group supports the inclusion of service users in research within the Trust. It has conducted a number of development and evaluation projects as well as providing consultancy around Trust research and some research projects outside of the Trust. Members of this group are service user reps in the Trusts R&D committee and the Clinical Audit and Service Evaluation Committee.

**Service user and Carer Involvement** – There are a number of service users and carers who participate in various governance and service development activities across the Trust to provide lived experience perspectives into our plans. The Trust has a Payment policy that supports these activities and representatives can be reimbursed or paid as a volunteer, a contributor of a co-producer dependant on the activity and the individual representative's preference for engagement.

**Dementia Engagement** – The Trust has developed opportunities for people with dementia to input into service development and also providing peer support. There are dementia groups which are engaged as a source of consultation for staff developing services and also some identified Dementia Envoys who have supported service development beyond KMPT and even internationally.

**Peer support workers** – KMPT employs 36 peer support workers currently and has an ambition to increase this to 100 in the coming period. As well as providing valuable peer support to clients within service peer support workers have also helped other Trust staff better understand service user perspectives and have at times participated in wider service development activities.

**Lived Experience Advisor** – KMPT benefit from the support of one part time staff member with experience of using services who provides consultancy to the Trusts in various service development activities and particularly supported the inclusion of service user perspectives within training.

**Triangle of Care** – KMPT is a member of this national initiative to improve engagement with carers across its services. We have been accredited and achieve a 2 star rating for our work which includes engaging carers in training for staff and monitoring how well we engage with carers within the delivery of our services.

**Recovery College** – A pilot Recovery College has been established in Thanet working out of the Adult Education Centre in Margate. In collaboration with partner organisations we would like to see the Recovery College offering courses across the county over the next years. Recovery colleges support the refocus of mental health care toward a more recovery focussed and person centred approach through providing psycho educational courses which are all co facilitated by someone who has used services, an Expert By Experience alongside an Expert by training, a qualified mental health professional.