Involving users in commissioning local services

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May 2010

This report is about service users' experience and views of involvement in shaping services, and the experiences and views of commissioners when involving users. The research points to what is currently happening and what might be possible in the future shape of commissioning.

It has not been written as a traditional research paper nor as a toolkit (there are a lot of good practice guidance and toolkits already in existence), but rather as a think piece – one that encourages all of us who are working with user involvement to 'take a step back' and reflect on the pressures and tensions that could have an impact on all parties involved in user involvement in general and commissioning in particular.

We are aware that all who are involved with user involvement and commissioning have severe pressures on their time and resources. This paper tries to speak to the condition of those involved and we hope that it will give some insight into why it is difficult and ways to manage the process that is to the benefit of all.

The paper is accompanied (as a separate document) by a detailed literature review, *User Involvement in Commissioning Health and Social Care – A Literature Review Related to Developing Best Practice*.

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Contents

Executive summary

The concept of user involvement lies at the heart of the Government's vision for the strategic commissioning of services. By involving users, it is hoped and presumed that such commissioning will result in high-quality services that adequately reflect user need.

However, though the term 'user involvement' has been used for many years, people are not always clear what it means in practice. Mention user involvement in a variety of settings – organisational development, commissioning and now strategic commissioning – and there will be a broad consensus that it is 'a good thing'. However, if you ask people to go beyond this to detail what it looks like, what its purpose is and how structures and models will enable it to become a reality, the picture gets far less clear.

It was with this in mind that the Joseph Rowntree Foundation and Age Concern London came together to explore the experience of service users and commissioners, and to produce a 'think piece' on the subject. The research for this piece of work, which took place during 2008, extended beyond Age Concern's usual area of work with older people. It was felt that considering several communities of interest could highlight issues across the board and provide insights that might not be possible within one service sector.

The 'think piece' describes and then seeks to unravel a more complex and subtle set of processes that impact on the ability of strategic and other commissioners to involve service users, and suggests a series of principles and elements that could make user involvement in strategic commissioning a reality. It has been written as a 'think piece' as opposed to a traditional research report to encourage those working in the field of user involvement – be they commissioners, service users or their advocates – to take a step back to reflect on the variety of factors that can help or impede the process of user involvement. Broadly speaking, the think piece identifies the factors that both help and hinder an interweaving of structural, political and cultural issues.

Background to the research and development of the think piece

The focus of Joseph Rowntree Foundation's Independent Living Committee is citizenship, entitlement, choice and control, and the aim of that committee is to identify approaches to choice and control that have credibility with users and viability in practice.

Age Concern London promotes the interests of older people and campaigns on strategic issues of ageing and demographic change in London, and to support the organisational development of local Age Concerns and partners.

Our Health, Our Care, Our Say; Independence, Well-being and Choice; the pilot Individual Budgets programmes; and the expansion of direct payments, among other policies and initiatives, indicate a direction of travel concerning the involvement of service users in the design and delivery of health and care services. However, for that to become a reality, it is important that all understand the processes at play when considering user involvement in the area of commissioning and more specifically strategic commissioning.

The approach used to develop the think piece was iterative and evolved during the life of the project. This was necessary to reflect that many of those charged with the task of strategic commissioning are new in post – or their posts are new – and are grappling with the technicalities of strategic commissioning itself at the same time as trying to think how users might become involved in a meaningful way. Service users have an array of experiences on which to draw when thinking about involvement – from little or no experience, to significant experience with particular services, to experience at a planning/strategic level.

One of the values of research, and this research in particular, is that those involved have opportunities to reflect and think about the processes at play rather than be activity or output driven. The commission leading to this research was such that this was possible. Those involved in the primary research and preparation of the think piece had the benefit of two advisory groups – one convened by Joseph Rowntree Foundation and the other by Age Concern London – which provided the research team with opportunities to expose their thinking and findings to outside scrutiny and challenge.

Although the primary research was conducted in London, the range of boroughs involved (reflecting a variety of demographic factors) should provide indicators that could be considered in any setting. Further, a detailed literature review was undertaken at the preliminary stage of the research to provide a wider context and evidence base for work with commissioners and service users.

The think piece identifies that, even within one locality, cultural and political factors can affect the process of user involvement within different service sectors and suggests that it would be possible to extrapolate from this across boroughs, primary care trusts and service sectors throughout the country.

The think piece: structure

The core of the think piece is in three parts finishing with an appendix, which provides a diagrammatic representation of user involvement in a commissioning cycle.

Part I: Looking back

- Chapter 2: Background

- Chapter 3: Published policy, research and learning

- Chapter 4: Examining service users' and commissioners' thinking and experience

Part II: Reflecting and thinking

- Chapter 5: Examining the evidence

- Chapter 6: Reflections of the research team

Part III: Looking forward

- Chapter 7: Synthesising the learning: a menu of ingredients

- Appendix: User involvement in a strategic commissioning cycle

Part I: Looking back

Chapter 3 provides an opportunity to explore work that has previously been carried out. It includes a detailed summary of a literature review undertaken at the beginning of the research and available in a separate document, *User Involvement in Commissioning Health and Social Care – A Literature Review Related to Developing Best Practice*, and draws on this to consider a range of questions that were explored with service users and commissioners during the primary research.

Chapter 4 examines service users' and commissioners' experience of involvement in commissioning and as part of service planning and review. The research considered some key questions arising from the desk research phase.

- Would the experience of working together in specific service sectors or more particularly with specific services (for example, wards, GPs, etc.) translate to an area that was more conceptual and long term (for example, strategic commissioning)?

- To what extent had previous experience of consultation or involvement positively or negatively affected service users' or commissioners' views about user involvement in commissioning?

- How can the aspirations of service users and local and national planners and politicians, which are reflected in the language of choice, independence and control, be realised against the limitations of budgetary constraints, regulation and legislation?

- What does each party need from the other, or

from elsewhere, and how can their capacity development needs be met?

- How do you evaluate the impact of user involvement?

The service users involved in the research came from a variety of settings; their previous experience of involvement was wide-ranging, from consultation, to service planning and review, to training and recruitment of professional staff.

While the commissioners involved in the research were all based in London, the range of their experience was wide. They operated in both inner and outer London boroughs; two had joint commissioning with primary care trust (PCT) commissioning briefs and others worked in local authorities. They had between them responsibility for commissioning services for physically disabled adults, older people and all adult commissioning in their particular localities.

The chapter highlights some of the issues identified by each perspective (that is, that of service users and that of commissioners) and inevitably has drawn on their experience to date rather than strategic commissioning per se, which at the time of the research and writing is at an early stage of development.

Service users felt in a good position to:

- inform needs assessment processes and activity;

- provide feedback into quality assurance processes and activity;

- provide insight into uptake and accessibility (psychological and physical) of services;

- highlight areas that cross traditional service sector boundaries;

- contribute to discussion in areas that transcend particular interests – for example, transport.

Commissioners were able to report on a range of positive and constructive impacts that user involvement had brought to services including:

- raising the profile of a particular service and that (in this particular example) 'translating into the allocation of more funding for the service area as a whole';

- help in service redesign and/or decommissioning some services;

- being involved at various stages of a tendering process including selecting a preferred supplier.

Both service users and commissioners were frank in their appraisal of their experiences to date. They identified a range of issues that could make involvement more difficult to manage. In addition to those often considered (for example, language – the use of jargon), service users highlighted:

- discrepancies between practice and public pronouncement concerning involvement by a local authority (or primary care trust) – services users recognised three types of culture:

  – that which is open and willing to engage with service users;
  – that which is ostensibly open but not actually willing;
  – that which is neither open nor willing.

- service sector cultures rather than organisation-wide culture and systems concerning involvement;

- identification and maintenance of motivation;

- having a common understanding of need;

- developing a common language;

- investment in skill development, knowledge and trust;

- levels of power and authority – recognising that different parts of the process require different levels of authority, and linking with clarity of purpose about any given part of the process and with representation;

- managing a potential clash of culture (for example, where service users might have imperatives driven by a social model of disability whereas those in primary care trusts could use the medical model as the basis of their understanding of need and determination of priority).

Meanwhile, commissioners reflected on issues relating to:

- representation – reporting on a wide variation in the experience and capacity of different user groups, and the need to continually refresh user groups and to go 'beyond the usual suspects' while having continuity;

- the tension between working with service users who had a commitment to maintaining existing provision, while also engaging with others where existing services did not meet their needs;

- the differences of approach and development between local authorities and primary care trusts in relation to involvement;

- the power relationship between commissioners and the political process;

- the need to engage with departments outside health and social care (for example, leisure as well as housing).

Discussion with service users and commissioners on the involvement of third parties and/or the third sector raised more questions than answers.

From the point of view of service users, third parties (for example, user group facilitators/support workers/convenors) could play a valuable role at the interface between groups and public body officers. However, this seemed to depend on the level of trust that had been established between the user group and individual worker – confidence that the individual would reflect the group's views.

The potential conflict of interest that some voluntary and community sector organisations might have when acting as the vehicle for user involvement was not identified as a priority or of

particular concern with commissioners involved in the research. Yet, from the service users' point of view, control over their own budgets (where applicable), and of course their own voice, was identified as key and was thus a point of potential tension between service users and commissioners when working in the complex environment of user involvement in strategic and other forms of commissioning.

Part II: Reflecting and thinking

Chapter 5 examines, analyses and builds on the evidence drawn from the desk research and primary research with service users and commissioners. It focuses on core issues arising from discussion with both service users and commissioners – albeit from a different perspective and with different emphasis. The issues raised are unlikely to surprise any reader or practitioner in this field. However, they do reinforce the key hypothesis that to make approaches to choice and control credible with users and viable in practice requires something beyond a purely structural response to user involvement in strategic commissioning.

User involvement in strategic and other commissioning operates in an environment where there are many pressures.

- Many of the cultural norms are output/activity driven rather than outcome/process driven.

- There are differences of perspective and experience within each role or group, which means that what works with one group or area might not work with another.

- Assumptions can be made about those who operate as leads having more information, power or influence than they actually have. These leads may be unwilling or unable to disclose the true level of their authority to others, particularly those 'outside their circle'. This is likely to be experienced as a lack of congruence from which mistrust is likely to develop.

- Inherent values play an important part in the

process of user involvement in commissioning. These may never be made overt and as a result will be difficult to manage.

These and other issues explored in this chapter are not purely about user involvement in strategic and other commissioning; they will permeate all aspects of an organisation's life. Thus, if these issues are addressed as part of service user involvement it is suggested that it will be of benefit for many more aspects of a local authority's or PCT's dealings.

The chapter explores each aspect of user involvement in strategic commissioning and highlights potential cultural and political as well as structural and operational tensions.

It considers some of the issues that can underpin headlines that are frequently and easily used like user involvement and strategic commissioning. It reminds us that, while the intention behind government policy might be to 'draw users into all facets of care services operation', it is important to remember that this takes time and energy as well as skill and commitment. Many service users may undertake such work in addition to employment or commitments; others may not enjoy good health and this has to be acknowledged and managed to recruit and maintain user involvement throughout the process of commissioning.

User involvement in strategic commissioning provides an opportunity to reshape demand and supply of provision. It could contribute to a shift from 'what is on offer' to 'what is wanted'. This moves to the complex area of determination of need. On what basis is need assessed (by individuals or using an external – for example, medical – model)? How is that need informed, reflecting on the difficult issue of representation? How can flexible planning decisions be made to take account of changing populations, political and economic circumstances and aspirations of communities of interest?

Key to these questions is coming to an understanding about where the power presides, and whether and to whom it should be transferred. There appears to be a lack of clarity and understanding about this issue. Service users report real concern that user involvement in commissioning has for some come to mean that service users make decisions rather than inform them. Such a level of responsibility is not sought and service users are worried that they might be asked to operate in an area where they have no authority or might be perceived by others to have been involved in decisions about services when they have not.

Commissioners had different experiences and opinions on the interdependence of the strategic commissioning and political processes, from those who assert that:

- commissioners have only very limited devolved power and that councillors make the decisions; to

- the decision is made at officer level and councillors simply approve the decision; to

- the relationship between commissioners and councillors is a complex one and decisions are often reached after lengthy discussions during a consultation process, with councillors relying heavily on officers' advice but not necessarily following it.

Further, there are still differences in approach and use of service models between local authorities and PCTs. In some areas, there are power differentials between these two public bodies, which reflect the contested territory between the medical model of need and the social model.

This is most clearly reflected when considering need and what really drives development and service planning decisions. Whose need? How is it possible to involve existing and new communities of interest? Is there room in any agenda to consider the way people would like to live and thus the way services could be shaped as opposed to development of existing approaches and models? And how can those with low-volume voices – whether they relate to numbers or political support – be heard amidst the myriad of high(er)-volume voices?

