Involvement Plan – Involving People, Improving Services

Report to: Board

Date: 14 June 2012

Report by: Charlene Guild, Professional Adviser, Equalities and Involvement
Heather Dall, Development Officer

Report No: B-05-2012

Agenda Item: 6.1

PURPOSE OF REPORT

To present the Board with the ‘Involvement Plan’.

RECOMMENDATIONS

That the Board:

1. Supports the contents of the Involvement Plan and approves its publication and distribution

2. Agrees to support further development of the Plan, including setting up a short term working group of people with communication difficulties to develop a more user friendly and accessible version of the plan and the charter.

3. Acknowledges that successful implementation of this Plan, will be dependent on an appropriately resourced team.

4. Exhibits continued commitment and leadership to promote involvement and continue to develop a culture of involvement where a core organisational value is the involvement of people who use care services and their carers.
### Version Control and Consultation Recording Form

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<th>Version</th>
<th>Consultation</th>
<th>Manager</th>
<th>Brief Description of Changes</th>
<th>Date</th>
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<td>1</td>
<td>Senior Management ET</td>
<td>ET</td>
<td>Minor Typographical Changes</td>
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<td>Resources Directorate Finance &amp; HR Depts</td>
<td>Consulted in relation to Appendix 2 on resources required to support the Plan</td>
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<td>Committee Consultation (where appropriate) Committee S&amp;P Committee</td>
<td>Clearer linkages to the impact on service users and their carers included in the Plan together with more direct mapping to Corporate Outcomes</td>
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<td>Partnership Forum Consultation (where appropriate)</td>
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### Equality Impact Assessment

To be completed when submitting a new or updated policy (guidance, practice or procedure) for approval.

**Policy Title:** Involvement proposals

**Date of Initial Assessment:**

**EIA Carried Out**

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<th>YES</th>
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If yes, please attach the accompanying EIA and briefly outline the equality and diversity implications of this policy.

The Plan and the implementation of the actions contained within it will have a significant positive impact on people with protected characteristic(s).

If no, you are confirming that this policy will have no negative impact on people with a protected characteristic and a full Equality Impact Assessment is not required.

**Name:** Colin McAllister  
**Position:** CPCI Manager

**Authorised by Director**

**Name:** Karen Anderson  
**Date:** 4 June 2012

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**Version:** 8.0  
**Status:** Final  
**Date:** 06/06/2012
1.0 CORPORATE PLAN REFERENCE

1.1 Corporate Plan Reference

Outcomes 1-3

1. The quality of services in Scotland is improving
2. People understand the quality of service they should expect and have a good experience of services centred on their needs, rights and risks
3. The Care Inspectorate performs effectively and efficiently as an independent, scrutiny and improvement body and works well in partnership with other bodies

1.2 In addition, the Public Services Reform (Scotland) Act 2010 (‘the Act’) requires the Care Inspectorate to ‘secure continuous improvement in user focus in the exercise of their scrutiny functions and demonstrate that improvement’. It goes on to define user focus for the Care Inspectorate as the involvement of people who use care services and their carers in the design and delivery of its scrutiny functions and strategic governance.

1.3 Building on the work of our three predecessors, the Care Inspectorate continues to be committed to meaningful involvement because we believe that involving people who use care services and carers will improve the outcomes for people who use services and make what we do more effective, efficient and relevant to the people of Scotland.

2.0 BACKGROUND AND INTRODUCTION

2.1 Involvement Review (May – September 2011)

Following a report to the Executive Team in May 2011, it was agreed that a steering group be set up to conduct a review into our involvement activities. The aim of the group was to review past and current activities, to recommend the vision and principles for involvement, inform a future Involvement Strategy and recommend any structural changes required to take this work forward. To ensure that these aims were well informed, during the course of the review, over 400 of our stakeholders were consulted by conducting focus groups, workshops, one to one meetings, telephone interviews and an online questionnaire.

2.2 Board Meeting (20 December 2011)

The final report detailing the findings of the Involvement Review was presented at the Board meeting on 20 December 2011. As a result of the information presented, the Board agreed that following on from the review feedback:

- A single involvement team be created, incorporating the previous strategic involvement and lay assessor teams and to be located within the Planning, Assurance and Public Reporting Directorate.
Once the unified involvement team is in place it will provide the organisation with a single source of administration and support, avoiding duplication and offering a single point of contact for involved people and colleagues.

