### DESCRIPTION OF THE PRACTICE

**1. Title of the practice**

The ‘Expert by experience’ quality control programme

**2. Organisation responsible for the practice**

Gloucestershire County Council, South west England

**3. Contact person(s)**

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

**4. Summary of the practice**

The programme takes place in Gloucestershire and is commissioned by the local Clinical Commissioning Group and Local Authority. It is delivered by a user-led social enterprise called ‘Gloucestershire Voices’. The programme is run by people with learning disabilities, for learning disability services. It is a fully user-led initiative.

‘Experts by experience’ provide a user-led assessment of the quality of a commissioned service. This provides both extremely valuable feedback to commissioners and an employment or training opportunity for disabled people, the majority of whom have never worked before prior to taking up this role.

‘Experts by experience’ work across a wide range of settings, including residential care homes, supported living homes, day opportunities, domiciliary care agencies, assessment and treatment units and reviewing operations teams.

The programme involves private sector providers and statutory services.

It is an integral part of the quality regime run by the Quality Team, sitting alongside unannounced visits carried out by Quality Review Officers and the use of telecare to survey the network of support around an individual to check on their care and welfare.

**5. National/regional/local context of the practice**

Supporting people with learning disabilities into employment is part of the national policy agenda. Local authorities are asked to report figures on the numbers of people with learning disabilities working for more than 16 hours a week to central government.

The national average rate of people with LD in employment is 7 percent. Local statistics are collected under the Adult Social Care Outcomes Framework (ASCOF). Employment rates are one of only two national measures that are reported in this way.

It is estimated that 65 percent of people with learning disabilities would like a paid job. About 10 percent of those known to services were thought to be in employment when the Labour Government published Valuing Employment Now in 2009.

In addition to policy around employment for disabled people, national policy supports an increased focus on ensuring that people with learning disabilities are safe and well. The media exposure of abuse of people with learning disabilities and challenging behaviour at Winterbourne View hospital prompted a programme of change to ensuring that people placed in the care of private sector providers were getting the care and support they needed. Gloucestershire Joint Commissioning Team responded to this through the implementation of a diverse quality-checking regime, of which the ‘Expert by experience’ programme is a key part.

**6. Staff involved**

See section 4.

**7. Target group**


The ‘Expert by experience’ quality control programme works with adults with learning disabilities in a range of in-house and private-sector provider settings. It is an integral part of the quality regime run by the Quality Team, sitting alongside unannounced visits carried out by Quality Review Officers and the use of telecare to survey the support network around an individual to check their care and welfare.

8. Aims of the practice

The Gloucestershire County Council needed to put in place a diverse and rigorous quality regime to check on the standards of care and support delivered by providers in the county. Expenditure on this area exceeds GBP 40 million in learning disability services alone. The programmes pursues the following objectives:

- To ensure people with learning disabilities are safe and well
- To ensure the expert voice of people receiving services is at the heart of any service-improvement strategy
- To provide employment opportunities for people with LD

9. Issues for social services

<table>
<thead>
<tr>
<th>Service Integration/Cooperation across services</th>
<th>Service Planning</th>
<th>Contracting</th>
</tr>
</thead>
<tbody>
<tr>
<td>Technology</td>
<td>Skills development (of the workforce)</td>
<td>Quality of services x</td>
</tr>
<tr>
<td>Other: employment of persons with disabilities</td>
<td>Other: Active inclusion x</td>
<td>Other: Service user involvement x</td>
</tr>
</tbody>
</table>

10. Status

<table>
<thead>
<tr>
<th>Pilot project (ongoing)</th>
<th>Project (ongoing)</th>
<th>Implemented practice (restricted areas)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Pilot project (terminated)</td>
<td>Project (terminated)</td>
<td>Widely spread practice/rolled out</td>
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</table>

11. Scope of the practice

*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

The programme takes place at county level and follows a national agenda.

12. Leadership and management of the practice

*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 run by people with learning disabilities, for learning disability services. It is a fully user-led initiative.

The Joint Commissioning Team and the user-led social enterprise have regular meetings to plan the development needs of the quality-checking team and bring them up to speed with relevant sector-specific changes – for example changes to the deprivation of liberty safeguards.

‘Gloucestershire Voices’ also deliver a variety of other projects, some of which also generate employment opportunities for people with LD and are commissioned by the council or their partners. For example, they run an issue-based drama company, area action groups and a programme that engages with the Black, Asian and Ethnic minority communities.

