

## People Participation Strategy 2017 to 2020

### Background

ELFT's vision is to make a positive difference to people's lives and as an organisation it recognises that this aim can only be achieved if we proactively ensure that people with lived experience and those who care for them, work alongside us to lead, plan, deliver, evaluate, and improve our services. This process of joint work is People Participation. ELFT has purposefully moved beyond traditional engagement to active participation and from a patient focus to a focus on recovery. That is moving from focusing on how people feel about a service to being actively involved in improving how we do things in a way that maximises their recovery.

Over the last 5 years ELFT has built an international reputation for the way in which we work with those who use our services and their carers. This strategy aims to build on our success, seeking to ensure that we systematically apply our principles of participation throughout the organisation and within the partnerships that we broker. We are very proud that we have been able to engage with a wide range of people from different cultures, communities and backgrounds.

Integral to our approach is inclusion and recovery. We engage with the full diversity of people who use our services, thereby ensuring that Trust strategy and services are responsive and accessible. We work alongside any care and treatment that people receive so that we can provide meaningful, recovery focused participation support. This means that participation assists people to move on with their lives when they no longer need our services, confirming our equitable relationship and opening up opportunities to others. As a result people participate with us for an average 3 to 6 months after discharge and there is a focus, from the beginning, on the uptake of other opportunities at the end of this time.

### The 4 Pillars of Participation

1. Perception – Our perception of the importance of participation and our perception of those with lived experience will determine the value of the process and the outcome. ELFT has a rights based approach, recognising that participation is an entitlement enshrined in the NHS Constitution. In ELFT people with lived experience are valued as expert members of our multi-disciplinary teams, from IT services to ward based teams, from peer support to the training of staff and from audits to research; rightly recognised for the unique insight and range of skills and talents they bring. Our everyday participation interactions are framed by ELFT's values of care, respect and inclusion and as part of this we demonstrate the value of participation through an established Reward and Recognition Scheme.
2. Purpose – The aim of participation in ELFT is to achieve positive change in how we do things or a better understanding of what works best. The nature of this intended purpose is agreed, monitored, and confirmed with those who use our services and

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their carers as part of our participation process. This pillar is imbedded in a honest, open and robust dialogue that recognises the expertise of all those involved and which ensures appropriate training, of staff, those who use our services and those that care for them. Participation clearly informs decision making, from individual interactions to front line service and through strategic geographies to the Board.

3. Progress – For the person with lived experience, participation within ELFT is designed to assist their recovery, supporting their harnessing and development of their own abilities and their progression towards the achievement of their aspirations. Participation in of itself should provide for personal growth and improved control of illness. Carers participation is also focused on supporting individual growth and skill development. Participation in individual care supports meaningful choice and control, increases self-esteem, and improves treatment outcomes. Participation in service development and the recruitment and training of staff leads to better relationships and more capable staff, enhanced quality of care and improved quality of life. Participation in research, innovation and governance improves the accessibility, relevance, and impact of services, promotes shared understanding and a sense of joint endeavour and results in better decisions. Participation in care and in communities leads to improved peer support, the reduction of isolation and the dismantling of stigma. ELFT's recovery focus means that participation results in better outcomes for both the individual and the organisation.
4. Performance – Participation must be measured, monitored, and evaluated to ensure that it is effectively delivering the expected outcomes and is consistently doing so within the ELFT 4 Pillars approach. Effectiveness of participation is determined by the experience of those who use our services and their carers, our staff and the identifiable impact it has on decisions. Experts by experience and carers are involved in evaluation as auditors and researchers, in setting the priorities of this People Participation Strategy and in holding the organisation to account for its delivery as majority members of the Board's People's Participation Committee. For the individual, a recovery focused care planning approach ensures that participation is an important part of recovery and, importantly that it supports the individual to move to independence away from ELFT. To support participation ELFT has invested in a core team of X staff who provide expertise and support to each directorate and to the organisation as the whole to ensure a systematic yet tailored approach.