- Development of a Care Inspectorate Involvement Strategy needed to be progressed as a matter of urgency, using a co-production method of involvement.
- Resource modelling needed to be undertaken and a paper developed setting out the resources required to implement the strategy.

2.3 Producing the Involvement Plan

A Project Group was set up to produce an Involvement Strategy (known as ‘The plan’) (see appendix 2 of the Plan for group membership). Originally the group was to report to the Board in March 2012 however this timescale was reconsidered and the Project Group were given an extension to enable the work to be carried out using a co-production approach to involvement and to allow for a short period of consultation.

An interim report and draft plan was presented to the Strategy and Performance Committee on 13 March 2012. The outcome of this meeting was feedback on the draft plan and support to progress the work as proposed.

The Project Group met on six occasions and held three consultation events in addition to wide distribution of the Draft Involvement Plan.

3.0 THE METHOD OF CO-PRODUCTION

3.1 The method of co-production is not a new one. However, the concept is increasingly being realised as public bodies put people at the centre of designing services.

3.2 For the Involvement Strategy project we used some distinct principles of co-production to give the group clear and agreed parameters:

- Co-production views service users and staff as ‘active contributors’ and not passive consumers/workers (called the assets-based approach).
- Co-production promotes collaborative rather than paternalistic relationships between staff and service users.
- Co-production puts the focus on delivery of outcomes.

(See appendix 4 of the Plan for details of the co-production process.)

4.0 ISSUES CONSIDERED BY THE PROJECT GROUP

4.1 Title of ‘Involvement Strategy’
The Project group decided that the use of the word ‘strategy’ was professional and unhelpful to people who were not familiar with ‘management speak’ and as such ‘Involving People, Improving Services – the Plan’ was agreed.

4.2 Format

The Project group wanted the ‘Involvement Plan’ to be a document that was accessible to people who use services, external organisations as well as staff within the Care Inspectorate. They wanted the Plan to have photographs and images within it, to prevent it looking formal and uninviting to read.

During the consultation process people who are unable to read gave helpful feedback on how the document and in particular the charter could be produced to make it more accessible and as such meaningful to people with reading and communication difficulties. The Project group therefore recommend that a follow up action is to develop these ‘documents’ in a suitable format with people who have raised these issues.

4.3 ‘Involvement’

The Project group had a debate about the use of the term ‘involvement’ as opposed to other terms, such as participation and engagement. The consensus was to use the term ‘involvement’ as requested by the Board.

4.4 Methods of Involvement

The Project group considered different ways of showing what is meant by ‘involvement’ and eventually we decided to show the various approaches to involving people but not to detail how this would be carried out.

The Involvement team will develop this area of work further by producing information and training for staff and people who use services and their carers.

4.5 Sector Leader in Involvement

The Board was keen for the Involvement plan to state that Care Inspectorate will be an organisation that evidences progressive involvement practice. Whilst the Care Inspectorate currently as a scrutiny body is carrying out good involvement, the Project Group (being aware of service providers and local authorities involvement practices), made a conscious decision to state that by 2015 the Care Inspectorate will be recognised as a leader in involvement. This was to acknowledge that more work was required in order for the Care Inspectorate to achieve this status.

4.6 Outcomes – Benefits of Involvement

The Project group recognised that there was a need to state the benefits to the Care Inspectorate, people who use care services/carers, the wider public and for those involved in our work. The project group were aware of the publicly
resourced finance that was required to support involvement and that best value
and outcomes need to be evidenced.

The outcomes set out within the Involvement Plan link to the corporate
outcomes (1-3) and the project group have identified how involvement can
support the achievement of these.

It is stated within the Involvement Plan that a working group will be set up to
consider how the outcomes can be evidenced and reported on. This work
should be carried out in conjunction with the Care Inspectorate’s current
Quality Assurance work on evidencing outcomes, to ensure integration or
alignment of these processes.

4.7 Culture of Involvement

The reoccurring theme in Project group meetings was how to develop a
common understanding and commitment to involvement across all
departments and directorates. The development of the Care Inspectorate
Involvement Charter was identified as significant in setting out the Care
Inspectorate’s, and as such all of our employees’ commitment to involvement.

The group have looked at how the Involvement culture can be developed,
through ‘involvement’ being a core organisational value, to staff being
appraised annually on issues including their contribution to developing and
promoting involvement to promoting involvement. In order to progress this last
point we have detailed within the action plan that we need to identify staff’s
involvement roles and responsibilities.