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

The results of the quality-checks are read by commissioners in health and social care services. They are also shared when applicable with the Safeguarding Teams, the police and other statutory partners. The service delivers considerable value for money and can demonstrate clear evidence of how it drives improvement in providers.

Other one-off ‘quality checks’ are also commissioned for less routine purposes – for example Experts by Experience were recently commissioned to review the Community Learning Disability Teams run by the NHS.

People with learning disabilities are trained to carry out quality checks. This involves learning skills about quality standards and how to verify them, as well as interpersonal skills and facilitation skills for residents and report-writing skills with recommendations as the end product.

This creates an employment opportunity for people with learning disabilities which often serves as a springboard towards future mainstream opportunities.

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 is run by people with learning disabilities, for learning disability services. It is a fully user-led initiative. (see also sections 12-13)

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

The programme is funded by Gloucestershire County Council.
The programme is cost-effective. Learning disability services cost GBP 50 million a year to run. Quality checking the providers who are delivering services on this amount costs GBP 70,000 a year – this is less than the equivalent of two full-time staff (including on-costs).

Other resources include:

- The people undertaking the quality checks receive training on professional skills and practice standards
- The team works with non-disabled coordinators to attend the visits, coordinates the planning and writes reports
- The team uses easy-to-read materials and cards as the basis for their ‘Expert by experience’ conversations

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**

The user-led organisation’s project is subject to quarterly monitoring of a similar level of rigour to any other provider.

They are required to attend regular meetings and present on their progress, supplementing this with comprehensive written reports.

**Metrics include:**

- The number of services reviewed against the target
- Key findings and changes seen
- Any themes or lessons learned for commissioners
- The numbers of quality controllers
- Training received
- Remedial plans for any problems arising

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

<table>
<thead>
<tr>
<th>Service users</th>
<th>Increase in the employment rate for people with LD</th>
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<tbody>
<tr>
<td>Formal care givers</td>
<td>n. a.</td>
</tr>
<tr>
<td>Informal carers</td>
<td>n. a.</td>
</tr>
<tr>
<td>Organisations</td>
<td>The programme is highly cost-effective (see section 15).</td>
</tr>
<tr>
<td>Other</td>
<td>n. a.</td>
</tr>
</tbody>
</table>
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.

Service users

Research shows the effectiveness of the ‘Expert by experience’ programmes in keeping people safe. Service users speak much more candidly to others in the same position. They have the opportunity to talk to someone who truly understands their experience about their life and what is positive and negative about it. The Gloucestershire County Council has seen regular evidence of safeguarding disclosures made and issues raised as a result. This includes the opportunity to safely make disclosures when required.

People with learning disabilities have an opportunity for paid employment. They gain skills and training opportunities, which are a good foundation for future employment.

Formal caregivers

n. a.

Informal carers

Carers and families (as well as people with disabilities) can request a copy of the quality-checking report to satisfy themselves that their loved-one is receiving a good standard of care.

Organisations

Practice shows that providers are more receptive to changes proposed by ‘Experts by experience’ than they are to traditional contract management techniques. Providers frequently want to negotiate over price and expectations with commissioners, but respond very differently when hearing from a person with a disability that ‘they would not want to live in a service like that’.

Quality problems with providers are promptly picked up and addressed.

Good quality providers are rewarded.

Commissioners are confident they have a robust programme in place, which responds to the national policy direction to keep people safe and well.

Other

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

We have picked up problems with supported living providers and been able to address these promptly. Sometimes major issues have been uncovered, and at other times the impact has been more preventative. Issues have ranged from a lack of appropriate staff training to people living monotonous and meaningless lives and having problems with their health and behaviour as a result.

- The value from the programme is immense
- The programme is relatively cost-efficient and generates a sound return on investment
- The programme is highly replicable and innovative
- The programme also provides employment opportunities for people with LD, many of whom are working for the first time.

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

The programme requires ongoing investment. However, it is cost-effective as its rate of return is higher than the investment required to run it.

### 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

The programme over the past two years has already been extended. It started by just reviewing residential care, but quickly also moved to supported living, assessment and treatment units and day opportunities.

Gloucestershire county council commissions a similar organisation for people with physical disabilities to do similar work for those services and are in the process of setting up another organisation to do mental health work.

A number of Local Authorities and CCGs run expert by experience programmes

Additionally, in the last year this methodology has now been implemented by the Care Quality Commission: the regulator for health and social care in the UK.