Unusually, the think piece includes a chapter (Chapter 6) in which the research team has reflected on parts of its own process, particularly as it noted areas that appeared to mirror some parts of the processes that contribute to user involvement in strategic and other commissioning.

Part III: Looking forward

Chapter 7 synthesises the learning arising from the findings and analysis of the research. This is not written as a set of conclusions and recommendations, but rather as a series of principles and elements that contribute to an effective system to involve service users in commissioning. This seeks to reflect a reality that models cannot merely be transplanted from one place to another – their success (or failure) in any given setting would have been the result of a combination of driving principles, elements and (the critical one) culture.

Those working locally must discuss and decide when and in what way service users could be involved, depending on factors like the:

- existence of willing and available service users;

- capacity of those involved in commissioning to involve service users meaningfully;

- stage of development of strategic commissioning in the locality;

- extent to which commissioners are able to be open about budgets and decision-making processes.

Having said that, there are two prevailing principles that inform user involvement in the strategic commissioning cycle, which is set out in diagrammatic form in the appendix:

- That service users could and should be involved in each stage.

- That there is discussion and agreement at each stage of the commissioning cycle of the purpose, role and boundaries of authority of both service users and commissioners.

The chapter (and diagram) also highlight the need to make as overt as possible the external pressures that can have an impact on any part of the commissioning cycle – particularly changes in regulation, or legislation or priorities emanating from Government; local priorities, problems or budgetary issues; and, more generically, local circumstances whatever they may be.

Each element identified in the commissioning cycle is considered from the point of view of user involvement, remembering that the research and think piece is about user involvement in strategic and other forms of commissioning, and not about strategic commissioning itself.

Having processes that are integral (rather than add-on) to monitor, evaluate and review changes, not only in external circumstances and service use, but also in user involvement in the processes and their involvement in quality assurance, is crucial. It is also crucial that any learning is shared between different parts of the organisation and between local authorities and their PCT partners.

Both users and organisations benefit from successful interaction. Communication becomes simpler, understanding is reached more quickly and decisions are made more effectively.

Review is the key to keeping both service users and commissioners engaged in the process – failure to do so means that obstacles will remain, making the process more challenging than it has to be.

Finally, highlighted is the need to test and refine, agree priorities and commission at each stage in the process. User involvement in these elements can add a different perspective and lead to different outcomes. Importantly, it enables service users (and, of course, all) to see the full picture of the whole process, with benefits to everyone.

Conclusion

The think piece does not conclude with recommendations. This reflects its contention that this issue does not purely require a structural response to the questions and challenges posed by user involvement in strategic commissioning.

The concept of user involvement has been talked about, thought about and implemented in various ways by many organisations over many years. The challenge posed now is that for user involvement to become an integral part of strategic commissioning requires a whole organisation approach and the political and cultural leadership and change that this entails.

1   Structure of the paper

The paper is set out in three parts and operates as a think piece and as an introduction to illustrate why this work was undertaken.

Part I: Looking back

- Chapter 2: Background (an introduction to why this work was undertaken and the approach used).

- Chapter 3: Published policy, research and learning.

- Chapter 4: Examining service users' and commissioners' thinking and experience.

Part II: Reflecting and thinking

- Chapter 5: Examining the evidence (the challenges and tensions for those involved in service user involvement in [strategic] commissioning):

  – service users' thinking and experience;

  – commissioners' thinking and experience.

- Chapter 6: Reflections of the research team (echoes of the process of partnership working).

Part III: Looking forward

- Chapter 7: Synthesising the learning: a menu of ingredients.

- Appendix: User involvement in a strategic commissioning cycle (a diagrammatic representation of the menu of ingredients).

I Looking back

2   Background

Introduction

Funding for the research into user involvement in strategic commissioning was provided by the Joseph Rowntree Foundation (JRF) as part of the work of its Independent Living Committee. The focus of that committee's work is:

> *… about citizenship, entitlement, choice and control. All its work is informed by Social Model Approaches and the Committee has a commitment to supporting user defined approaches and outcomes.*[1]

'The core aim of the Foundation's Independent Living Committee is to identify approaches to choice and control which have credibility with users and viability in practice.'[2] The purpose behind the Independent Living Committee's decision to offer this research to Age Concern London (ACL) was because ACL is well placed to link with real experience of service users, thereby making it easier to identify levers and drivers that 'readily assure' that approaches that exist in theory occur in practice.

This research is part of a raft commissioned by the JRF, including a strand being undertaken by the London School of Economics.

Age Concern London is the regional body of Age Concern in London. It works with borough Age Concerns to promote the interests of older people and campaigns on strategic issues of ageing and demographic change in the capital and to support the organisational development of Age Concerns and partners.

ACL agreed with JRF that it would be valuable to extend consideration of the involvement of users in strategic commissioning beyond that of older people. It was believed that an exploration of the experience of users, and commissioners, beyond one specific community of interest, could highlight issues across the piece and could provide insights that might not be possible within one service sector.

The brief provided by JRF focused on *user involvement* rather than on *public involvement*. The terms are sometimes used interchangeably. However, while it is possible to extrapolate from the experience of involving one to another (that is, either service users or the public), they are two different processes with different outcomes and need to be distinguished.

Why now?

Strategic commissioning lies at the heart of the Government's vision to design and deliver high-quality services that adequately reflect user need. The direction of travel was indicated by a number of policies and initiatives including *Independence, Well-being and Choice* (Department of Health, 2005); *Our Health, Our Care, Our Say* (Department of Health, 2006); the pilot Individual Budgets programmes; and the expansion of direct payments.

The shift in emphasis opens up real possibilities for service users to shape the current and future design and delivery of health and social care services. As the balance in purchasing power shifts from a range of organisations (from councils, PCTs and service providers to individual users and carers, etc.), it is intended that services will be more responsive to users' specific needs rather than being provider driven.

However, for this to be successful, it is important that this approach becomes embedded in the culture of commissioning authorities. That, of course, is easier said than done. User involvement in some shape or form has been accepted in principle by all those involved in the social and health care market – be they commissioners, those involved with procurement or providers. However, cultural, structural and political change has been much harder to realise, but will be required for user

involvement in strategic commissioning to become a reality.

ACL shared with JRF the view that:

… effective strategic commissioning lies at the heart of good user defined services. However, although the direction of travel is in favour of strategic commissioning, key questions remain about whether the infrastructure, resources and commitment exist to make the vision a reality.[3]

It is important to be clear about whether user involvement in commissioning – be it strategic or otherwise – is an ambition in itself or a means to achieve positive outcomes in health and social care. That might seem obvious. However, it is necessary to make overt and systematise the link between process (user involvement) and outcome so that all involved in its support as well as operation are clear about why user involvement is seen as a major component in the provision of health and social care services.

The approach

The overall aim of this research was to gain a better understanding of the practical implications of user involvement in strategic commissioning. We were determined to identify the levers and drivers that enable meaningful and effective user involvement in commissioning from both the commissioning and user perspective.

The approach used had several components:

- desk research;

- semi-structured interviews with various service users and service user groups;

- engagement with an advisory group brought together during the life of the research project;

- debate within the research team;

- semi-structured interviews with commissioners;

- an event for front-line staff involved in facilitating user groups.

The approach was iterative and evolved during the life of the project. The team created a framework arising from a combination of the desk research and initial service user interviews. In common with those working within commissioning, the team had changes of personnel. A framework was developed using a combination of existing research, service user interviews and rigorous debate within the team, which is explored in later chapters.

The advisory group provided an opportunity for the whole team to expose their findings and thinking to outside scrutiny, as did dialogue with the JRF commissioner.

3 Published policy, research and learning

The literature review was carried out as a separate but interconnected brief. The report, *User Involvement in Commissioning Health and Social Care – A Literature Review Related to Developing Best Practice*, contains the detailed findings of the review and is available separately.

The literature review takes into account recent changes in commissioning practice and associated legislation. The most important among these are:

- Lord Darzi's reports: *Our NHS, Our Future* (Department of Health, 2007); and *High Quality Care for All* (Department of Health, 2008);

- the Local Government and Public Involvement in Health Act 2007.

These changes had their roots in two Department of Health consultations held in 2005. The views of the public, patients, service users and staff, expressed through these, helped shape the resulting White Paper *Our Health, Our Care, Our Say* (Department of Health, 2006).

The White Paper contained a number of proposals to give patients and service users more control over the treatment they receive. Public, private, voluntary and charitable organisations would need to work in partnership to put the interests of the public first.

The review noted that user involvement/empowerment means correcting the balance that had previously excluded service users from systems of decision-making that affected them. It would require a change of systems and structures, and the provision of support for service users so that they could have real power in the services they use.

It identified some key principles of user involvement, including:

- organisations need to develop systems of engagement and participation that are appropriate for their particular business;

- participation must be embedded throughout the organisation;

- there should be a culture of strong and committed leadership;

- staff need training and support in developing a more participatory culture;

- attention should be paid to formal and informal ways of supporting service users;

- measures should be taken as to whether the balance of power is shifting from the organisation to service users.

At the same time, the review identified the following principles to best practice in commissioning:

- agree the strategic framework;

- determine service objectives and priorities;

- provide client choice;

- provide quality information for clients – sharing and using information more effectively;

- build up knowledge of the social care market;

- analyse the data on needs and preference – develop joint needs assessment, and understand the local context of demand and supply;

- improve health and well-being;

- reduce health inequalities and social inclusion;

- professionals to be skilled at informing clients – capability and leadership, and the development of new skills and thinking by those who act as commissioners;

- consult – involve service users at the planning stage;

- devolve choice to local people – put people at the centre of commissioning;

- recognise the interdependence between work, health and well-being, and develop partnerships between communities;

- develop a contracting strategy;

- set and monitor standards of service delivery;

- revise commissioning and contracting strategies including investment, reinvestment and decommissioning.

Emerging issues

There are a number of issues to consider when examining the lists of key principles in user involvement and commissioning.

The commissioning *principles* include both principles for user involvement per se and *criteria for effectiveness*, which are implied in outcomes such as reduce health inequalities and (we imagine) increase social inclusion.

Best practice in user involvement implies a whole systems approach to ensure that participation/involvement becomes a part of daily life rather than a one-off activity for the whole organisation – from senior management to front-line staff.

The commissioning principles recognise that involvement requires skill and imply, through the mention of leadership, that it also requires a change of culture, which will not happen by accident, but by design and leadership.

The use of the language of strategy, monitoring, revision has a strong implication that commissioning is thought of as a dynamic process

– that is, one that is open to change in the light of experience.

Comparing good practice in both user involvement and commissioning: where the literature takes us

The review provides a table that links good practice in commissioning with good practice in user involvement and then notes potential pitfalls as well as further comments. It is important to consider the table as a whole.

For the purposes of this paper we have drawn out some of the key issues.

- User involvement should change systems and structures, and provide support for service users so that they have real power in the services they use.

- Service users are not a homogeneous group. They should not be expected to speak with one voice. There is increasing recognition that successful user participation is based on having varied and flexible approaches that allow this to happen. Different models of involvement will be appropriate for different user groups.

- The National Health Service Act 2006 (public involvement and consultation) provides a duty to involve users of health services both locally and at strategic health authority level. The Local Government and Public Involvement in Health Act 2007 requires each local authority to make contractual arrangements to ensure they promote and support the involvement of people in commissioning, provision and scrutiny of local care services.

- Part 14 of the 2007 Act abolished patients' forums and the Commission for Patient and Public Involvement in Health, and introduced local involvement networks (LINks). It also strengthened the NHS duty to involve and put in place a new NHS duty to report.

- Policy aimed at reducing social exclusion has highlighted the way in which different layers of discrimination and disadvantage combine to exclude those most vulnerable and in need. A wide array of factors including poverty, disability and ill health; lack of educational attainment; unemployment; ethnicity; poor housing, etc. are at play here.

- Reforms are shifting commissioning decisions about local health services from primary care trusts to general practice. This shift provides new opportunities for increased patient and public influence over local services.

- For most people, the most meaningful participation is being able to take more control over their daily lives and decisions that affect them.

- User involvement should not be seen as an end in itself, but as a means of enabling people to make choices and have control over their daily lives. People using services have knowledge and experience to offer. Their involvement will develop their knowledge and experience and the intelligence of the system.

- Increasingly, services are managed on an integrated basis across health and social care boundaries and frequently also involve other organisations and/or sectors.

- Systems need to be able to accommodate the views of individuals, as well as those of groups and/or organisations. The subsequent discussion must be capable of relating to the whole system of care, not just specific elements of it.

- It is important to identify small changes as well as large ones. Multiple small changes that are relatively easy to achieve will develop the competence of and confidence in user involvement.

- In the case of people requiring long-term care, the commissioning environment has become increasingly complex, with significant contracts let to the third sector.

