



## WELCOME

The South West Integrated Personal Commissioning (SWIPC) Programme is about engaging with people to understand how we can support them to make things better.

Getting people involved is at the heart of our values, ensuring for people that ‘no decision about them is made without them’, and giving people choice and control over their care. We can only do this if we are transparent and open about our vision and goals, and constantly remind ourselves that what we’re doing has the potential to have a real impact on people’s lives. The way we communicate with people and our stakeholders is key to achieving this vision.

Co-production of services and policies is a key principle of the South West Integrated Personal Commissioning programme; as such we are committed to involving people who experience our services and their communities to shape our plans. We can do this by making sure we ‘check in’ with people at regular points through a number of appropriate channels and plan the future local NHS together. We believe that better services happen when people are at the heart of plans.

As a GP I have seen how person centred care can help transform the lives of people with complex health and care needs. Empowering people, carers and families by offering Integrated Personal Commissioning is one of the key solutions for a sustainable future for health and care systems.



- **Dr Matthew Dolman**  
**Chair**  
**SWIPC Programme Board**

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## 1. Introduction

This policy sits within the Getting People Involved workstream of the SWIPC Programme. The aim of this workstream is to create a social movement for change including strong voluntary and community sector networks, develop peer leadership and to promote self-management of care and social prescribing.

This strategy defines the direction for co-production and engagement across the SWIPC footprint. This document will describe our approach to this and how we plan to engage with people and evaluate at key points to make sure we're getting it right.



“ Often in relationships between practitioners and people who experience services there is a feeling that the practitioner holds the power – by enabling people to become peer leaders we can break down barriers in communication, and ultimately ensures a better service to individuals ”

**Darren Chaplain**  
**Cornwall Rural Community Charity**

## 2. Current situation: Who we are and what we do

### 2.1 National context

Integrated Personal Commissioning is a new voluntary approach to joining up health and social care for adults with complex needs and also health, social care and education for children. It consolidates a shift in power to people who use these services to help them shape care that is effective and meaningful to them in their lives. It builds on and brings together work that has already started to explore new funding models and places that have taken the lead in implementing personal budgets in the NHS. It aims to bring health and social care together, identifying the totality of expenditure at the level of the individual, giving people more control over how this is used and enabling money to be spent in new ways to achieve the programme goals<sup>1</sup>. The prospectus of the wider national programme can be viewed in the [Integrated Personal Commissioning Prospectus](#).



“



We need to stop treating people as a collection of health problems or treatments. We need to treat to them as individuals whose needs and preferences should be seen in the round and whose choices shape services, not the other way round ”

- **Simon Stevens**

**NHS England Chief Executive, July 2014**

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<sup>1</sup> Integrated Personal Commissioning Prospectus

## 2.2 Local context

The South West region has a population of 4.7 million spread across 9,000 square miles – the largest regional footprint in England. Our region has distinct challenges coming from our unique profile with an older than average population and many rural communities. Experience has taught us that systems solutions designed in England’s great urban conurbations are not always easy to implement here. We believe that the South West needs to be part of shaping Integrated Personal Commissioning, as we want to maximise the benefits for people’s health and wellbeing in this region and for our local care systems.

As a reasonably new programme, covering a significant regional geography, we know there is work to do on getting communications right and communicating through the right channels to reach all people who need to know. We also know that we cannot design and implement the principles of IPC without consistent involvement from the people who have experience of using local services, and therefore we are constantly developing our engagement mechanisms to ensure co-production.

We are keen to meet our requirements as an Integrated Personal Commissioning demonstrator site aligned to the national programme. As such we are committed to working in collaboration with the national IPC programme team to deliver positive outcomes and to share our regional learning to support the further development of IPC in the future.



## 3. Defining co-production and engagement

### 3.1 What do we mean by engagement?

There are many different terms used to describe ways in which patients, carers, service users and members of the public can get involved and shape healthcare – involvement, engagement and participation. For the purposes of this strategy, we are using the term ‘engagement’ to include all of the activities described in the diagram below ‘The Ladder of Engagement and Participation’:

#### The ‘Ladder of Engagement and Participation’

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The ‘Ladder of Engagement and Participation’ is a widely recognised model for understanding different forms and degrees of patient and public involvement, (based on the work of Sherry Arnstein<sup>2</sup>). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.



### 3.2 What do we mean by co-production?

Co-production is about developing equal partnerships between people who experience services, carers and professionals. It is built on the principle that those who experience services are best placed to help design them. There are different definitions of co-production but a consensus is that working co-productively leads to improved outcomes for people who use services and carers, as well as a positive impact on the workforce<sup>2</sup>.

