# DESCRIPTION OF THE PRACTICE

## 1. Title of the practice

Service user participation in the “Building Better Lives” Programme (England)

## 2. Organisation responsible for the practice

Gloucestershire Learning Disability Joint Commissioning Partnership / Gloucestershire County Council (GCC)

## 3. Contact person(s)

<table>
<thead>
<tr>
<th>Name</th>
<th>Agneszka Pasek</th>
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<tbody>
<tr>
<td>E-mail</td>
<td><a href="mailto:Agy.Pasek@gloucestershire.gov.uk">Agy.Pasek@gloucestershire.gov.uk</a></td>
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</tbody>
</table>

## 4. Summary of the practice

Building Better Lives (BBL) is the council’s ten-year programme for disability services. It is intended to be transformational and is based on **seven key principles**: early help, inclusion, independence, contribution, shared responsibility, a whole life approach and personalisation.

To achieve these principles, the programme has coproduction as a core value. A coproduction charter was put together and signed in December 2014 to formally commit to this.

A series of reference groups were also set up to achieve this objective. These were: the disabled persons’ reference group (bringing together people from user-led organisations representing people with learning disabilities, physical disabilities, mental health issues and sensory disabilities), a BAME reference group (representing people from a variety of faith and BME communities), a Carers reference group (for the families of disabled people) and a disabled children and young people’s engagement plan. In addition to this, further engagement is sought from Districts (local district councils), Education and Health.

The programme has a transparent implementation plan and members of the reference groups are invited to participate in all of the activity in these. Additionally, a Programme Board provides governance to the work. Chaired by the directors of disability services, the board consists of over 50% non-county council membership who represent their reference groups and partner organisations.

Building Better Lives runs in Gloucestershire and aims to modernise services and bring them together across all ages and all disabilities. It aims to ensure the system is based more on peer support than formal services, delivered by disabled people whenever possible. It commits to taking a strengths-based approach to disability.

**Main lessons learned:**

- Coproduction takes long but achieves better results
- Meaningful governance arrangements with disabled people bring about culture change
- There is a need for a different approach for ‘early adopters’ and ‘resisters’.

## 5. National/regional/local context of the practice
There is guidance and policy (but no law) which supports service user involvement. It is not financially incentivised in any way, but it is recognised as best practice.

- There is a national programme called ‘Transforming Care’ which requires Local Authorities and CCGs to make detailed plans about their plans to reduce the numbers of inpatient services they use. Local plans and scrutinised and reported on to NHS England. Using coproduction with people with learning disabilities and their Carers is an essential part of these.
- Putting People First (the national personalisation programme to transform social care) had a strong ethos of moving people from being passive recipients of care to active contributors on an equal footing in terms of power and decision-making.
- Scotland has a coproduction network and resources to encourage the approach [http://www.coproductionscotland.org.uk/about/about/](http://www.coproductionscotland.org.uk/about/about/)

6. Staff involved

7. Target group

The programme is addressed to disabled people and their families. It includes children and adults.

8. Aims of the practice

Transform disability services over a 10-year period, based on seven key principles: early help, inclusion, independence, contribution, shared responsibility, a whole life approach and personalisation.

Putting the using at the centre of the strategy, from early stages on (“co-production”)

9. Issues for social services

| Service Integration/ Cooperation across services | Service Planning | x | Contracting |
| Technology | Skills development (of the workforce) | Quality of services | x |
| Others: service user involvement | x |

10. Status

| Pilot project (ongoing) | Project (ongoing) | x | Implemented practice (restricted areas) |
| Pilot project (terminated ) | Project (terminated) | Widely spread practice/rolled out |

11. Scope of the practice

Describe the setting of the practice, considering the following criteria:

- **Micro level practice**: practice that involves individuals at local level
- **Meso level practice**: practice that involves organisations or communities
- **Macro level practice**: practice that involves large population groups

This practice involves various organisations and individuals – commissioners, local authorities, users and other professionals – at county level.
### 12. Leadership and management of the practice

*Description of the leadership of the practice, considering the following criteria:*

- **Collaborative management:** shared between large partnerships, often of central, regional and local representation
- **Organisational management:** by one organisation
- **Professional management:** managed by a single person
- **Shared management:** shared with no defined leadership

The programme is led by the Building Better Lives Programme Board. It provides governance to the work. Chaired by the directors of disability services, the board consists of over 50% non-county council membership who represent their reference groups and partner originations.

There is a Building Better Lives support officer who supports the programme.