- If campaigning organisations are service providers, they may be *for* service users rather than *of* service users, implying a differential of power of service users.

- User involvement that is provided free by users limits participation to those who are able to afford to give large amounts of time without pay. Such people are not representative of diverse communities. Capacity building is an important element of effective user involvement for all parties.

Summation and areas for exploration arising from the literature review

The literature review suggested many areas to explore with both service users and commissioners. It formed the basis of the discussions within the team and determined the areas to explore further with commissioners and service users. The team set out to get answers to the following questions.

- Would the experience of working together in specific service sectors, or more particularly with specific services (for example, wards, GPs, etc.), translate to an area that was more conceptual and long-term (for example, strategic commissioning)?

- To what extent had previous experience of consultation positively or negatively affected service users' or commissioners' views about user involvement in commissioning? Why had previous attempts and/or established good practice not become the norm?

- Conversely, what would each party need from the other to engage in the process of user involvement? Does each party have the capacity and capability to engage in such a process?

- What models or approaches had been found to be effective?

- In what ways can the integrity of the process of

user involvement be integrated with protection of potentially vulnerable people?

- How can the aspirations of service users, which are implied in the language of choice, independence and control, be considered against the realities of budgetary constraints, regulation and legislation?

- How do you evaluate the impact of user involvement?

- How do you encourage those without a vested interest to think about the future?

- Does current need and experience limit developmental thinking when planning future approaches?

- How do you define users as a community?

- How do you develop commissioning plans that meet the needs of many individuals as opposed to a community of interest?

4　Examining service users' and commissioners' thinking and experience

Introduction

It probably goes without saying that the most important part of the research focused on service users and those who commission services. This chapter focuses on their contributions and the issues arising from them. As the issues unfolded we were aware of the importance of the dynamic between service users and commissioners; between service users themselves; and between commissioners and those in other parts of their system (for example, councillors and so on). This we have sought to reflect here.

It is important to remember that, at the time of the research, service users at the heart of commissioning was at an embryonic stage of development. Commissioners and service users could thus only extrapolate from their other experience of involvement – be that in service development or in wider strategic activities. Having said that, the experience of both service users and commissioners in a range of engagement activity is real, and does challenge some ideas about what works and what doesn't, and why.

An examination of service users' thinking and experience

Service users involved in the research were all members of existing groups. We went to them on their own territory, something that will be considered later in this chapter. The participants all had experience of involvement to widely varying degrees. The groups involved were:

- parents' group;

- mental health service user forum;

- forum of people living with HIV and AIDS;

- two separate but interconnected groups of people with learning difficulties;

- offenders with alcohol, drug use and mental health difficulties;

- physically disabled people.

All were adults and all were self-selecting in that they were invited to participate in the research. We wanted to find out the following.

- To what level and at what point service users can realistically be involved in shaping services for the future.

- Who can constitute service users for the purpose of shaping services – specific forums or a wider public?

- How the intelligence from providers and workers can inform planning priorities – how different cultural imperatives (from commissioners, from service users, from providers) can be managed to take account of economic realities, risk management, accountability and statutory duties.

- How to develop and maintain an infrastructure that is 'light on its feet' yet robust enough to ensure that any 'choice' is credible and quality assured.

The range of personal experience of services is very wide. So, too, is the skill and experience of the groups in relation to involvement or being active participants in consultation.

The experience of being involved in any type of consultation can be expressed along a continuum. On one side there are those who are new to this and have limited experience, right the way through to those who have greater experience. Experience to date, however, does concentrate on provision and development of existing services – their focus is on what currently takes place rather than informing or shaping future provision.

While recognising that user-led, or user involvement in, strategic commissioning will be different from the experience of this group, it was noted that our participants have identified three different approaches adopted by those representing the public sector and looking for involvement by service users:

- those who are open and willing;

- those who are ostensibly open but not actually willing;

- those who are not open.

Of the three positions, we note the following.

- One authority can adopt all three positions, implying that there is no organisational culture about user involvement. Rather, different commissioners/service sectors will adopt different views about the value of user involvement and the manner of its implementation.

- The most worrying is perhaps the second position – where the language of partnership and engagement exists but where the behaviour is in conflict with that. This will be difficult to 'unpick' and learn from within a limited piece of action research.

Profile of groups

We have not sought to provide information that can lead back to specific user groups involved in the research. However, we have identified the nature of the services that each group engages with, as that could have a bearing on how they are organised and the work with which they are engaged.

Mental health forum
This forum has a convenor who facilitates but does not chair the group and has been operating since 1994. The convenor acts as the interface between the group and the outside world. Members of the forum take the roles of chair, secretary and treasurer.

The forum is consulted by a wide range of public bodies, including the police as well as specific parts of the hospital trust and PCT. In addition to this consultation role, the group is responsible for a range of initiatives, some of which have had a national reach. These include a code of professional practice in meetings such as ward rounds – to make these more inclusive and less intimidating. The code has been adopted as policy in several NHS trusts and has been commended by the Department of Health. The group also practises a model for involvement in staff recruitment, which involves its own separate panel, which assesses candidates, such as consultant psychiatrists, specifically on their core relationship skills. This model has been commended by the Commission for Health Improvement (CHI) as practice 'worthy of being extended across the NHS'.

The group's other work includes the design and production of crisis cards and a video that is shown at all staff induction courses run by the local provider trust. The group has also been involved in the development of a Metropolitan Police training film about safer restraint (which has been shown to 40,000 Metropolitan Police staff) and has produced a website that offers detailed, extensive and up-to-date information about local mental health services.

The group involves itself in regular staff mental health training – principally of medical students and local police cadets. Plans are being developed to extend this to the training of reception staff.

The group's chair attends commissioning meetings and the group reports that it has been involved in developments in which the NHS has a possible 'cuts agenda' – for example, reductions in specialist day services and the annual trust savings agenda. The group is informed as to the reasons for these cuts and debates the issues that arise.

The forum has a champion within the PCT who has a long-standing relationship with the group. The forum notes that, in the main (and there are some significant caveats to this), the local services have proved responsive and have been open to a range of ways in which this user group can be involved.

Parents' group

This group is actually a group of volunteer parents involved in providing activities/services with a local voluntary organisation. Their role is primarily that, rather than as a consultative group. It has been supported through the local Children's Fund.

The group is usually convened and chaired by a member of staff. On the occasion of our research, the worker did not participate, as she was keen to enable direct dialogue with participants.

Members of the group have been involved in a consultation event with the Children's Commissioner at an event held for London. The group believes it could provide a useful resource at least as a conduit of information between services/ service providers/commissioners. It has taken steps to make this known to 'appropriate people'. However, despite the group pursuing local officers, the parents reported their view that little or nothing had happened to make use of the group in this way.

People with dual diagnosis and using services across sectors

Members of the group experience a complex range of conditions. The people involved are all offenders, many of whom have been in prison and have a combination of mental health difficulties and problems associated with drug and alcohol misuse.

The group was run under the auspices of a voluntary organisation. Since the research began, the organisation has changed its role from service provision to one that is focused on policy and research, and we understand that the group has not met during the organisation's transition.

It operated as a peer support group as well as a potential consultative group of users. It was chaired by a member of the group.

While it existed, the group was consulted about service and project development by the host organisation. Members of the group had contributed on an individual basis to consultation exercises.

Physically disabled people

The group has been formed as an advocacy group under the auspices of a coalition of disabled people. It has a mix of people from a range of backgrounds, some of whom have worked, some who do work and some who have not. The group includes ex-broadcasters and currently employed advocacy workers.

All members of the group described their experience of engagement, which tended to focus on certain services and broad-ranging consultations rather than specifically at a strategic level.

People living with HIV

Those involved in the research are members of a forum of people living with HIV in one borough and those with whom we spoke were also active in patient forums run under the auspices of their own treatment centres (in another borough). The user forum was convened by a council for voluntary service (CVS).

We note that this forum operates in the same borough as the mental health forum. Each uses a different model/approach from the other. There has been no interplay between the two forums. While this is not surprising, as they operate in two different service sectors, the snapshot of these two forums helped to identify that any learning about involvement was not disseminated across service sectors.

Unlike other meetings where we met forum members as part of their usual meetings, members of this forum preferred one-to-one interviews that took place on the telephone.

Respondents noted that the forum was not working as well as it could. There were slight differences of view about why this was the case. One bone of contention was that of funding of the group – it did not have control (or awareness of the amount) of the budget allocated by the council, which was held as part of the contract with the CVS host. The forum was convened by a member of staff employed by the CVS as part of a wider involvement remit. Respondents were unclear as to how far that worker was there to facilitate the forum, to meet contractual objectives for the CVS or to act, albeit implicitly, as an agent of the council.

Members had been involved (not as part of the forum) in an emergency access review, which had proved successful. The overall sense from their work within their borough, however, was that its establishment had been a tick-box exercise

by the council, having no power and no 'real engagement'.

People with learning difficulties

Two groups operate under the auspices of a voluntary sector service provider. One group focused specifically on user-led monitoring; the other on work at a strategic level, specifically with the local partnership board. Both groups were facilitated by staff members.

The user-led monitoring group undertakes monitoring of services (from a user perspective) for people with learning difficulties operating in the borough. It has developed an approach that allows for effective communication with individual users of those services. The group's reports of those services are submitted to inform practice in individual services and contribute to future service planning. Members of the group note that they have seen change in provision as a result of their intervention/reports.

The strategic group provides representatives to speak at conferences and as part of wider consultation events. They attend partnership board meetings, which take place every two months. They have contributed to the development of strategies relating to housing and hate crime. In common with the user-led monitoring group, they have seen that their contributions have been 'heard'.

Both groups meet weekly to consider their approach to forthcoming activity. The strategic group also participates in events with other people with learning difficulties to ensure that the views they represent are drawn from as wide a constituency as is possible.

Participants in both groups have contracts of employment and are paid (within the benefit rules) and receive supervision.

Core issues arising from fieldwork with service users

It is, of course, always important to remember that service users are not a homogeneous whole. That is obvious. As can be seen from the profiles above, those involved with the research were very diverse in terms of their experience of service sectors and of involvement. Yet, a number of issues or themes that were common to all emerged, albeit that they were differently expressed.

Chapter 5, 'Examining the evidence', interweaves the issues raised by service users with those that commissioners (and others who consult service users) have to take into account – that is, structural, political and practical considerations.

What follows is a distillation of five particular areas that will be important to reflect on when service users' views are sought as part of the process of commissioning services – at whatever level that might take place.

What motivates people to be involved?

Service users involved in the research said: 'There is a desire to 'get things done' and 'put something back'. 'When it works, there is a mutual sense of feedback between commissioner/service provider and service user'. 'Patients/service users have the power to say a policy is unacceptable' and can help commissioners and providers 'understand what they are doing or intending to do will or will not work'.

Users need to know there is going to be some sort of action as a result of their intervention/contribution: 'it provides motivation and comes first'. They note the importance of feedback about what has changed as a result of their intervention. They also need feedback about why their suggestions might not be taken up. This is, of course, more difficult. The critical issue is that service users will want to know what is not possible and why, as well as what is.

Truth and reality checks were identified as major components of maintaining motivation. It is important that commissioners do not make promises they cannot keep. A view was expressed in some quarters that commissioners sometimes exceeded their authority – no doubt with good intention, but, where they could not or did not carry through their commitment, this had led to distrust in the process. Users noted that, if consultation was to take place about commissioning, they needed to believe that planners/commissioners and so on really wanted to know what users thought. This is true whether the discussion is about new services/ideas or is a part of a cuts/decommissioning agenda:

We are grown ups and need to be informed about the realities rather than pretending this is really about choice and development.

We can make sensible and useful contributions – but it is important not to patronise us by pretence.

Flexibility in the way users are involved also maintains motivation for service users. Some noted that it is important that the type of meeting fits with its purpose – something to which all would subscribe! This issue includes such things as making sure that the right people are at the meeting to achieve its purpose – that those attending meetings where decisions will be made have the necessary authority and information to do so, as much as it has to do with the formality or informality of a meeting. Respondents also mentioned that time spent one to one perhaps with the chair of a meeting could help users to give their opinion if it was complicated or difficult to say openly.

It was also felt important that commissioners and others wishing to involve service users should invest time to form relationships with users:

… it takes time to build trust especially when the particular individual is often excluded from services.

Preparation and planning were also found to help maintain motivation. One group has annual away days to think about upcoming issues and what it should prioritise, and uses that time to think about the development needs of individuals as well as the group as a whole. A number of the user groups invite people to their meetings as a way of preparing before contributing to planning and thinking – for example, about direct payments.

What can get in the way?

Clearly, the answer to this lies in the converse of what motivates individuals and groups to participate in user involvement processes. Specifically, service users noted the following.