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<sup>2</sup> [http://www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity/About\\_BCC/What\\_is\\_co-production](http://www.thinklocalactpersonal.org.uk/Browse/Building-Community-Capacity/About_BCC/What_is_co-production)

Think Local, Act Personal (TLAP) have produced Ten Top Tips for Co-production which can be found in appendix 1<sup>3</sup>.

## 4. The vision for engagement and co-production in the South West IPC programme

The South West IPC programme aims to make sure ‘there will be no decision about me without me’ (Liberating the NHS, 2012) – a strong reality and with a genuine desire to involve people in all we do. By involving, we mean to truly engage, listen and respond to the local population in order to understand the challenges facing health communities with the South West. We would like the people on the ground, who really know about what it’s like to live with a complex long term condition to work with us in true partnership to really transform personalisation in the South West.

## 5. Programme co-production and engagement objectives

The co-production and engagement objectives are directly linked to the objectives of the programme and therefore should not be looked at in isolation. In terms of engaging with people with communicative objectives, we will strive at all times to the following principles:

### 5.1 Principles of co-production & engagement

Based on a review of research of best practice, the following principles will be applied by the South West IPC programme for engagement and co-production:

### 5.2 Principles of co-production<sup>4</sup>

- ✓ Everybody is equal
- ✓ The outcomes are meaningful and positive
- ✓ People who use your services, carers and families are seen and recognised as assets

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<sup>3</sup> <http://www.thinklocalactpersonal.org.uk/library/Resources/Coproduction/TopTenTipsA4.pdf>

<sup>4</sup> Think Local, Act Personal, ‘Ten Top Tips for Co-production by TLAP’S National Co-production Advisory Group

- ✓ Your service will improve
- ✓ It is a fun and productive way of working together
- ✓ People have the opportunity to see different perspectives that may differ from their own

## **6. Principles of engagement<sup>5</sup>**

- ✓ Relationships will be conducted with equality and respect
- ✓ Listen and truly hear what is being said, proactively seeking participation from communities who experience the greatest health inequalities and poorest health outcomes
- ✓ Use the strengths and talents that people bring to the table
- ✓ Respect and encourage different beliefs and opinions
- ✓ Recognise, record and reward people's contributions
- ✓ Use plain language and openly share information
- ✓ Understand what's worked in the past, and use knowledge that has previously been shared, and consider how to apply it to the present and future
- ✓ Have a shared goal and take joint responsibility for our work
- ✓ Take time to plan well
- ✓ Start involving people as early as possible
- ✓ Give feedback on the results of people's participation
- ✓ Provide support, training and the right kind of leadership, so that people can work, learn and improve together

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<sup>5</sup> NHS England Principles for Participation in Commissioning, 2015

## 6. Approach to engagement

### 6.1 Local engagement

Fundamental to this approach are our relationships with local peer support organisations and our 13 local Healthwatch organisations across the South West. Healthwatch are the 'consumer champions' for health and social care and have the statutory responsibility to talk, listen and respond to their local communities on health and social care matters. We are also working on developing our engagement with the voluntary and community sector (VCS) and have completed a mapping exercise across the South West region, with a list of about 70 VCS organisations that are involved with peer support in some form across the region. We are contacting each organisation to establish how they are involved in peer support and whether this can be used within the IPC programme. Once this has been established the organisations will be contacted and invited to meet with us to discuss how we take this forward and to get as many people involved as possible.

### 6.2 National engagement

On a national level we have engagement and involvement with the National Peer Network and their peer leader programme, a strategic co-production forum and also Think Local, Act Personal (TLAP). A national peer personal health budget board is also being developed and the South West IPC will have membership on the newly formed Collaborative Development Group for 'Community Capacity Building and Co-production'. This means we will be involved in decision making, influencing and sharing best practice with each of the nine IPC demonstrator sites on these two topics. The South West IPC programme is also involved in the four other Collaborative Development Groups.

## 7. Engagement with ‘seldomly heard voices’

The South West IPC programme will look at engagement in its broadest sense and seldomly heard individuals will be able to engage in a way that suits them. We will explore creative approaches by working with individuals and organisations with expertise in engaging with individuals with seldomly heard voices.