Ultimately while there is a need for dedicated ‘involvement team’ as
involvement is an organisation wide responsibility and time and energy will be
required to ensure that the culture is developed and sustained and leadership
from the Board, Directors and senior management will be critical.

5 CONSULTATION

5.1 The project group finalised the draft Involvement Plan on 6 April and
reconvened on 3 May to draw together the feedback from the consultation
process.

The consultation focused on people and organisations that currently have
experience of the Care Inspectorate’s involvement activities and across the
organisation (appendix 3 of the Plan).

5.2 While lay assessors and involving people group members consulted in this
process are adults who have used a range of care services, including
homelessness, offender accommodation, fostering and care homes, the
Project group recognise that not all people who use services that we scrutinise
were represented.
The Project group acknowledge this and have specified in the Involvement Plan that there is a need to involve people from 'a wide range of cultures, communities, circumstances, backgrounds and ages' in our work and in order to do this resources are required to develop contacts and relationships.

6.0 RESOURCE IMPLICATIONS

6.1 In order for the Involvement Plan to be progressed and for current involvement activity to be sustained, additional staff resources are required.

6.2 A short paper providing an initial scoping of the resources required is attached at Appendix 2.

The staffing structure and resources will be considered in conjunction with the Care Inspectorate’s organisational review.

7.0 INTENDED OUTCOMES AND ACTIONS

7.1 The purpose of the Involvement Plan is to set out the Care Inspectorate’s commitment to fulfilling (if not exceeding) the Scottish Ministers expectations regarding the Duty of User Focus, in relation to people who use care services and their carers. To achieve this, we will need to be an organisation that:

- thinks creatively about involving people who use scrutinised services in order that they can express their views about the services they receive and want,
- is not only influenced in its day to day activities by the feedback of people who use care services and carers but works alongside them in different ways to produce the best results,
- demonstrates a model of involvement which allows involved people to be fully engaged in our work and have a choice in how they participate meaningfully,
- expands upon involvement activities already in place, producing opportunities and continuing to be accessible and inclusive for all,
- continues the successful recruitment and retention of involved people for strategic and operational activities,
- fosters a cohesive internal approach to the involvement plan and its application, and
- views involvement internally as an overarching value and principle of the organisation.

The Involvement Plan sets out the Care Inspectorate’s commitment to involvement, the corporate outcomes that involvement activities will contribute to and the actions that are necessary in order to achieve these outcomes.

7.2 Achieving these actions will allow us to become an organisation, which over time, is viewed externally as a good practice benchmark for others and has a reputation as a leader in its field for involving people.
8.0 RECOMMENDATIONS AND CONCLUSIONS

8.1 An integral part of fulfilling our duty of user focus is to have a robust and realistic Involvement Plan.

The Project Group therefore recommend that the Board:

- Supports the contents of the Involvement Plan and approves its publication and distribution.
- Agrees to support further development of the Plan, including setting up a short term working group of people with communication difficulties to develop a user friendly and accessible version of the plan and the charter.
- Acknowledges that successful implementation of this Plan, will be dependent on an appropriately resourced team.
- Exhibit continued commitment and leadership to promote involvement and develop a culture of involvement where a core organisational value is the involvement of people who use care services and their carers.

9.0 BENEFITS FOR PEOPLE WHO USE SERVICES AND THEIR CARERS

9.1 The Involvement Plan – Involving People, Improving Services underpins our commitment to involving people who use care services and carers in the work we do, helping us to develop our practices and lead the way in best practice for care providers. This, in turn, leads to improvements in the quality of Scotland’s care and social work services.

9.2 By committing to the Involvement Charter and improving the way we involve people, we can ensure that the views and needs of people who use services remain central to us and that we are in a position to expect a high standard of involvement of service providers at all levels.

9.3 In addition, the Care Inspectorate has a duty of user focus and to be credible must be seen as a leader in the field of involving people. Continuing to be committed to involving people who use services and carers in our work will ensure that we are responding to the diverse needs of all communities and fulfilling our legal obligations in this area.

LIST OF APPENDICES

Appendix 1 - Involvement Plan – Involving People, Improving Services (including its 4 appendices)
Appendix 2 - Resource implications of the Plan
Appendix 3 - Equality Impact Assessment