### **Selection of Participation Activity**

There are a varied range of opportunities for those with lived experience and their carers to participate in.

- They work with us to ensure that we recruit, develop and retain effective staff by participating in values based recruitment interview panels, nurse selection days, consultant panels and the appointment of Executive and Non-Executive Board members.
- They are also involved in 360 evaluations of staff, act as guest lecturers at universities and are staff themselves, including administration, clinical and senior executive.
- Those with lived experience and their carers and the organisation ensure we deliver effective services including Peer Support Workers, writing complaint responses and are trained in and delivering Quality Improvement including being

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internationally recognised for our Big I and Small I model of involvement in Quality Improvement.

- We work with Service User and Carer researchers and service users undertake SULSA, (Service User Led Standards and Audits, participate in ward rounds audits and deliver the safety climate toll and PLACE.

In all this work the main focus is on 'what next' for individuals so that they are always learning and looking to move on with their lives.

### **People Participation Structure**

Each Directorate has a People Participation Lead (Band 6). They support and facilitate participation on a local level. They are managed locally and attend their relevant Directorate Management Team meeting to continually raise the profile of People Participation. They are supported centrally by the Head of People Participation who leads on the strategic profile. See appendix B for full team structure.

### **Objectives 2017 to 2020**

The nine objectives within this strategy have been set by the people with lived experience and their carers in consultation with the People Participation Committee. They are set under 3 clear aims and each objective confirms what is expected to be within the current year, thereby ensuring annual progression. The People's Participation Committee will be responsible for monitoring delivery of the Strategy and reporting to Board on its progress. They are updated every year via the Trust Wide Working Together Group Awayday.

#### **Aim 1: To improve participation in individual care and treatment Objectives**

1. To improve the delivery of ward rounds so that they are more user friendly by utilising different methods of delivering ward rounds (pilot site to go ward round free). In 2017/18 we will look to increase the satisfaction scores related to ward rounds.
2. Increasing service user and carer options to link to community (employment, activities, education etc) as part of care planning. (refer to Carers Strategy 2017-20 for directorate based plans/activity)
3. To improve emphasis on physical health in relation to mental health, including the offering of practical options to improve health by focusing on the new CPA process in terms of physical health? In 2017/18 we will increase the options and uptake of physical health interventions

#### **Aim 2: To improve service delivery and improve participation in innovation and**

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## **transformation**

### **Objectives**

4. To ensure that transitions between services become more effective, informed and fluid (eg CAMHS to MH adult) by working with CAMHS and Adult teams to develop clearer transitions. In 2017/18 we will have clearer, more informed transitions
5. To increase the availability of Peer Support Workers across all settings by having standard recruitment of Peer Support trustwide (recruitment, training and support). In 2017/18 we will extend Peer Support trust wide.
6. To improve the identification of new carers, in particular young carers, across all services and offer appropriate support. In 2017/18 we will develop a Mentoring Programme that will train existing carers to support new carers in their roles.

### **Aim 3: To improve participation in the strategy of Trust**

#### **Objectives**

7. To continue the culture and process change required to establish a true recovery focused organisation by working with the Board to ensure that recovery is understood and systematically applied. In 2017/18 people with lived experience and their carers will work with the Trust to change its ambition to one that is recovery focussed and agree a common definition of recovery to be used across the organisation. It will also establish an effective model of success measurement.
8. To continue and increase work to challenge stigma by delivering stigma focused training, conversations and interview questions. In 2017/18 we will challenge stigma across our Trust and our community.
9. To ensure that People Participation is integrated into collaborative arrangements and partnerships including integrated care and the Sustainability and Transformation Partnerships (STPs) by supporting the participation of those with lived experience in such arrangements and promoting the ELFT definition of participation amongst partners. In 2017/18 we will establish People Participation in the new collaborations in Newham and Tower Hamlets.