- When commissioners refuse to answer questions about something apparently clear (for example, budgets), this can lead to distrust and a sense that 'users don't matter enough'.

- When the silent majority in forums do not participate, it can put a strain on those who are willing to 'put the effort in'.

- When involvement or consultation is perceived as a 'tick-box exercise' – where commissioners or others inviting service user input are perceived to 'have their own agenda'.

- When there is a lack of clarity about the purpose of an event, meeting or other form of engagement.

- When there is a clash of cultures. We noted in our research that users are more likely to follow a social model, whereas the perception at least is that those involved in planning are more likely to follow the medical model of disability (and others).

- When the language used in consultation activity – be that the written word, or at meetings or at events – is not comprehensible to the users involved.

- When there is anxiety that 'if you make waves you can get swamped'.

- When the truth is not told and when that is obvious. One group reported having agreed a protocol for user involvement in the appointment of staff. It had been involved in the past and the process had been successful for all concerned. When the group asked why its participation had not been sought for some time it was told that there had been no new appointments. The group knew this not to be the case. The members would have preferred a truthful answer – for example, it took too much time or whatever – as they would have been able to choose whether to challenge that or not.

- When poor consultation/involvement methods could have a negative impact on individuals and consequently on the group as a whole.

- When professionals who consult are not necessarily skilled/experienced in working with/talking with people who are displaying symptoms of either their illness or the side effects of medication.

- When there is a danger that individuals might act out or that rivalries between individuals will overtake the 'greater good' and the spirit of a consultation.

Funding and payment

Money invariably takes on symbolic importance beyond its specific value.

The user groups and forums involved in the research had various arrangements – from having an allocated budget that they managed, to knowing that a budget had been allocated for their work and facilitation but the group itself did not know how much that was or have control of it, to any financial arrangement not being known to the group.

Where user groups reported a lack of clarity or even knowledge about budgets available to them, they noted that this at least impeded their independence and could be construed as a lack of trust in their competence by commissioners.

It should be noted that not all groups made comments on this, but those who did felt strongly that, if they were to do a job of work, they should have at least an awareness of the budget available and have some control in the way it was spent – even if they did not have authority to 'sign cheques'.

Payment for time was identified as a mixed blessing. Responses were from 'would you get the right sort of people if they only did it for the money?' to 'it's an important principle (it's not about the amount) that our expertise is paid for'. This has echoes with the findings of the literature review, particularly in terms of representation and participation.

Convenors/facilitators/support workers

Again, user groups reported a variety of views about the necessity or otherwise of having paid staff involved in the running and management of the group. The striking feature appeared to be about where the loyalty of the worker was felt to be.

Convenors/facilitators/support workers can ensure that the interface between other professional staff and the individuals in the group is managed well, and that really has to be done by someone who is trusted by the group as a whole.

They can help prepare members of groups for forthcoming activity, debrief with them after the activity and take up issues on the group's behalf where that is appropriate or necessary.

However, some service users are concerned that workers will not always work in their best interest or, where employed by a third party (for example, a provider that has its own relationship with a funding body), there may be a conflict of interest vis-à-vis the user group and public bodies.

And finally

This section has provided a snapshot of the issues raised by service users during the initial stages of the research. It is not exhaustive. In common with commissioners, all those who engaged with the process were remarkably open and thoughtful.

Overall, users felt in a good position to:

- inform needs assessment processes;

- provide feedback on quality assurance processes;

- provide insights into uptake of services;

- give insights into whether a plan was likely to work or not;

- give an authoritative view concerning service development;

- highlight areas that are cross-boundary – particularly where there is overlap between different service sectors;

- engage in dialogue about where provision is sited – the pros and cons of services in all parts or only some parts of the borough;

- contribute to discussion (that is, beyond their own specific areas of expertise) about things that impact on this – for example, transport, etc.

Examining service users' and commissioners' thinking and experience

Unsurprisingly with this sample of contributors, all were keen and ready to be involved: 'It isn't rocket science'. But there was a need highlighted for training and resources, as well as various items raised above in order to do so effectively.

An examination of commissioners' thinking and experience

Introduction

The commissioners involved in the research did not necessarily work in areas that were coterminous with the service users whose experience has been outlined above. This section gives a profile of the commissioners involved, their experience of user involvement in commissioning and the key areas of concern to them.

Profiles of commissioners

The commissioners' views expressed in this research are based on face-to-face interviews with commissioners in six London boroughs covering inner London as well as outer London authorities. Four out of the six commissioners worked in the local authority and two had a joint commissioning brief across the primary care trust and the local authority, with a further locality moving towards joint commissioning teams. All local authorities and PCTs were approached to take part in the research to mirror the user groups' boroughs. They all agreed to be involved after varying degrees of contact and encouragement with individual commissioners. Three of the six commissioners were responsible for commissioning services for adults with physical disabilities and older people, and three were responsible for all adult commissioning in their locality. Only one of the commissioners had been in their current post for more than a year. Of the remaining five, one was an interim appointment, one had moved from one authority to another and three had gained promotion.

This meant that the majority of commissioners interviewed were still trying to get to grips with their current role and saw strategic commissioning in their area as a concept in its infancy. Most reported that there was very little existing user involvement to report on and saw promoting greater user involvement as one of the key

challenges in their job. A number of interviewees also felt that their role and the function of strategic commissioning were not very well understood by others, in particular users, carers and councillors. Surprisingly, some interviewees included senior staff in their own organisations, such as directors of services, among those who did not fully understand. Bearing in mind the self-selecting nature of the interviewees and the fact that unsatisfactory or non-existent user involvement could be attributed to previous incumbents, commissioners talked about the issues with openness and honesty. They appeared to be pleased that the research was taking an interest in their work and was trying to understand what strategic commissioning was about on a practical level and how this relatively new area was developing on the ground. Commissioners seemed keen to hear how colleagues approached difficult situations and to learn from each other.

There was quite clearly no blueprint for a strategic commissioner and it was striking how commissioners shaped the role to suit the local environment and also to play to their own strength and particular interests. An individual commissioner's professional background, as well as personal and work experience, was as important in shaping the role as the culture of the borough they worked in.

The world we live in

Commissioners discussed the situation as they currently experience it. They reported that user involvement in strategic commissioning was seen as very useful in a number of different ways, while also posing tensions and challenges.

The commissioner in one borough felt that user involvement had been very helpful in raising the profile of a particular service area locally and this higher profile translated into the allocation of more funding for the service area by councillors.

User involvement was reported as very useful in one borough that had a change in council control. The key message of the newly elected council was that it was there to listen and implement what people wanted. The commissioner felt that this meant that councillors provided leadership on user involvement and were willing to put in the time to attend consultation meetings.

Commissioners cited numerous examples of user involvement in service redesign and some service decommissioning. To some extent, user involvement was seen as a way of legitimising unpopular decisions.

One interviewee felt that you could always get the decision you wanted from a user group by carefully choosing the users you asked to participate. In particular, commissioners highlighted the tension between existing service users who might be very attached to existing services and resistant to change, and those not using the current service because it did not meet their needs and future service users with different needs and expectations.

Getting future service users involved was identified by a number of commissioners as being especially difficult. In older people's services, in particular, managing the potential conflict between current and future service users and their different expectations was seen as a major challenge.

This tension between current and future users of services was particularly evident when users were involved in service redesign and decommissioning. Only one of the six boroughs felt they had developed a successful mechanism for engaging future service users. The others were struggling in this area.

Interviewees cited numerous examples of users being involved at various stages of tendering processes, including selecting a preferred supplier. In this context, there was some support for paying service users to sit through lengthy tender presentations and interviews. As one interviewee put it: 'I would not do this if I weren't paid. Why should users?' Others reported that payment was not an issue locally and what the users involved in the process valued more was support from the commissioners themselves, and help with practical problems like transport and lunch expenses.

Across the six boroughs, a wide variety of different user involvement techniques were used – from questionnaires and public meetings, to service user led research and discovery interviews. The resourcing of user involvement varied hugely – from one borough having two internal teams to co-ordinate user involvement, to another borough that was hoping to secure funding to support a small user group in the coming budget cycle.

The lack of capacity and low skill level in their own and partner organisations for user involvement was flagged as an issue by a number of commissioners. Several boroughs were looking to invest in this in the coming year. In most localities, this meant funding user involvement posts in the voluntary sector for specific user groups. Establishing LINks was also seen as a way of addressing deficits in this area. There was, however, no clarity as to how they would work and fit in with existing user involvement mechanisms. One commissioner felt that other boroughs were not properly resourcing user involvement and were trying to get it done on the cheap by using the voluntary sector or were not putting aside enough time to facilitate meaningful user involvement. This was leaving users and the public disenchanted with the whole process.

There was a general consensus among those interviewed that councillors and PCT boards support user involvement and expect that ascertaining users' views is part of the decision-making process. A couple of commissioners did, however, point out that this does not prevent individual councillors from trying to reverse a decision arrived at through the normal commissioning process if unhappy constituents asked their councillors to support a call to reverse the decision. The examples given for this were both related to the decommissioning of a service.

Partnership working of local authorities and primary care trusts

Generally, commissioners were positive about the commitment of local authorities and primary care trusts to user involvement, but all saw PCTs lagging behind local authorities (LAs) in terms of consistent user involvement and a structured approach embedded in the organisation's culture. This is also the only area where one of the interviewees was reluctant to speak on the record. The partnership structures in this borough evidently were not strong enough to facilitate open criticism.

Two interviewees were joint appointments across the PCT and LA, splitting their time across both organisations with reporting lines in both. A couple of other boroughs were at various stages of working towards integrating their commissioning

Examining service users' and commissioners' thinking and experience

roles. There was, however, evidence that LAs and PCTs approach user involvement very differently and that this creates tensions. The consensus from commissioners was that health still had a very top-down view of the world and needed to catch up with local authorities in this area.

One commissioner raised a very interesting point about the need for officers from the local authority and the PCT to have discussions without users present to deal with issues between the two organisations. In his experience, joint planning structures that had users present at all levels often created another set of meetings where officers discussed issues away from public/users' gaze.

A further point was raised about how to involve users in discussions on technical issues like tender and procurement processes, which are complex without simplifying so much that the discussion became worthless.

The role of the voluntary sector in user involvement was put to commissioners as a separate question. All bar one authority relied heavily on voluntary organisations to facilitate user involvement, usually through funding user involvement posts in the local voluntary sector. The potential tension between voluntary sector organisations as facilitators of user involvement and as service providers was, however, not a live issue with commissioners. Nonetheless, one borough had taken a decision to give funding for an event directly to a group of users rather than to a local voluntary organisation, as it was felt that they were more likely to have credibility and access for a wider constituency of service users.

Two of the interviewees also highlighted the need to engage council departments outside of health and social care, like leisure and parks and housing, to ensure they met the needs of particular user groups and saw this as the next big challenge locally.

Who do we want?

The issue of representation/participation appears in various places throughout this think piece. When examining the evidence, we describe the issue as 'thorny'.

Commissioners reported a number of challenges with which they grappled, including:

- gaining input from a variety of interests and individuals – beyond 'the usual suspects';

- how to engage with those traditionally marginalised or not involved in user forums and similar activities;

- developing skill and capacity among individual service users and service user groups and forums;

- the level to which local authorities and primary care trusts could or should invest in individuals and groups;

- how to address the tensions between service users who may be attached to existing services and those who do not use services as they do not address their needs, and so on.

Commissioners reported a wide variation between different client groups in terms of their capacity to engage in the process. One commissioner linked this to people's previous work experience. Others mentioned client groups where user involvement was more embedded or had a longer history of engagement and impact on strategic commissioning dialogue. It was, however, striking that those client groups seen to be successful at user involvement appeared to differ from borough to borough, and there was no clear reason why people with learning difficulties were more successful at engagement in one borough and older people in the next.

The skill level of users and carers was, however, seen by commissioners as key to meaningful engagement. Building the capacity of users to take part in the process was considered an important part of their role by a couple of commissioners. But others felt this was not at all part of their role and should instead be done by the local voluntary sector and in particular the local CVS.

Commissioners were aware of the danger of talking only to the 'usual suspects', but also felt that working with users who had been involved previously in other processes was a good point to start as long as there was also the opportunity to regularly recruit new people to user groups.

Continually refreshing user groups and extending the opportunity to participate to the wider local community was identified as a key challenge by commissioners, as those involved soon became seen as 'the usual suspects'. One suggestion was to fund a facilitator with specific targets for recruiting new people.

It was also felt significant to develop different routes of engagement for different groups as a way to mitigate risk. For example, it was suggested that it was important to see people in community venues rather than expecting them to attend town hall meetings as well as the need to get away from paper-based consultations. This echoes service user comments about meeting 'on their territory'.

One commissioner raised the question of how you balance user groups so they can represent the very different backgrounds and experiences in a very diverse borough.

