

# **Birmingham**

## **Service User Involvement Strategy**

**2009/10 – 2011/12**

# Reference Documents

- NTA – Guidance for partnerships on service user and carer involvement
- The NHS and Social Care Act 2001 section 11
- HM Government – National Drug Strategy 2008 - 2018

# National Context

- Building on recognised Service User Involvement Good Practice in:
  - Brighton & Hove
  - Oxfordshire
  - Southampton & Birmingham!
- MIND and NIMHE
- NTA 'Developing Service User Involvement in the West Midlands'

# Local Context

- Building on previous work and strategies
- Working together for continually improving services and a voice in how they are shaped
- Reinforcing the partnership approach
- Commitment to supporting and developing service user involvement
- Focus on improving communication and peer consultation
- Service User Involvement continues to be seen as an 'organic process'

# Outcomes

Building on the previous targets met and reflecting the traditional three levels of service user involvement

## **Individual (Level one)**

- Improve access to service user involvement training and information.
- Improve access to independent advocacy.

## **Service (Level two)**

- Measure and achieve the minimum standards of service user involvement throughout treatment services.
- Embed and further support service user involvement organisational leads.
- Organisational cultures to reflect commitment to service user involvement.

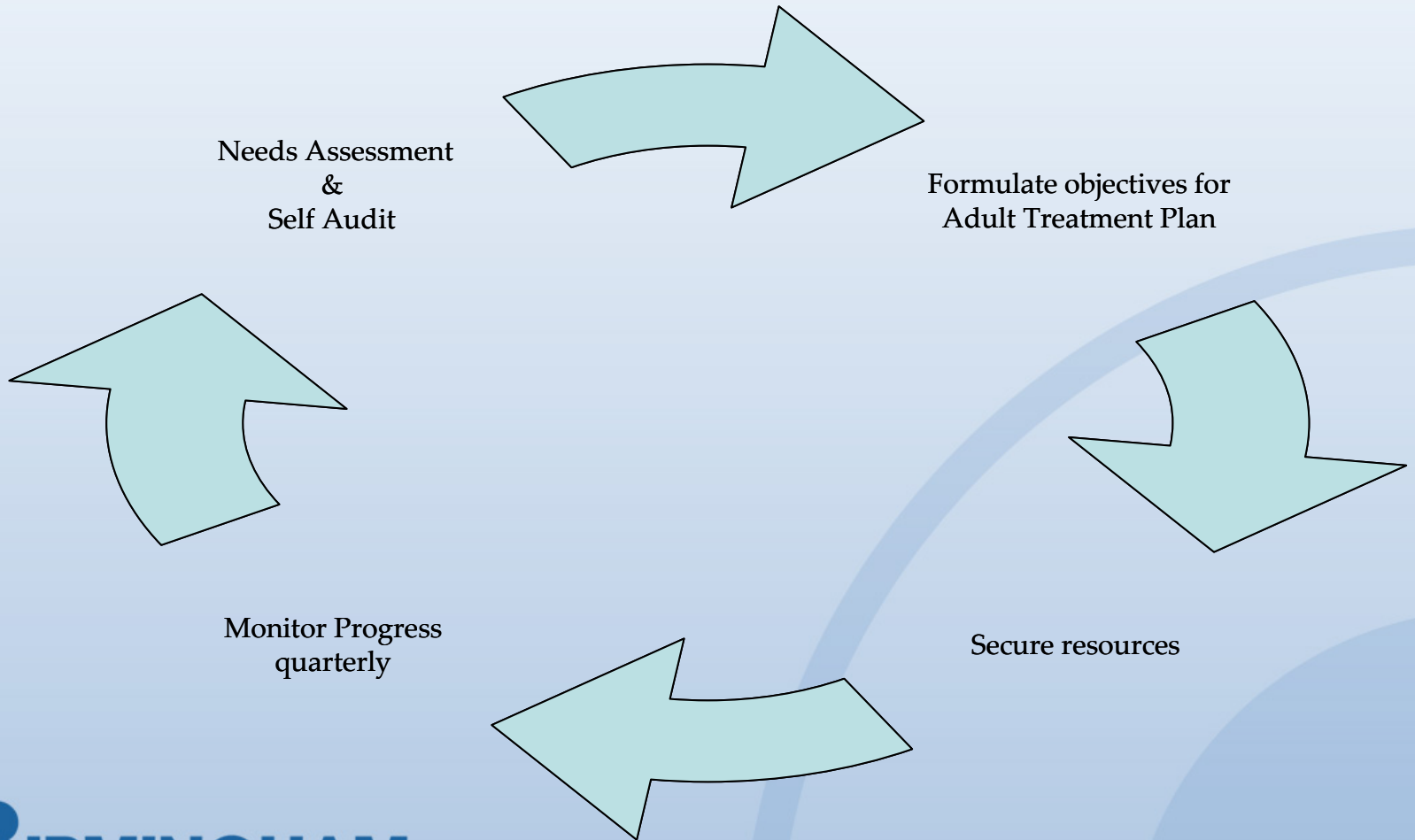
## **Strategic (Level three)**

- Service users recognised as a key stakeholder or partners in strategic activities.
- Improve diversity of service user representatives.
- Improve numbers of groups and service user representatives.
- Increase opportunities for service user involvement.
- Peer Led review of 'Reward and Recognition' – payments policy.

# Principles

- Service user involvement embedded within the treatment system
- Recognised as a specialty in itself.
- An important component of measuring quality and shaping service delivery.
- Commitment to developing peer led approaches and further investing in the clients who access services.
- Improving the opportunities for involvement and lobbying on a local, regional and national level.
- Furthering harm reduction campaigns and engagement opportunities.
- Supporting peer led campaigns that will aim to reduce stigmas.
- Improving the knowledge and support of clients and employees of agencies.
- Reinforcing the partnership approach to treatment.