### **Monitoring and Evaluation**

The delivery and review of this strategy will be the responsibility of the People Participation Committee. Directorate leads and the Executive Directors that report into the Committee on their work, which in turn reports on progress to the Board and to people with lived experience and their carers.

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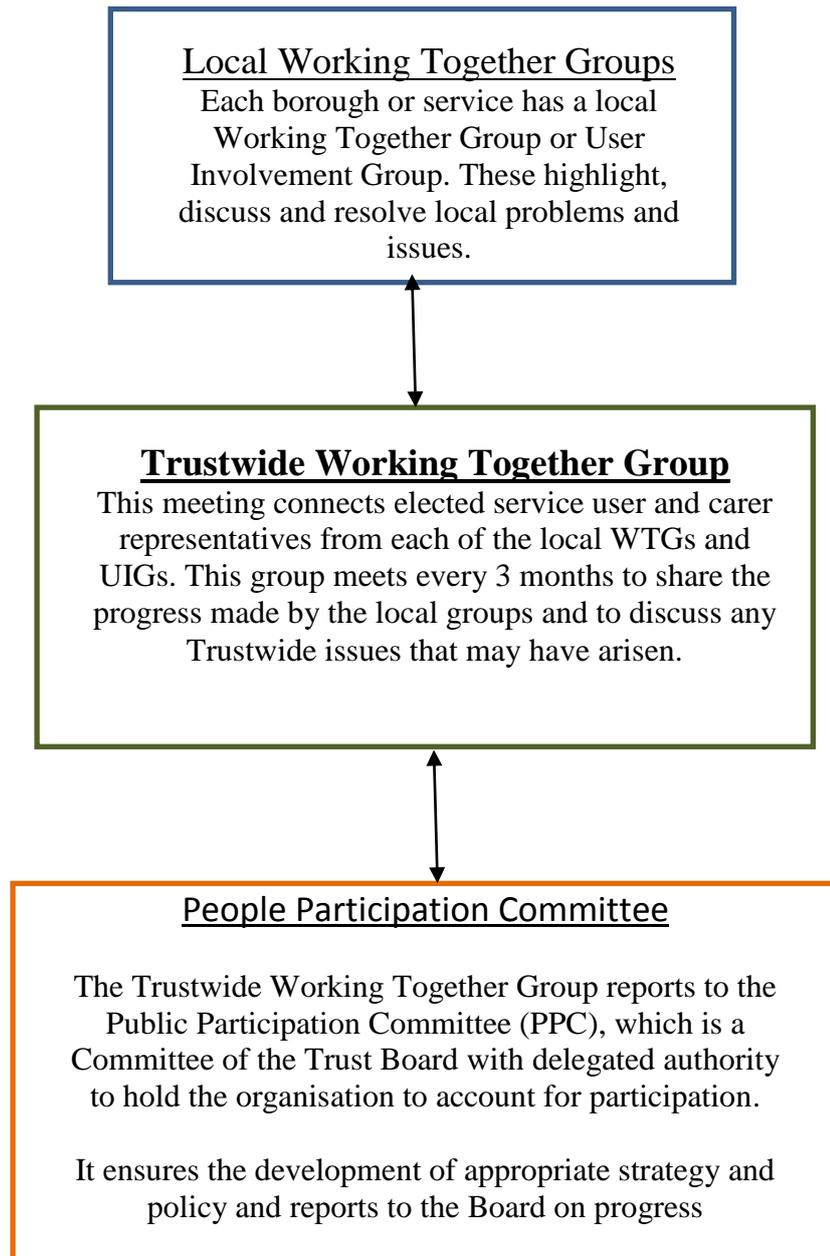
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**Appendices:**

- A. ELFT People Participation Decision Making Model
- B. People Participation Team Structure