Developing engagement with hard-to-reach groups was seen as an area that needed improvement by all boroughs. People were particularly aware that they were not keeping pace with the fast-changing make-up of their area and the new and emerging ethnic communities moving into the locality. Guidance on how to identify and engage with emerging communities was identified as lacking and seen as a gap.

A couple of commissioners also identified white working-class communities as hard-to-reach groups who were not engaged locally. People, however, were also nervous of the political dimensions of making this a topic in the area. As one commissioner put it: 'you are getting very near BNP [British National Party] territory here'.

Who has the power?

Commissioners had very different opinions on the interdependence of the strategic commissioning process and the political process. These can best be described as three different stances – those who assert that:

- commissioners have only very limited devolved power and that councillors made the decisions;

- the decision is made at officer level and councillors simply approve the decision;

- the relationship between commissioners and councillors is a complex one and decisions are often reached after lengthy discussions during a consultation process, with councillors relying heavily on officers' advice but not necessarily always following it.

The commissioners' perceptions of their own power base in relation to decision-making impacted on their attitudes in relation to the transfer of power to the user.

- Those who were clear that councillors made the decisions saw users informing the recommendation they were making to councillors.

- Those who saw councillors rubber-stamping decisions were much more open to a transfer of power and saw users making decisions with commissioners on issues like awarding a tender.

The value of engaging with councillors throughout the process of user involvement was highlighted by one commissioner as key in getting controversial decisions to 'stick' and preventing local interest groups from 'unpicking' them through lobbying elected members.

A key factor in how the commissioning process and the political process buddy up relates to the relationship between the commissioner and the responsible councillor (or lead member) in terms of how well they work together. One commissioner highlighted the difficulty of relating this positively back to users, especially if discussions with a member became protracted, as it could potentially give users the impression a decision was already 'stitched up'.

There was, however, agreement about the role of money in all commissioning decisions and the need to be as open and transparent as possible about the financial constraints. One commissioner identified the secretive budgeting process as a major obstacle to meaningful user involvement, which did effectively leave users and commissioners alike very little choice.

All felt it was vital to be very clear about what people got involved in and what actually was up

for discussion and what could be changed. The example given was about a 'meals on wheels' consultation, which came back with very strong support for hot, freshly made meals only to be usurped by a budget decision, which meant only frozen meals were a fundable option. Involving users in discussions around funding for services and their costs was seen as critical to ensure users understood the process and why a particular decision was reached even if they did not agree with it.

Who is doing what?

As shown earlier, the practice of user involvement in strategic commissioning varies greatly from one borough to the other. All boroughs used a wide range of techniques and people to facilitate user involvement. This ranged from questionnaires and focus groups to user-led research and meetings between service users and local councillors. Commissioners had a strong preference to use commissioning staff as the lead in user involvement, but acknowledged that time pressures meant that external consultants had to be brought in at times. Interestingly, only a minority mentioned the need to involve operational staff in their own organisation (such as social workers and home care staff) in gathering users' views.

Only one commissioner had a very strong commitment for her team to get involved in capacity building locally. They were prepared to invest significant amounts of staff time to help new organisations develop or turn around organisations in difficulty.

Some boroughs had dedicated user involvement staff to manage local involvement but, typically, these were purely office-based staff developing and analysing questionnaires and databases.

What has been achieved so far?

All commissioners were asked to rate the impact of user involvement in the strategic commissioning process on a scale of 1 to 10 (with 1 being low and 10 being high). Most people rated themselves at a relatively low 4 or 5. Others felt that they had done some consultations well and others poorly. When asked to identify a change in a commissioning decision due to user involvement only a minority could identify an actual change.

As one commissioner said, 'that is very sad'. But those interviewed were very clear that user involvement did add a different perspective to the decision-making process and highlighted different priorities for users than for the professionals involved. Thus, all agreed that users had influenced commissioning decisions even if they had not changed them.

II Reflecting and thinking

5 Examining the evidence

Introduction

Part II provides an examination of the evidence, incorporating issues drawn from users and commissioners, including some tensions and discussions that flow from Part I.

Overview

When looking at the findings arising from our work with users and commissioners, we identify significant mirroring between the two sets of views and concerns of all those involved in the process. Each, of course, has its own perspective but, once 'unpacked', core issues that give us a basis for establishing a shared perspective emerge.

It requires time, patience and skill to identify common views in what is often an environment where the following pressures occur:

- Many of the cultural norms are output/activity rather than outcome/process driven – that can lead to a certain level of reductionism and that in turn is unlikely to re-enforce relationship development. Building strong personal relationships is key to building trust and this is particularly important in the area of user involvement in strategic commissioning where the processes take very little account of this personal dimension.

- There are differences of perspective and experience within each role or group – that can mean that an approach used with effect with one user forum might not work with another.

- There can be expectations or assumptions made about those who are identified as 'leads' – for example, that they have a level of control and/or knowledge about budgets and resources and those power assumptions may be erroneous.

- Inherent values play an important part of this process. These may never be made overt, never mind be shared and as a result are difficult to manage.

This is not an exhaustive list of the potential areas for tension and will be developed further in this chapter. We have separated these tensions from others explored later in the chapter to differentiate between those issues that are less tangible but still likely to affect all aspects of an institution's culture and those that have an overtly direct impact on commissioning processes themselves.

Our contention is that, where these tensions are considered, discussed and made transparent, there is a greater chance that effective user involvement will occur. In other words, there is a real need to consider the past experiences, values, assumptions and boundaries of authority of all parties involved when engaging in user involvement. This should be at all levels, from practice development through to strategic commissioning. The effect of individual participants on each other should not be underestimated. Good relationships and shared understanding will add to the trust and pace of change.

Last, but by no means least, it is important to recognise that many if not all of the issues that relate to service user involvement actually relate to many others involved in strategic and other commissioning. As the reader will see, issues like: clarifying the purpose of a meeting; knowing the boundaries of authority; recognising that levels of authority are fluid and change with the role that an individual is performing in any given setting; and the use of language and jargon are important for all – not only for those called service users. Thus if the system works for service users then it will work for everyone – and will benefit commissioning and implementation processes throughout.

We have drawn out the key issues overall – describing differences of perspective from

commissioners or users where this is helpful – rather than separating out specifically from one camp or another.

What do we mean by user involvement?

Findings from the desk research was borne out during the fieldwork stages of the research. All parties need to be clear about the purpose of their involvement in any given situation, and all parties (including commissioners and other officers) need to have the time and skill to deal with that.

But, what do we mean by user involvement? Does it mean to influence thinking, to influence decision-making, to be a part of the decision-making process, to have some level of responsibility for the final decision, etc.?

Some users say about strategic commissioning, 'Tell us what it is not! At least that would be a start.' They suggest that this would make expectations more realistic and would contribute to the development of trust between users and council and PCT officers.

Why are all the sources of intelligence about what users experience on a day-to-day basis not collated or understood by all those operating at a strategic level? Should we be thinking about a series of jigsaw pieces where 'users' are involved in direct service feedback, needs assessment, contract monitoring, wider consultation, as well as a particular skill set for involvement in strategic commissioning processes themselves? In many areas there is limited (not to say a lack of) confidence from the user point of view. This reflects a number of barriers to user involvement in strategic commissioning, at least in part.

• There is no consistent use of the language of involvement. For example, in one borough, a user group had a conversation with a commissioner about individual budgets. The result of the conversation was that the commissioner changed their thinking about how to take the agenda forward. No one called this a consultation or user involvement exercise.

• There is no movement of experience/learning from one place to another to demonstrate that 'it' (that is, user involvement) has had an effect.

• Feedback about what has changed as a result (or why it has not) is weak or non-existent – a flaw in the process rather than the process itself not working. Review of user involvement and feedback to users was identified as a weak spot by several commissioners, thus missing the opportunity to learn from past mistakes and cement good practice.

And it can be tiring!!!

The intention behind government policy is to 'draw users into all facets of the care services operation'. The ambition is great. It provides a place to test whether there might be an unintended consequence of a decision and, more positively, an opportunity to think about what the impact of an intended outcome might be and how that might be affected by any decision on the way to its development.

On the other hand, it is important to remember that such processes are tiring for those of us who enjoy good health and are familiar with engaging in such processes. For users it could be 'an involvement too far'. Some users involved noted, 'not only will I have my illness/condition to deal with – I'll have to run the NHS as well'.

For many of us, recovering from illness, managing conditions and managing daily lives takes a great deal of energy. How can health and local authority managers help users to participate when life is still going on.

We identify below a range of tensions and issues that lie behind the structures that many authorities are likely to develop for strategic commissioning. If the *real* processes – for example, to do with decision-making, power, allocation of resources – are not made overt it is likely that this will exacerbate frustration, use of energy, etc. and could serve to undermine effective user involvement.

Examining the evidence

The thorny issue of representation

The question as to how far any number of service users can represent a constituency of interest is raised by service users and commissioners alike. There are issues about:

- critical mass (that is, having sufficient numbers 'around a table' to avoid a challenge of tokenism) and finding a way to reflect 'user experience' while having skill rather than 'numbers' in the room;

- the extent to which 'factions' within 'the user movement' will need to be managed;

- the tension between those groups who 'represent' the voice of the user but are not controlled by users and those who are;

- service users being wary about the perceived responsibility that involvement will mean – reinforcing the worry about participating in and having an influence over processes that could affect the lives of the many;

- whether anyone – be they an individual, a group or a provider organisation – gives an objective assessment; and many more issues.

The LINks scheme should provide for a ready 'pool' of users who are skilled and resourced to become involved in a variety of ways within service development. In summary, the role of the LINk is about:

- promoting and supporting the involvement of people in the commissioning, provision and scrutiny of health and social care services;

- obtaining the views of people about their needs for, and experiences of, health and social care services;

- enabling people to monitor and review the commissioning and provision of care services.

The development of LINks is in its early phase and it remains to be seen how successful they are in capturing the representative user across a spectrum of difficult service provision as opposed to capturing the interested non-user voice.

Provider organisations (public, voluntary and private) know from their own case files what users think of particular services; they are able to act as 'honest brokers' between the *system* and the *individual*. They could therefore act as an interface between the two – translating, protecting where necessary, etc. However, there is anxiety that some 'have an axe to grind' and will consider the imperative to maintain their own service greater than facilitating the voice of users.

Commissioners can only do so much. They can invite and equip individuals or group representatives to participate in various processes. They can establish user forums to discuss particular themes or plans. They can analyse data and intelligence that is service user driven, but it is not possible for any of this to reflect the thoughts of a whole community. On an intentional light note, by way of illustration, some readers may remember a comment made by Donald Rumsfeld, who was US Secretary of Defence between 2001 and 2006, when he said that there were things that were known knowns; things that were not known; things that were known that were not known; and things that were not known that were not known! Commissioners can draw on much, and there is much that service users can bring to their attention – not least the impact on a particular course of action – but they are not omniscient and that too needs to be acknowledged by others engaged in commissioning processes.

These issues are even more pronounced when commissioners engage with hard-to-reach groups, where there is little intelligence of the groups' specific needs and no history of previous engagement.

Clarity about language seems to be key (that is, whether there is consultation, participation, etc.), combined with transparency about processes, and the determination to help individuals and groups to participate.

What do we mean by strategic commissioning?

Some commissioners say that members make the decisions about strategic priorities in an area; others say that, by the time it gets to members,

the decision has already been made. In some areas, the strategic commissioner is thought to have responsibility by heads of services, yet strategic planning is clearly the responsibility of heads of services – or is it?

So, what does strategic commissioning mean in any particular area? Is it where the decision about where the money is to be spent is made – and who has responsibility for 'the spend'? What decisions are within the gift of an area (that is, within their power to expedite), or are local authorities and PCTs buffeted by the pressures created by government initiatives and policies as well as the demands from practitioners, users and the public?

Is it possible to involve users when thinking about high-complexity in relation to low-volume provision – in other words, is it possible to plan into the future without a critical mass? In a similar vein, is it possible to involve the users of tomorrow when they may have little interest or understanding about what their needs and aspirations are likely to be? Or, when thinking about the future, can we only involve users to give a 'flavour' of the qualities that any configuration of services should have – for example, flexible, quality assured, etc.?

What some want from strategic commissioning is to decommission services to free up money to develop new provision, redirecting limited resources to meet new and emerging needs. This does, however, put the strategic commissioning process on a direct collision course with the interests of the existing user group whose priorities are often to safeguard existing provision rather than to develop an undefined new future service. This also raises the interesting question of which user group could be involved in shaping future provision (for example, residential care provision for older people in ten years' time) and how keen are potential future users to get involved.

By definition, strategic commissioning is a long-term process but the world in which commissioners and users operate changes constantly. Government priorities change over time, overall control in a council changes and services go in and out of 'fashion'. How can commissioners future proof their decisions?