## 8. Mechanisms for engagement

The South West IPC programme will use a range of methods to involve patients, carers and the public to seek the views of the local population. We provide opportunities to get involved at all levels of our work. This approach allows people to be involved as much or as little as they choose. We will carry out our involvement and engagement work through the mechanisms below as a priority but will also develop a Peer Leaders Network of patient and carers who wish to champion the work of IPC. We are also intending to offer an opportunity for both VCS and Healthwatch to get together either physically or virtually across the region.

## 9. Peer support

### 9.1 What is peer support?

“Peer Support involves people drawing on shared personal experiences to provide knowledge, social interaction, emotional assistance or practical help to each other”

(NESTA, What is Peer Support and how does it work? 2015)

The national charity mental health charity, MIND describes Peer Support as:

“People supporting each other on an equal basis, to offer something based on shared experiences. It has a long and honourable history in mental health - people with mental health problems and service users have always provided invaluable support to each other, both informally and through self-help and activist groups. It can happen in all sorts of places, informally and formally, in one-to-one settings and in groups.

Peer support offers many benefits, for example: shared identity and acceptance, increased self-confidence, the value of helping others, developing and sharing skills, improved mental health, emotional resilience and wellbeing, information and signposting, challenging stigma and discrimination.

Peer support plays a role in building capacity within local communities and as a basis for campaigning and activism. It has also been shown to lead to cost savings, by reducing the use of inpatient beds.

We believe everyone should have access to good quality peer support wherever they live”

Source: <http://www.mind.org.uk/information-support/guides-to-support-and-services/peer-support/>

## **9.2 Working with Cornwall Rural Community Charity (CRCC)**

Cornwall Rural Community Charity (CRCC) have been asked to work with the IPC team in the South West to ensure a replicable model of peer support is created which can then be duplicated in other areas with ease. CRCC will support other organisations to develop peer support to run alongside IPC across the region so that all people in receipt of IPC in whatever form will be offered some form of peer support, whether this is face to face support, online, telephone, skype or whatever would be the individuals choice, thus making the process truly person led. Although many individuals will not want peer support we feel that it is something that should be available to anyone who has an IPC based care/support plan or a personal health budget. The use of skype/social media groups or an online forum or discussion board for peer support groups is an option we are also exploring.

## **10. Proposal for a South West peer leaders network**

By May 2016 we will set up a core group of people made up almost exclusively of those with experience of long terms conditions and ideally of a personal health budget or integrated budget. This will enable the group to grow and develop in a safe space and to test out thinking and learning together<sup>6</sup>.

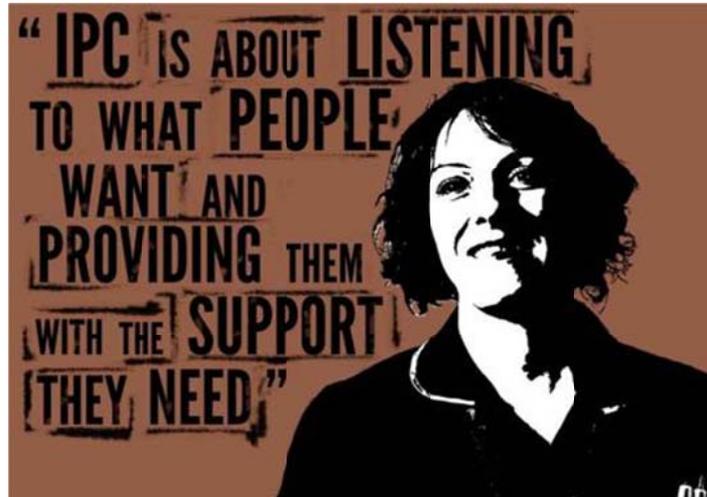
### **10.1 Why should we develop a network of Peer Leaders?**

The South West IPC programme aims to make sure ‘there will be no decision about me without you’ (Liberating the NHS, 2012) – a strong reality and with a genuine desire to involve people in all we do. By involving, we mean to truly engage, listen

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<sup>6</sup> Developing a peer network, DH, 2012

and respond to the local population in order to understand the challenges facing health communities with the South West. We would like the people on the ground, who really know about what it's like to live with a complex long term condition to work with us in true partnership to really transform personalisation in the South West.