**Appendix A**

**ELFT People Participation Decision Making Model**



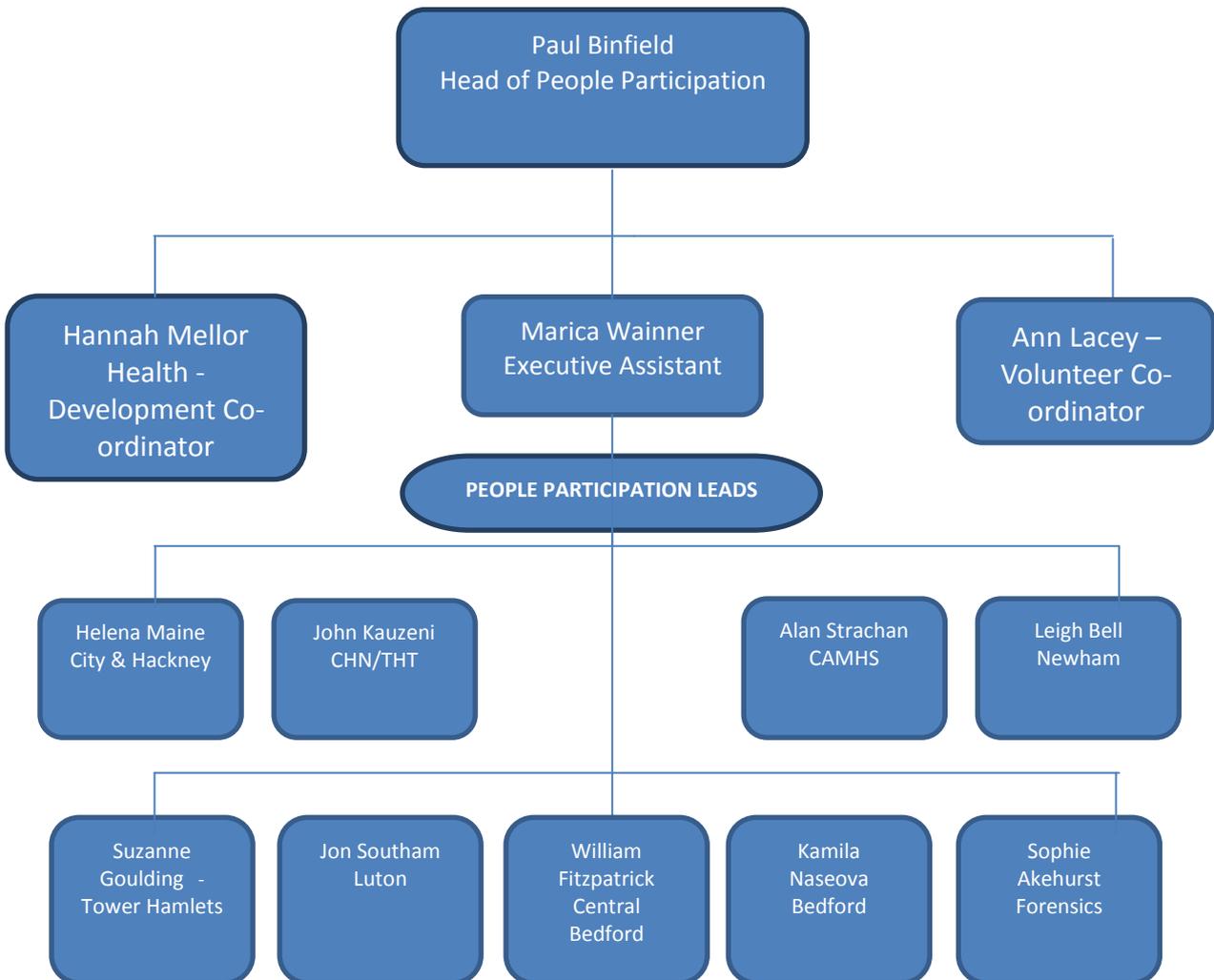
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## Appendix B People Participation Team Structure

The team sits within the Nursing Directorate and is accountable to the Deputy Chief Executive/Director of Nursing.



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