Much of this is about strategic commissioning itself. There are many questions that would need to be considered and ironed out in advance of users

becoming involved – see the earlier section of this chapter entitled 'And it can be tiring!!!'. However, user involvement in strategic commissioning points to reshaping demand and supply of provision. It takes those involved – both commissioner and service user – to think about 'what we want' and not purely about 'what we can get'.

Is anyone signed up to transfer of power?

Commissioners have an idea of what involvement could mean in their area. They subscribe to the cycle set out in Chapter 5 of this document (see below), but pick up only on the parts of the cycle they manage.

There are two or three aspects to transfer of power:

- Is this actually about a transfer of power or about power residing within the local authority or PCT while being open to the perspective or influence of users? Or is it really about a transfer of power? In reality it is unlikely to be the latter, nor should it be, but the lack of clarity about what this means can undermine any process of involvement.

- Do users really want, en masse, to have the responsibility for decisions that statutory organisations make at a strategic level? Many of the users involved in this research do not. Service users may be happy to influence or inform, but are concerned that they may be asked to operate in areas where they have no or little authority, or that they may be perceived by others to be responsible for certain local authority or health service decisions when they are not. However, the language of involvement can leave both users and commissioners feeling unsettled about where power resides. Further, commissioners do not necessarily have the power that users think they have but may be loath to disclose that. This creates an 'elephant in the room', which can be misconstrued and contribute to a lack of confidence in the intentions of commissioners and/or a level of 'acting out' by any of the parties involved.

- Despite increased partnership working and joint commissioning, there are major differences between PCTs and local authorities in their approach and service models, which some commissioners feel might be better managed without users who have no interest in the organisational politics being present.

- There are technical issues involved in commissioning and there may not be time to equip users to be involved in these parts of the process. Some users may not wish to be involved and at the same time be concerned that, if they are not present, decisions will be made behind closed doors. Again, this can contribute to a lack of confidence in the process.

- Some identify a need for a critical mass of users in decision-making processes, while others prefer skill more than numbers. There is a tension about needing to be seen to 'involve' and getting the job done.

Commissioners appear to struggle with this transfer of power issue; they do not overtly look for a way to exclude users. The issue appears to be how far this is acknowledged and managed.

Do commissioners see their role as interpreting what users are saying?

Is there a tension between current and future service users: actual or perceived; between identified need and aspiration? This is particularly acute around service reconfiguration. There is a question if user involvement is used to legitimate unpopular decisions. It is easy to use the argument that this is not what future service users want when decommissioning a service. The impact of that decision is, however, felt by the existing users. It also means that someone – usually the commissioner – is making a judgement about which group's needs are more important: those of existing or future service users.

There is always a danger, or is it a human need, to get the answer you want from talking with the people who will agree with you.

Users, of course, are not homogeneous. Even within small groups of people, there will be different opinions and priorities. It appears to be how this is managed, rather than coming up with a unified view. Views will change over time. What we think is the most important will depend on who the 'we' is.

How to respond to external changes

Do commissioners have a 'what if' plan? This is important – if having done all the consultation and having made a decision about, for example, a service configuration, and then over time the people change and they want something completely different, how do commissioners manage that? The example of one of the six boroughs where the overall control of the council switched from one party to another is very interesting here. The new council's top priority was to deliver a 0 per cent increase in council tax and all commissioning decisions had to be reassessed to ensure the council did deliver on this.

What do we mean by needs assessment – what really does drive development?

A strong needs analysis with user involvement is a basis for sound commissioning decisions. Many commissioners see this as the starting point in the strategic commissioning cycle, from which everything flows. There is an unerring logic about being needs led. However, there are a range of pressures that arise.

- The difference between need, want and aspiration is not as clear as it may appear. People's and populations' needs are not static; and what is important to individuals and populations will vary and change.

- In health and care services, there is a tension between needs assessments based on a medical model and those on a social model. Service users experience the tensions of this contested territory in their daily lives. And this is often mirrored in the relations between local authorities and primary care trusts.

- Changes in circumstances, new communities and economic circumstances among others

will have an impact on all, and arguably more so for black and other disenfranchised communities. This could be termed a Rumsfeld moment in that commissioners are almost being asked to know what they do not know while recognising that there will be some things that they cannot know! Service users will need to understand and agree to acknowledge the limits and boundaries of any needs assessment. At the same time, flexibility will need to be built into both needs assessment and all parts of the commissioning process to take account of changing circumstances and their impact on communities.

- Whose need are we speaking about – individuals, populations or services? All have a valid voice when developing services. While much can be done to involve service users – at a strategic level when developing the framework for needs assessment and at an operational level by involving forums and groups – the individuals involved will, by their nature, be self-selecting. This fits with the issue of representation (above).

- At the same time, some 'voices' might need to be mediated. Users are likely to see the value of new or different services for others, but not easily if that is seen as a 'cost' to them or those (including groups and organisations) with which they have an investment. Where the 'cost' identified is to the group or service with which service users have an investment, there is the potential for them to look further afield to other services that they believe may have less value or should have a lower priority. During the course of our research this was expressed as reducing services for refugees and asylum seekers rather than seeing a reduction in their own direct service sector.

As we have indicated above, there is a balance to be found between managing need and want; external legislation and regulation; economic realities and political choices.

Same people, but in different roles, have different boundaries of authority

Each of us occupies different roles in different situations. An individual user will be an authority when determining their own needs and, as such, can form a real partnership with their social worker/clinician, etc. When that same person seeks to reflect the views of a wider constituency, however, their authority will change. They will need to be clear about how far they can speak on behalf of the wider group – what the limits are. They also need to be able to reflect views that may be different from their own. Some user groups are skilled and able to do this; others need to develop that ability.

At the same time, the boundaries of officers will vary according to the role they are occupying in any given situation. Yet, these people are likely to meet in a variety of circumstances and their boundaries of authority may not have been defined. How often do we clarify this? For some, there may be some nervousness about doing so, especially if there are political (big 'P' and small 'p') issues at stake – for example, for commissioners whose budget has been changed without prior warning.

Different levels of authority will require different skills and this too may not be as overt as it needs to be – leading again to misunderstanding or contributing to mistrust between parties.

Implementation

The process of implementation will be important in a number of areas. It is the series of:

- events and activities that communicate and make real the intention behind a commissioning decision, as well as developing new or different provision;

- activities where others – including officers, staff, members and users – will experience the implications of strategic and policy decisions;

- activities and events where support will be gained (or lost) for a strategic commissioning decision.

Implementation therefore provides an opportunity to revise and amend decisions in the light of concrete experience.

There could be a disjunction between 'strategic commissioning' decisions and their implementation if the processes were not closely connected. Commissioners generally do not see implementation of the commissioning decisions as their role; separate procurement teams or operational staff are responsible for this. They are, however, aware that a good commissioning decision can fall at the first hurdle if the implementation is poor. Critically, feedback if things go wrong is also rarer the further it is away from the commissioning team.

It is therefore important to be clear about which party has the lead role in overseeing the implementation plans and processes. If it is not the commissioner's role, then whose is it? How is review built in and who is responsible? What is reviewed? Commissioners will of course monitor contracts, but that may not include quality and outcome measures in which service users could and should play a crucial role. What role do others in the commissioning, contracting and procurement process have in feeding back how a policy or strategic decision is working in reality?

The experience of front-line staff would appear to be key and can bridge the gap between the intentions of managers or strategic staff and actual implementation. On the positive side, the expertise and intelligence of front-line staff is crucial to making any service redesign happen and ensuring it is followed through. On the negative side, if front-line staff are not signed up to the proposed service redesign, a change in commissioning can be a management illusion without making any difference to the service user. This may be so in areas where in-house services' monitoring arrangements are different from those for voluntary sector and independent providers.

Monitoring and evaluation should also be part of this. Again, it is important to ask whose role it is to lead on this. It appears crucial for commissioners to get sound data on the impact of their commissioning decisions to feed into review and evaluation cycles. Getting all contracted agencies to include regular user feedback in their monitoring information as part of the contract, as one commissioner did, is an easy way to gather

intelligence without having to do it all yourself.

Of course, it is important that it is done and written down as part of background papers so that, when politicians or users go back to a policy/service and want to challenge it, there is evidence about what led to that policy/service in the first place.

Front-line staff and providers

There are many tensions and issues about engaging with front-line staff and providers, including tensions between groups and organisations in the voluntary and community sector themselves – this is in part borne out of a sense (real or perceived) of competition between the groups/organisations.

Voluntary organisations often consider themselves to be 'the voice of the user' at the same time as being contracted to provide services on behalf of the local authority or PCT. They may be concerned not to 'bite the hand that feeds' or to be perceived as 'biting the hand that feeds' – at some point the perception has more reality than the truth.

There can be disquiet among some users that their voices will not be truly reflected – anticipating or having experienced a conflict of interest on behalf of the worker/group or organisation.

From a commissioners' perspective, no one perceived this as a live issue. Almost all saw the voluntary sector as a key player in user involvement in their borough, with a number funding user involvement posts in various voluntary agencies. One commissioner felt the way LINks have been conceived and set up means that organisations will have a dual role as service providers and facilitators of user involvement. She could not see that anyone would be interested in setting up another group of organisations specifically for user involvement. There was, however, concern expressed by one commissioner that the voluntary sector was seen as a cheap alternative to investing in sound internal structures. The issue of conflicts between smaller and larger voluntary organisations was also raised – who is more suited to or effective at user involvement?

Care workers and those in direct contact with service users are likely to have an understanding of need borne out of getting to grips with the subtlety

of this over time, and seeing many people. They collect information; they are sources of intelligence for those involved in strategic commissioning and implementation; and they are able to communicate the intention of authorities to users.

So, there is a difficult balancing act to be achieved between maintaining the integrity of user involvement, utilising the intelligence as well as data collected daily by front-line staff, and being informed by research and needs assessment that takes place in other areas or disciplines.

Change management: where does it fit in and whose job is it?

Where the commissioning process results in the decommissioning or reconfiguration of services this change needs to be managed. Change management is not, however, seen as a part of the commissioning cycle and is generally the responsibility of people outside the commissioning function. This leaves commissioning decisions vulnerable to being unpicked long after the decision has been made. In addition, front-line staff, who make the changes happen for users, are not necessarily engaged and signed up to the change process.

Risk and impact assessment

Risk and impact assessment is another neglected part of the commissioning process. What happens when a decision is challenged – after all there are contracts worth several million pounds at stake? Or what happens when the political will to see through a difficult decision wanes?

Reflection and conclusion

As can be seen from this chapter, the issues discussed do not easily lend themselves to structural responses.

Strategic commissioning is posing challenges for commissioners as well as users. In a demanding and highly pressurised environment, it can be difficult not to ask for models or to use the models from previous experience. However, models can rarely be transplanted. To do so does not take account of the specific cultural factors of a given environment.

We all want a nice neat fix – something that helps meet the demands that are being placed on us. However, such 'fixes' or models rarely fit the different needs/desires/situations that we have to manage.

At the same time, it is often considered a luxury to pause and reflect on our own or others' learning; to read reports that consider the issues that underpin new initiatives; to think of ourselves or our organisations as learners, however much we know that this will achieve better outcomes. It is therefore something of a dilemma.

6   Reflections of the research team

There is always a question as to how far the issues raised in a paper of this nature reflect those of the respondents/participants or those of the research team. We believe that the range of issues explored in the previous chapter on 'Examining the evidence' reflects the depth of debate of the research team and the impact of the debate on the work as it developed.

The team is of the view that its process mirrored at least in part some of the processes that are inherent in user involvement in commissioning – or perhaps user involvement more broadly – and wanted to include a short commentary, as that too has informed the learning described in the next chapter.

The team

Age Concern London developed a team including two partner consultants (one of whom had significant commissioning experience and expertise, and the other user involvement experience), the Campaigns and Policy Officer, the Policy and Campaigns Manager and the Chief Executive to develop the bid for this project.

During the programme there have been changes in the project team – for example, to assist with the literature review and to work on different phases of the work programme as agreed with JRF. This brought new life and ideas but also added to the debate and depth of thinking as:

- the conceptual baton needed to be passed from one to another;

- new ways of working had to be devised;

- different values and perspectives had to be managed.

Work began by having a series of meetings where the team discussed how it would both work together and start the process of discovery. We began with service users and used that experience to combine with findings from the literature review to start to develop what the team described as a 'think piece'.

An advisory group of people who we knew to have experience of user involvement, service development and policy work was convened. Its role was to think with us, to challenge our thinking by suggesting other ways of interpreting material or to identify things we had not thought about.