#### **10.2 The aims of a peer network would be suggested as follows:**

- To be the 'voice' of the IPC programme from the people who have experience of or who are passionate about person-led care for those with long term conditions
- To enable and develop a network of peer leaders to be involved in all IPC work streams, meetings, events and training sessions (at least three at each event)
- To provide peer leadership and support to the implementation sites in the programme
- To provide a vehicle for people with experience of long term conditions to be involved in the shaping and making of decisions about their health on things that matter to them most
- To provide an opportunity and the right support for people to grow confidence to find their voice make a meaningful and rewarding contribution
- To champion the need for person-led care and integration for individuals in the South West that it could make a difference too

### **10.3 How would it fit in to the structure of the South West IPC demonstrator site?**

Any network we develop should be fit for purpose and should be an integral part of the governance structure of South West IPC programme. It is proposed that the peer leader network works in parallel with the IPC Programme Board to provide the 'credible voice' of the local community for personalised care in the South West. It is proposed that the peer leaders' network is a core group of people made up almost exclusively of those with experience of long terms conditions and ideally of a personal budget/integrated budget. This will enable the group to grow and develop in a safe space and to test out thinking and learning together.<sup>7</sup>

### **10.4 How can we make it happen in the South West?**

- ✓ Start gaining interest and create a list of people
- ✓ Plan and design some engagement events for people to come and find out about this
- ✓ Talk to peer support groups in the South West
- ✓ Send personal invitations
- ✓ Learn from PeopleHub (national peer group)
- ✓ Identify a third sector organisation that can provide the administration and support functions to the group
- ✓ Identify a training and support package that can be offered and delivered sustainably
- ✓ Display values of trust, integrity, transparency, equality and diversity in all we do

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<sup>7</sup> Developing a peer network, DH, 2012

## **10.5 What we should consider**

- ✓ Should we have a selection process for the peer leader roles?
- ✓ Which expenses policy do we use or should we adopt our own, acknowledging there is an NHS England and a national personal health budget policy currently used by Peoplehub?
- ✓ What is the culture we want to grow and develop within this group?
- ✓ Do we want a chair for the group?
- ✓ How do we develop strong cohesion?
- ✓ How do we support the provision of training and support?
- ✓ How many peer leaders do we want? Do we want a number in each area?

## **10.6 Who should be a peer leader?**

- ✓ Ideally people who have direct experience of personal health budgets or integrated personal budgets either as an individual who has (or has had) one or as a family carer.
- ✓ People who may be interested in influencing developments and implementation and a local and regional (and potentially national) level
- ✓ People who recognises the importance of developing new models of care directly with people and communities
- ✓ Someone who is passionate about improving personalised care for others
- ✓ Someone who is able to see the bigger picture as well as the local picture

## **10.7 Why would people want to be involved?**

- ✓ To have an opportunity to give something back to help others in group with a shared purpose
- ✓ To share experiences to help find practical ways to improve care for others
- ✓ To have real influence in shaping and influencing personalisation in the South West
- ✓ Opportunities to tell you story to help others
- ✓ To feel valued

- ✓ Personal support

### **10.8 What levels of involvement will there be?**

- 1) Peer Supporter-buddy or mentor to help explain what IPC is and what it means in practice to the people that need it
- 2) Peer Leader-regional champion that ensure what is being developed reflects real experience and what is really needed. Helps to get people on board. May also be a peer supporter

### **10.9 What support needs to be in place?**

- ✓ A facilitator –ideally co facilitators (a peer with a PPE lead)
- ✓ Administration support
- ✓ Pre booking of travel
- ✓ Fast and efficient paying of expenses
- ✓ Network of support and community
- ✓ Training and development-introductory and ongoing
- ✓ Connection to the big picture

### **10.10 Who do we need to help us?**

- ✓ People with experience of personal or integrated budgets.
- ✓ Peer Support groups
- ✓ Voluntary sector
- ✓ Other parts of the health and social care system
- ✓ Implementation site leads

### **10.11 How will we recruit?**

We will advertise our Peer Leaders Network through South West IPC newsletter and through Healthwatch to ensure we actively seek the engagement of specific communities through a variety of approaches depending on the focus of our work.