### 13. Engaging stakeholders in the practice

*Description of the engagement of stakeholders, considering the following criteria:*

- **Individual practice:** individuals have sought practice change
- **Network approach:** one or more organisations develop a network
- **Collaborative approach:** large collaboration with relevant stakeholders

As partners, the following are involved:

- Health
- Education
- Districts
- User-led organisations
- Carers organisations
- The department for work and pensions

### 14. Involvement of service users and their families

*Description of the involvement of service users, considering the following criteria:*

- **Team involvement:** service users and carers were part of the practice team
- **Consultative:** a consultative body of users was set up for an on-going dialogue and feedback
- **Involvement in care:** person-centred approaches to care/support

The programme commenced following extensive consultation with disabled people and their families for three months during the summer of 2014. During this consultation disabled people and their families clearly told us that:

- They wanted to be much more involved, rather than being passive recipients of decisions and support packages
- That they wanted to be properly listened to
- That in order work in a strengths-based way, a culture change was required
- That people were not defined by their impairments and preferred a function-based approach which addressed the impact of these

### 15. Costs and resources needed for implementation

*Description of how the practice is financed, considering the following criteria:*

- **Within existing resources:** staff time and other resources are provided ‘in-house’
- **Staffing costs:** costs for staff investment
- **Joint/Pooled budgets:** two or more agencies pool budgets to fund services
- **Funded project:** external investment

It is cost-neutral (and in fact taking place in the context of increasing demand and reducing government grants).
16. Evaluation approaches

Description of the evaluation method of the practice, considering the following criteria:

- **Multi-method**: use of both a qualitative and a quantitative approach
- **Single method**: qualitative or quantitative approach
- **Audit**: looks at data sources such as existing medical records, and/or other routinely collected service data.
- **Informal**: refers to in-house service evaluation using locally designed tools and/or collecting opportunistic feedback
- **No evaluation**
- **An evaluation is planned**

Currently it is evaluated with an annual survey and stocktake which coincide with the Building Better Lives implementation plan refresh.

17. **Measurable effects of the practice and what it has achieved for…**

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<thead>
<tr>
<th>Category</th>
<th>Service users</th>
<th>Formal care givers</th>
<th>Informal carers</th>
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18. **Anticipated or ‘aspirational’ effects of the practice and what it has achieved for…**

This category can include outcomes which are not documented, quantified or properly evaluated. They can include such elements as improved knowledge, quality, workforce, etc.

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- **Service users**: These groups are well engaged and confident to challenge. There is good representation at meetings and in decision-making. Survey evidence shows that good progress is being made and anecdotal evidence shows that the community feels that decisions are being made better and that they have more control.
- **Informal carers**: Equally, difficulties are often aired and there is more of an onus on commissioners to respond to them.

19. **How the practice has changed the way the service is provided (lessons learned)**

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1. **Governance is provided from disabled people.** The Building Better Lives Board provides governance from service users over all initiatives which impact them. To keep it grounded and at the request of the disabled persons’ reference group, each meeting is also commenced by a person with a disability telling their story (for example in relation to finding employment, being a member of a user-led organisation or tackling hate crime).

2. **There is a commitment to coproduction.** The Coproduction Charter means that all work in the disability area needs to be coproduced. Families and disabled people have copies of it and can challenge a decision from the council if it has not been coproduced as stated in the charter.

3. **Peer-led opportunities and leadership are commissioned whenever possible.** Peer-led sexual abuse prevention training is delivered by adults with learning disabilities to other adults with a learning disability. There is also a pilot underway to commission drop-in services for adults with disabilities to user-led organisations, rather than being run by the council. Regular leadership courses run for disabled people (including people with learning disabilities) to prepare them for being leaders.

4. **Culture change is planned and resourced.** It is recognised that the move to strengths-based working, positive risk-taking and coproduction requires a change in culture which will not take place without intervention. We are using drama-based training to train staff and the community in these principles, as well as making the most of self-assessment tools and supporting managers to lead their teams to work differently.

5. **User-led organisations are nurtured and helped to grow** In order to be competitive and robust, user-led organisations need to have the skills and resources to manage public-sector procurement processes, to be financially competitive and to be sufficiently organisationally competent to deliver services. We have had a dedicated project around enabling this to happen.

6. **Individual packages need to be coproduced.** We have worked to produce easy read assessment materials, ensure individuals understand and have ownership of the outcomes in these and that family members and peers assist in the review of these outcomes. An independent organisation is commissioned to check people’s experience of this.

### 20. Sustainability of the practice

**Description of whether the practice is sustainable, considering the following criteria:**

- **Potential for sustainability:** practice was newly started or is on-going/not yet mainstreamed. How could the practice be sustained (in terms of resources)?
- **Organic sustainability:** service users have been empowered to take the practice forward
- **Established:** the project has been operational for several years

There is still a long way to go. This is why Building Better Lives is a ten year programme.

### 21. Transferability of the practice

**Description of whether the practice has been transferred, considering the following criteria:**

- **Transferred:** transfer to other regions, countries, service user groups, etc.
- **Potential for transferability:** there is interest from the outside; elements of the practice have been taken up and used elsewhere; material for transferability (for ex. training material) has been developed

To the author’s knowledge, the practice has not been implemented anywhere else. There is however potential to implement the practice/programme somewhere else – it is likely that disabled people will have similar views in other areas. Additionally, this way of working would work well for partners (NHS, Education etc.)

**Sources:**

- [www.gloucestershire.gov.uk/buildingbetterlives](http://www.gloucestershire.gov.uk/buildingbetterlives)
- [http://www.glosldpb.org/](http://www.glosldpb.org/)
- [http://www.glosvoices.co.uk/](http://www.glosvoices.co.uk/)