How it worked

In the 'Approach' section in Chapter 2 of this paper we refer to 'rigorous debate within the team'. The team deliberately focused on bringing together two views representing both the commissioning and user perspective, with the aim of invigorating real debate, rather than adopting a consensus approach at the outset. We wanted to ensure that we adopted an approach to the research that we had tested from both sides from the beginning.

We therefore commenced with two polarised starting points, as shown in Table 1.

We found ourselves operating in roles that were caricatures of polarised roles. However, at some level at least, there was a battle of wills about what had primacy – the commissioner/commissioning process or user involvement/people's ability to

Table 1: Starting points for service users and commissioners

Users	Commissioners
Consultant 'flying a flag' for users.	Consultant coming from commissioner perspective.
A view that in some way the State should (yes should) ensure that at least a foundation of health and social care is provided.	A view that 'a free market in health and social care' can deliver.

affect change. In terms of testing and challenging our thinking, the 'battle' was useful and to some extent enjoyable! The early planning meetings allowed the team to explore and unpack issues, and really engage with both the user and commissioner set of perspectives and belief systems. The team was facilitated in such a way as to ensure that the 'issues' and perspectives that had emerged from the polarised debate were fed into the work that would be explored and tested with users and commissioners.

During the early stages of the project, the team did consider the personalisation agenda. How far did the processes involved in individual budgets reflect user involvement in commissioning?

While we thought that some broad headings could be used to consider user involvement in both processes, we could not examine them closely enough to draw any real conclusions, nor was it a part of the original brief.

All these questions were 'in the air'. Were we being objective researchers reflecting others' experience or were we in danger of being caught up in the agenda of some of the perspectives we were representing – that is, commissioners or users?

The original intention was that we would operate a parallel and interactive process with service users and commissioners. Following the initial rigorous debate, the research focused on the user perspective and altered the commissioning perspective. This:

- enabled the team to have an idea of what we wanted to explore with commissioners;

- clarified that user-led strategic commissioning was an untenable option practically – for many of the users we had consulted – and philosophically;

- refocused on strategic rather than personal commissioning.

Echoes of user involvement in commissioning

The research team was not immune to the sorts of realities that many teams – and more pertinently

many partnerships between people with different roles, backgrounds and perspectives – have. We were able to reflect on our experience as a team and realised that some aspects mirror those that could occur when service users are involved in commissioning. In particular, it is important to remember the following:

- People come and go – take note of their *role* as well as the *activity* in which they are engaged. Care should be taken to ensure that new members of the group understand the *concept and process* as well as the activity lest they (a) feel excluded and (b) do not make connections between their role/activity and that of the rest of the team.

- Think about *something tangible* – in contrast with earlier times in our process when we were thinking about each other's values and perceptions and what we believed others thought.

- It is easier to think of the 'immediate' and practical than the 'strategic' and longer term.

- It can be enticing to focus on something that is high profile and immediate, from which it is possible to extrapolate. However, the devil is in the detail and it is how processes are implemented (and that will relate to what their purpose is) that is significant – it is important not to be sidetracked.

- Feel more confident in the process whereby members of the team can ask each other *why, how or in what way* rather than take positions.

- Set down our thinking so that others can *see it in the round* to understand our thought processes, rather than make it oblique to outside scrutiny.

- Take the risk of *showing the thinking* to critical friends – our commissioner, service users, forum convenors and the advisory group – rather than keeping it 'in house'.

III Looking forward

7   Synthesising the learning: a menu of ingredients

Preamble

This final chapter is normally where research teams come to firm conclusions and recommend a tidy way forward for people to, in this case, improve the involvement of users in commissioning.

We are going to approach this differently. This is because we believe that a one-approach-fits-all solution is, in fact, no solution to successful user involvement. We discovered a key prevailing factor throughout the research was that those working locally must discuss and decide when and in what way users could be involved, depending on factors such as the:

- existence of available willing and able users;

- capacity of those involved in commissioning to involve users meaningfully;

- stage of development of strategic commissioning in a locality;

- extent to which commissioners are able to be open about areas like budget and decision-making processes; and so on.

We have identified key principles and a series of elements that contribute to an effective system to involve service users in commissioning – crucially it is not merely about money and structure.

Further, it should be remembered that this paper is about *user involvement* in strategic and other forms of commissioning and *not about* strategic commissioning itself.

When undertaking a commission of this kind, researchers are in a privileged position. We are able to read, consider and talk to people who want to talk to us, consider and test our ideas. Commissioners and users theoretically have those opportunities too, but the realities of life in terms of time, resource and ability to engage are such that this can be more difficult to do.

We have tried to unpack various stages in the cycle of commissioning and procurement where users could be involved. User involvement and commissioning are both complex processes – combine them and the task is challenging. Clearly, structure is important when considering how users can be involved in various aspects concerned with strategic commissioning. But, as we have sought to outline in Chapters 3 and 4, the issues that underpin any structure will need to reflect values, beliefs and the culture in an organisation.

Different messages will need to be delivered in different ways to different people involved in the process. However, we noted through the course of our research that, while the language and perspective will be different between service users and commissioners, they do in essence share the same high-level concerns.

'If it worked there, why shouldn't it work here?' We all bring positive as well as negative experiences from one place to another – commissioners (and users) are no different. However, those experiences must be examined to determine what combination of factors and ingredients made the experience what it was. Failing to do this can mean we can become wedded to the 'model' or disenchanted with the 'approach' (depending on whether the experience was positive or negative) when we attempt to apply the same thinking in different places and in different scenarios.

We can become defensive about our approach. User involvement in commissioning is a form of partnership. Each party needs to understand 'where the other is coming from' to build confidence. The people involved will change. It is important that each new person (whatever their role) understands why certain decisions have been made in order that they can be developed or amended. Not to do so is likely to lead to activities being undertaken with no understanding of 'why' or 'what' they are intended to achieve – making

the whole process irrational, difficult to implement and hard to gain ownership of.

The literature review identified a range of features that, when combined, would make user involvement meaningful and effective. Those features were both structural and cultural in nature. At the same time as the literature review was being undertaken, initial conversations were taking place with service users and commissioners, as well as with an advisory group that had been convened specifically to help develop our thinking.

The result of all these inputs was to identify a range of components or stages that should be viewed as a dynamic (that is, not linear) cycle. It would be simple to look at each of the headings and identify it as existing practice. However, the reality is much more complex. The tensions and issues identified in Chapter 4 reflect this complexity. It was important, therefore, to try to articulate the principles or drivers behind each of the components/stages so that those involved (commissioners and users) could get to grips with what the headings meant in any given situation.

Key principles and external pressures

Users involved at each stage

Strategic commissioning lies at the heart of the Government's vision to design and deliver high-quality services that adequately reflect user need. The intention behind user involvement in commissioning is positive, yet it raises many challenges including the following:

- To what level at each point can service users realistically be involved in shaping services for the future?

- Who constitutes service users for the purposes of shaping services?

- To what level should users and commissioners be supported to contribute to each relevant point of the commissioning cycle?

- Some aspects of commissioning are technical – and all aspects will require the skills and knowledge of all involved to deliver the right outcomes for users.

Discuss and agree at each stage purpose, role and boundaries of authority

The research was clear about the importance of clarity of role to the success of user involvement in strategic commissioning. This applies both for the user in relation to understanding who they were representing and whose voice they were contributing and for the commissioner when articulating the extent of their power to make change, in terms of resource and influence.

In many ways, the idea of user involvement seems 'obvious' and not merely a response to government initiatives. There appears to be a general acceptance that this is something that should happen; the question is about how involvement should occur. But for user involvement to be real will require more than service users attending meetings – however much they are able to contribute. Members and officers will have been used to managing their work within particular rules – both implicit and explicit. Asking them to 'open their doors' to outsiders is likely to be difficult. To do that (and for user involvement to be more than a tick-box exercise) will require a willingness of those in public bodies to really consider how much information of what type they are willing to share at any point. It appears key for them to be clear that a particular line has been drawn and to be willing to open themselves to scrutiny and to potentially 'change that line' as confidence in the process develops.

It is important that all parties understand the purpose of involvement, boundaries of expectation and boundaries of authority. This needs to be repeated and re-evaluated at each stage to take into account changing circumstances as the commissioning cycle develops.

External pressures

External pressures on health and social care systems by developing government policy are well documented and are demonstrated in the literature review. The impact of both proposed structural and resource change in terms of health care, as well as the changes in delivery of social care, will impact on users and future users of services in terms of service delivery, service choice and the shape of services to come. In addition, the changing political landscape in London will affect local decision-making and impact on the future

development of local services, as different services have different priorities that reflect the support of local political champions. User involvement remains high in strategic commissioning and is high on the rhetorical agenda. However, the research has demonstrated that there is a gap between the aspiration of government policy and the reality on the ground locally. The research acknowledges that this is relative to the local opportunity for real engagement in terms of internal and external pressures in a fast-changing health and social care environment.

The elements
To repeat, it is important that this is not seen as a linear but as a dynamic process. Each element will inform the other. Every local authority or PCT will work out its own way of undertaking each part of the process.

It is crucial to think about what is to be achieved in each element and to combine that with local realities – be they external pressures, cultural norms or internal pressures – as well as with skill and capacity.

Agree a framework for user involvement: how the process is going to work
Different local authority and PCT areas will adopt different approaches to user involvement – that is inevitable. Users involved in this study have identified three different positions that different authorities or service sectors have adopted:

- those who are open and willing concerning user involvement;

- those who are ostensibly open but the experience is that they are not willing;

- those who are not open to user involvement at any strategic level.

Further, it may be that one authority could adopt all three positions – different positions being taken up in different service directorates, or at different stages of the commissioning cycle or, even further, in that those different individuals might adopt different positions.

The most difficult to manage is obviously the second position – one where the language

of involvement differs from the experience. Agreeing a framework is a starting point of the process not only of commissioning itself, but also of developing confidence and trust. A lack of congruence between language and experience will be picked up and can only serve to undermine the development of confidence and trust between all parties.

> One commissioner contrasted the involvement of users in the tendering for a home care contract with the involvement of the same users in a consultation exercise for GP services. Because the latter had no agreed framework and the purpose of the user involvement was unclear the users withdrew from the process because they had no confidence that they could achieve anything. They felt the involvement was purely tokenistic.

Operating context
When considering the context for strategic decision-making, commissioners will be aware of external pressures, be they national or local. They will have knowledge of regulation and legislation that will impact on decisions, and local priorities and circumstances that will inform any future decisions. There is value in making these overt so that there is a record of the issues that were considered as part of the decision-making process and users will need to be informed, and to understand such issues, to aid their contribution to the strategic commissioning debate.

Commissioners will be aware that all major stakeholders should be involved in shaping the operating context. For those involved in joint commissioning, it will be important to ensure that the regulation and/or legislation that impacts on one institution (for example, the PCT) is understood by another (for example, the local authority).

Service users can make significant contributions here. They are able to describe subtle yet significant differences between different localities, and they can inform commissioners of discrepancies between previous strategic or operational intent and the realities as they are experienced 'on the ground'.

One commissioner highlighted a council-wide programme entitled 'Every older person matters' as crucial in being able to engage services outside of the traditional health and social care box when developing services for older people. Because this was a high-profile programme supported locally by councillors, the commissioner felt other council departments were much easier to involve in developing services responsive to the needs of older people than in other boroughs.

The operating context can change dramatically when overall political control changes in a council. One commissioner had experienced such a change when the electorate returned a council whose overall priority was to deliver a 0 per cent council tax increase in the coming budget round. This meant that all commissioning intentions had to be reviewed to achieve this, leaving little room for manoeuvre and user involvement.

Needs assessment

Clearly, assessment of need is not static and will depend on a variety of factors, including economic circumstances, changes in demographics, etc. Those operating at a strategic commissioning level will give thought to populations rather than individuals. However, service users can inform what qualities they would want to see in any provision.

The earlier in the process of needs assessment users can be involved the better, to avoid presenting them with merely a menu of existing services rather than using the opportunity to create something new and potentially more relevant.

Starting with a blank piece of paper can be difficult, especially for service users who may come 'to the table' with a list that disregards what exists. The notion of what constitutes 'need' would also have to be established and agreed when involving service users.

Service users, among others, express some concern that, where providers advocate on their behalf in relation to the identification of need, there is a danger that they (that is, providers) can reflect their own need rather than that of service users.

By the same token, some service users, particularly if they champion a particular service,

can find it difficult to differentiate between supporting the need to maintain a service or resource as a result of a personal connection, as opposed to reflecting the needs of people they know or represent who may have differing views.

Again, service users can be helpful in the strategic commissioning process regarding who and how to involve other relevant users – particularly those who are traditionally 'hard to reach'.

It is beneficial to the process if service users are involved in the analysis of data on needs and preferences, and if they are supported to understand the local context of demand and supply, and to take account of those factors that impose limitation including:

- risk management;

- accountability;

- financial controls and budget;

- statutory duties.