- Although recognised as a separate target to traditional service user involvement approaches; we recognise that service user involvement improves options for peer support.

# Annual Strategy Refresh



# Objectives 2009/10

- Develop, implement and monitor a three year BDAAT Service User Involvement Strategy.
- Consult existing groups/ individual representatives in alcohol treatment and review/ develop a similar strategic framework for service user involvement.
- Review of minimum standards outlined in service level agreements for service user involvement in drug treatment services.
- Review support for service user involvement leads.
- Ensure opportunities for feeding back levels of service satisfaction are available and review options for themed mystery shopper exercises.
- Development and roll out of peer led harm reduction interventions.
- Continued promotion and development of the independent peer led charity DATUS; recognising they are a service user involvement resource.
- Consolidation of DATUS infrastructure and linked objectives to the treatment plan.
- Roll out of peer led advocacy and text services.
- Involvement of service users in training provision.
- Roll out of service user involvement in the social marketing and treatment redesign processes.

- Continued development of the peer led Birmingham Drugs Forum that provides opportunities for training/support, improving communication and consultation.
- All service users should be aware they can give feedback on services they receive through the forum.
- Review of pathways into service user involvement; including recruitment and support.
- Develop new ways of communication within service user involvement; exploring new technology (on-line forum), peer led newsletters or magazines and feeding back from meetings/conferences.
- Develop a project group looking at the stigmas faced by people in or out of treatment and explore ideas aimed at reducing specific stigmas.
- Continued networking opportunities at a regional and national level (Including LINKS).
- Improve the number of service user involvement groups in treatment services
- Explore links with HMP Birmingham.
- Review and develop closer links with community based groups.
- Ensuring service user involvement is integrated into the DAAT quality assurance framework.

This document has been produced in partnership with members of the Birmingham Drugs Forum and DATUS. Many thanks to all partners who provided valuable comments and support in developing the strategy.

The document actions will be reviewed annually and next strategy is due Summer 2012.