## 10.12 Links to literature

Developing a local Peer Network, Department of Health, 28 January 2013

[http://www.peoplehub.org.uk/new/wp-content/uploads/2015/05/Personal\\_health\\_budgets\\_guide\\_Developing\\_a\\_local\\_peer\\_network.pdf](http://www.peoplehub.org.uk/new/wp-content/uploads/2015/05/Personal_health_budgets_guide_Developing_a_local_peer_network.pdf)

Beyond the Usual Suspects, Peter Beresford, 2013

<http://www.shapingourlives.org.uk/documents/BTUSReport.pdf>

Peer Support: What is it and does it work? Nesta, 2015

[https://www.nesta.org.uk/sites/default/files/peer\\_support\\_-\\_what\\_is\\_it\\_and\\_does\\_it\\_work.pdf](https://www.nesta.org.uk/sites/default/files/peer_support_-_what_is_it_and_does_it_work.pdf)

## 11. Timeline proposal

<b>What</b>	<b>When (2016/17)</b>	<b>Who</b>
Produce proposal/role descriptions	Jan/Feb	Claire/Ian
Plan and design engagement event	Feb/March	Claire/Ian/Darren
Contact Peer Support groups in region & Survey of what networks are place	Feb/March	Darren
Send out invitations with interested people/peer support groups in South West	March	Claire
Identify and organisation to carry out the admin/paying of expenses	Feb	Claire/Marsha
Run two events in region	April	Claire/Ian/Darren
Carry out recruitment and appoint to the group	May	Claire/Ian
Grow and develop the group through development and training opportunities	June/July	Claire/Ian
Identify work for the peer network throughout IPC programme	August	Claire

## 12. Governance

We are striving for meaningful and effective engagement in all that we do in the South West IPC programme. We will involve people in the governance of the programme in the following ways:

- The Peer Leaders Network should be fit for purpose and should be an integral part of the governance structure of South West IPC programme
- It is proposed that the Peer Leader network works in parallel with the IPC Programme Board to provide the 'credible voice' of the local community for personalised care in the South West
- Peer Leaders will be recruited using a selection process for fairness and transparency and to ensure a good fit with an individual's skills and knowledge with the role
- It is proposed that two members from the Peer Leaders Network will sit on the South West IPC Programme Board
- The Peer Leaders Network will link to the national IPC programme, including the decision making of the Collaborative Development Groups and the National Co-Production Network
- The Chair of the South West Citizens Assembly will be invited to sit on the Southwest IPC programme board to involve local Healthwatch organisations in the decision making process

## 13. Effective communication

For successful partnership working, we are committed to working in a transparent manner. We will ensure that our communications for engaging with people is reflective of the South West IPC Communications Strategy and guidelines. We plan to keep our partners up-to-date with the work of the South West IPC programme by:

- Developing transparent, co-produced plans, documents and strategies
- Regular stakeholder briefings
- Regular stakeholder events
- Publishing outputs and outcomes from projects and the overall programme

## 14. Resources

### 14.1 Reimbursement of people involved

It is proposed that we follow the NHS England Policy for Reimbursement for all patients, carers and members of the public involved in the work of the South West IPC programme will be utilised until options for reimbursement have been explored in more detail. The link to the policy is [here](#).

### 14.2 Support for people involved

We are committed to supporting people involved in the work of the South West IPC programme and to make it easy for them to participate and that they have a rewarding experience of doing so. We will do so by:

- Appointing a third sector organisation to make fast payment of expenses (within 48 hours)
- Providing clear role descriptions and defining activities
- Providing induction training to people who get involved, as necessary
- Allocating a key point of contact for people who get involved and responding promptly to any questions or requests
- Developing an ongoing training and development package

We also acknowledge that it is important to make sure that professional members of the South West IPC programme understand the role of lay people involved and that they are supported to work in partnership with them.

## 15. Evaluation

It is important that we continually evaluate whether the engagement work we undertake is effective and adjust our approach accordingly. We will use the following measures to evaluate our success:

- Positive feedback from the people who have been engaged – that they feel they have been supported and have made a difference
- Demonstrable evidence that the work of the South West IPC has been influenced as a result of engagement
- Review of the diversity of the people who have been involved - have we successfully engaged with particular communities where we know there are health inequalities in the topics we have looked at.

## Appendix 1

### **Ten top tips for co-production (Think Personal, Act Local 2015)**

#### Key elements

1. Co-production must start as an idea that blossoms with everybody involved having an equal voice
2. Come to the table with a blank agenda and build it with people who use your service, their carers and families
3. Involve people who use services, carers and their families in all aspects of a service – the planning, development and delivery
4. In order to achieve meaningful and positive outcomes, everybody involved must have the same vision, from frontline staff to management/board Members
5. Start small and build up to bigger projects, letting people lead, not professionals
6. Acknowledge that a range of skills are needed for co-production
7. Recruit the right people who support co-production
8. People who use services, carers and families should be clear about what their expectations are and be fully engaged in the process
9. People who use services and their carers know what works, so you can't get it right without them
10. Don't take responsibility for solving every problem –allow the group to find collective solutions