One authority is undertaking a major redevelopment of its residential homes. Five thousand members of the community were invited to comment and, out of those, 200 are still involved and the aim is to keep them involved over the whole life of the project. The large group highlighted differences between current and future users of the service. Future users were very interested in the cost implications of the changes, as they were expecting to pay for residential care themselves. The existing users on the other hand were mostly funded by the LA and less interested in cost implications.

One area used an older people's network, which had done research locally, to source users, carers and relatives to look at the need for a new dementia care service. The group already had a track record of influencing the commissioning of home care services through interviews with individual service users and this was seen as the best way to engage with users and their carers.

Monitoring and evaluation

Monitoring and evaluation are both important forms of intelligence to feed into needs assessment and the development of commissioning priorities. User-led monitoring of individual services can feed into contract management and the design of new service configurations. Crucially, users need to articulate the outcomes they want, which are often very different from those perceived by professionals involved.

At a strategic level, service users can help shape monitoring and evaluation frameworks, including an expectation that the voice of users is sought by those engaged in these processes.

Overall budget

Being open and transparent about the budget available is identified by many service users as crucial. Those involved in our study noted that this is both practical and symbolic. In practical terms, it helps shape expectations – knowing what is possible and what is not. In symbolic terms, a discussion about financial matters can be experienced as reflecting openness, transparency and a level of trust in service users. However, this may not be as straightforward as it seems, as decisions about budget allocation can occur in a variety of forums and are not always clear to those with responsibility for the strategic development of services.

The key factor concerning successful service user involvement is to be as overtly transparent as possible. If the budgetary information cannot be given, then it is important to explain why. Service users may then take it on themselves to challenge the process of decision-making concerning finance, depending on the nature of the agreement between themselves and the authority with which they are involved.

> One commissioner reported a local consultation on the 'meals on wheels' service where the budget for the service was cut halfway through the consultation exercise without notifying the users involved. This meant that the users' preferred option of freshly cooked meals delivered daily was no longer affordable. This left the service users (as well as the commissioner) disempowered and reluctant to participate in future user involvement processes.

Decision points

Clearly, decisions do not take place at only one point in the commissioning cycle and it is important that service users as well as other stakeholders are involved throughout the process.

Users are involved in various roles in decision-making structures – for example, non-executive directors are on PCT boards and councillors are carers or service users themselves.

Some service users will have (or currently have) professional backgrounds and will be more familiar with decision-making processes in large organisations than others. Decision points are also the points where a clear understanding of why users are involved and to what extent they have influence or authority will be played out.

It is important that the role that service users have in the overall process is made clear. Many service users involved in the study were concerned that they did not have, nor necessarily want to have, responsibility for decision-making. User involvement does not imply delegation of authority – rather that service users help in the design of future provision, raising issues that may be forgotten in the bustle of commissioning life.

The decision point is also the point where the strategic commissioning process meets the political process. The interaction between strategic commissioners and elected members, and in particular lead members and portfolio holders, varies from one local authority to another. Commissioners work in a political environment and need to be highly skilled political translators and communicators. They need to clearly convey the language of the statutory agencies to users and the language of the users back to statutory agencies. This needs to be made as transparent and open as possible for users involved in the process to maintain confidence and trust.

> The importance of managing councillors who make the final decision was highlighted by one commissioner. A recommendation to decommission a centre had twice been rejected after campaigning by the existing service user group. The commissioner worked hard to keep councillors engaged throughout the process, ensuring they were aware that existing service users as well as those not

using the service had been involved. This meant that the recommendation was agreed by councillors and that it was not overturned by the scrutiny committee. It also highlights the fact that the decision point is not necessarily the meeting where a decision is formally agreed, but often well before this.

Procurement

Procurement is the point where commissioning intentions are translated into actual services and is therefore an integral part of the commissioning process as a whole. It is crucial to involve users at this point, as this is the reality check. This is where users potentially become aware that there might be no competent providers or that the desired service provider is simply not affordable. Opening this area up to user scrutiny is a major step towards building trust. Users add a reality perspective here and can be the key towards procuring only services that meet its outcomes.

> One commissioner involved Somali service users in the procurement of a culturally specific day service. One of the two organisations bidding for the contract was rejected by the service users as not able to cater for their specific needs and the other was rejected by the commissioner as not organisationally strong enough to deliver a high-quality service. This meant that no appointment was made and the local authority continued to deliver the service in house.

Review and developing organisational learning

It has become clear that review is a particular weak spot in strategic commissioning cycles and is often seen as an add-on that is not crucial to the process. This might, however, explain why user involvement in strategic commissioning is so uneven within different LAs and PCTs, and within the same organisation, as not enough attention is paid to learning from past involvement cycles. Including users in the review might make user involvement at each stage more frequent and likely to happen.

Both users and organisations benefit from successful interaction. Communication becomes

simpler, understanding is reached more quickly amd decisions are made more effectively. Reviewing processes enable participants to identify those elements that made a communication transaction a success and those elements that were a hindrance. A good and effective review will add oil to the process and make it more effective as it continues. Failing to review will mean that those elements that were obstacles remain obstacles and make the process more tiring and draining for all involved. It is at this point that user involvement starts to drop off the agenda as it becomes an add-on rather than an invigorating process. Review is the key to keeping both users and commissioners engaged in the process, and ensuring it stays meaningful and relevant. It celebrates success and identifies failure. It offers people the opportunity to say, 'we do it better here'.

As well as the main elements discussed above, the strategic commissioning cycle (illustrated in the appendix) also identifies 'test and refine', 'agree priorities' and 'commission' as stages in the process. User involvement in these elements can add a different perspective and lead to different outcomes. Importantly, it enables users to see the full picture of the whole process and this builds trust overall.

> One authority published a carers' strategy for consultation, which included funding for a user involvement support worker. Feedback from carers showed no support for this post, which was deleted from the final strategy.

> One authority commissioned a local organisation running a day centre in unsuitable buildings to decommission itself over the course of a three-year contract and to develop non-building-based services. Although this was agreed between the local authority and the service provider, users of the service started to lobby councillors' six months before the closure of the centre to overturn the decision. This raises major questions over the failure to adequately involve users in the original commissioning process.

Notes

Chapter 2

1 Strategic Commissioning, JRF Call for Proposals by the Independent Living Committee, 2006.

2 Strategic Commissioning, JRF Call for Proposals by the Independent Living Committee, 2006.

3 Strategic Commissioning, JRF Call for Proposals by the Independent Living Committee, 2006.

References

Arrol. B (2008) *User Involvement in Commissioning Health and Social Care – A Literature Review Related to Developing Best Practice*. Developed as part of this project.

Department of Health (2005) *Independence, Well-being and Choice: Our Vision for the Future of Social Care for Adults in England.* Cm. 6499. London: TSO

Department of Health (2006) *Our Health, Our Care, Our Say: A New Direction for Community Services*. Cm. 6737. London: TSO

Department of Health (2007) *Our NHS, Our Future: NHS Next Stage Review Interim Report*. London: TSO

Department of Health (2008) *High Quality Care for All: NHS Next Stage Review Final Report*. Cm. 7432. London: TSO

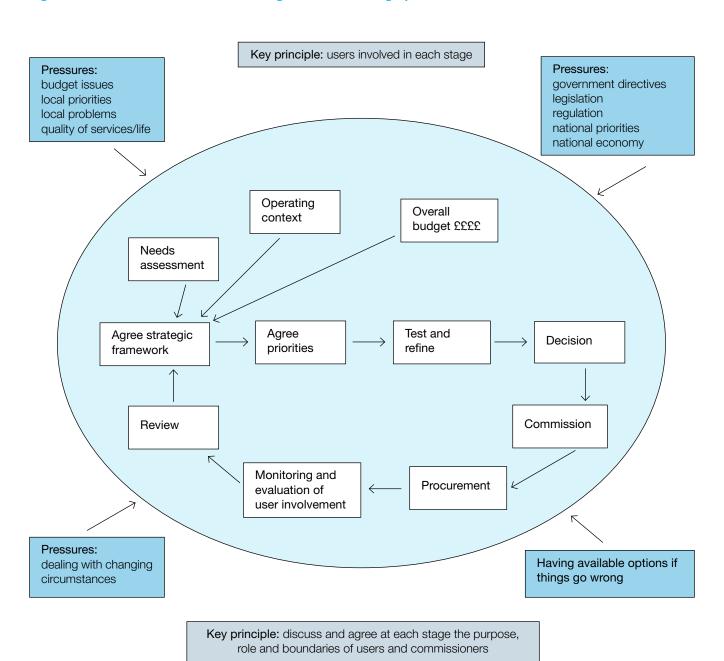# Appendix:
User involvement in a strategic commissioning cycle

'What we need is a diagram'. While this was said by a number of commissioners, some service users echoed the idea. Thus, this is an attempt at a diagrammatic explanation of the issues and ideas noted in the body of this think piece (see Figure A.1). We say 'attempt' because the important thing to remember about this diagram is that it represents a process that is dynamic and iterative – it is not linear. Different people – including different service users – may well be involved in different parts of the process depending on their area of expertise and/or authority. Ways to ensure a smooth flow of communication between each part of the process (and the people within it) will need to be developed.

The final chapter in the report, 'Synthesising the learning: a menu of ingredients' gives detail and is not repeated here. However, we do outline each of the components to aid the reader if and when they develop their own process for user involvement.

Figure A.1 User involvement in a strategic commissioning cycle

Key principle: users involved in each stage

Pressures:
budget issues
local priorities
local problems
quality of services/life

Pressures:
government directives
legislation
regulation
national priorities
national economy

Operating context

Overall budget ££££

Needs assessment

Agree strategic framework → Agree priorities → Test and refine → Decision

Review

Commission

Monitoring and evaluation of user involvement

Procurement

Pressures:
dealing with changing circumstances

Having available options if things go wrong

Key principle: discuss and agree at each stage the purpose, role and boundaries of users and commissioners

The key principles

The key principles 'Users involved in each stage' and 'Discuss and agree at each stage the purpose, role and boundaries of users and commissioners' underpin user involvement in commissioning. It may appear bureaucratic to consider these two principles at each and every stage. They are fundamental to effective involvement in commissioning, yet they are easily forgotten or deprioritised. It is important to remember that personnel may change at any point of the process and there can be no assumption that those who have been involved previously will help newcomers to the process understand what their role and authority is.

We have not indicated how users should be involved at each stage. That is a matter to be determined locally – to fit with local cultures and imperatives.

Pressures (outside the circle)

Commissioners, in particular, will be constrained as well as enabled by imperatives, cultures and circumstances beyond their control. Imperatives and circumstances may change during the life of any given process – again, this is obvious. It is easy for all involved to forget that this is the case, or that others involved in the process might not be aware of such imperatives and circumstances or their relevance. Inexperienced service users may be unaware that the process is iterative rather than logical or linear. It is important therefore that all involved are informed of both the external pressures and their implication, which could impact on the process.

Process and activity (inside the circle)

These are the essential parts of the process to effective strategic commissioning where service users can and should be involved. Needs assessment, the operating context and the overall budget will inform the strategic framework, as will learning arising from monitoring, evaluation and review. It is likely that different service users will be involved in each part of the process and,

again, it is important that thinking and learning is communicated to all involved, including service users.

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Acknowledgements

The research team acknowledges the invaluable help provided to it by service users, commissioners, staff at Age Concern London and the advisory groups hosted both by Age Concern London and by the Joseph Rowntree Foundation. In particular, we would like to thank Betty Arrol, Steven Forbes, Samantha Mauger (Age Concern London), Suzy Thomson (Age Concern London) and Gordon Deuchars (Age Concern London). We would also like to acknowledge the unstinting encouragement of Alex O'Neil of the Joseph Rowntree Foundation who gave permission to think outside the box.

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Having worked in the voluntary sector in a variety of roles culminating in her role as head of strategic development with the National AIDS Trust, Stephanie Sexton has worked as freelance researcher and consultant since 1994. Since then she has specialised in areas in which the end beneficiaries can play an active part in the process of research or the design of policy and procedure. For example, she has engaged with sex workers in the design of provision for health authorities, and the design of policies and procedures relating to self harm and suicide prevention in prisons, as well as more traditional areas of engagement.

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After working in a number of charities providing services for older people including as Executive Director of Age Concern Ealing Borough, Silvia Schehrer became a freelance consultant in 2003. Since then she has undertaken a number of interim management roles focussing on change management and supporting charities to adapt to the new commissioning agenda. She has also undertaken a number of research projects focussing on how Home Care services can meet the needs and aspirations of services users and how age discrimination affects the employment prospects and employment support needs of people over 50 years of age in the workforce. Silvia combines her passion for improving services for older people with family life and raising two children.