

## Customer Journeys: Improvement resources for partnerships

### 1: Needs, transitions & person-centred commissioning

#### Introduction

This listing of improvement resources expands on links contained in the L2D briefings on 'Customer Insight & LAAs' [www.westmidlandsiep.gov.uk/download.php?did=2103](http://www.westmidlandsiep.gov.uk/download.php?did=2103) and 'Customer Journeys and Worklessness' [www.westmidlandsiep.gov.uk/download.php?did=2107](http://www.westmidlandsiep.gov.uk/download.php?did=2107). It concentrates in particular on recent contributions to knowledge, evidence and techniques relating to the needs and experiences of customers/ service users, especially those in disadvantaged and vulnerable groups. It also includes references on person-centred commissioning, intended to shape services much more closely to the needs of residents and improve systems of delivery.

Some of these documents and tools are generic, while in other cases they have been developed within specific themes.

Part 2, also available for download, focuses on customer research relating to health and worklessness.

#### a) Understanding citizen and customer needs

JRF (2008) **Person Centred Support: What service users and practitioners say**

<http://www.jrf.org.uk/publications/person-centred-support-what-service-users-and-practitioners-say>

Examines person-centred support from the perspectives of service users, frontline staff and managers. Considers notions of 'personalisation', 'self-directed support' and 'individual budgets' in social care, developments aiming for increased choice and control for the people who use services. The research asked:

- what 'person-centred support' means to people who use, work in and manage services
- what barriers exist to making services person-centred, and
- how these might be overcome.

London Civic Forum (2008) **A new voice for London: action learning project involving London's hidden communities**

[http://www.shapeyourcity.org.uk/fileadmin/\\_temp\\_/PRX\\_summary\\_report\\_4.pdf](http://www.shapeyourcity.org.uk/fileadmin/_temp_/PRX_summary_report_4.pdf)

Summary report of an action learning project to back the commitment by the London Empowerment Partnership to raising the voice of newcomers to London, particularly those who are experiencing levels of vulnerability and exploitation.

National Consumer Council (2007) **Delivering public services: service users' experiences of the third sector**

[http://collections.europarchive.org/tna/20080804145057/http://www.ncc.org.uk/nccpdf/poldocs/NCC162pd\\_delivering\\_public\\_services.pdf](http://collections.europarchive.org/tna/20080804145057/http://www.ncc.org.uk/nccpdf/poldocs/NCC162pd_delivering_public_services.pdf)

Phased research, with the first stage to establish service delivery factors that third sector service users experienced and valued. This was then used these to develop a framework for use across public services to see what, if anything, was different about delivery by the third sector. The framework consisted of:

- core service factors, including basic delivery functions and staff competencies
- communication factors, including informing, listening and responding to service users
- 'X factors', those elements of service delivery that go beyond the expectations of service users

Survey research then looked in detail at user experiences in three areas: employment, domiciliary care for older people, and social housing, and covered service delivery by public, third and private sectors. The researchers found it impossible to generalise about public service delivery by third sector organisations, being very conscious of the complexity of factors affecting service user views and the significance of the specific delivery models in use. The study highlighted needs for cross-sector learning and collaborative approaches to service design, commissioning and performance. In employment services, the third sector was seen as particularly strong on delivering a consistent standard of service, offering access to staff members, listening to views about how things can work better, acting on comments, caring about users as individuals, and offering extras. However, there appeared to be serious gaps between the kind of service that consumers want, and what is delivered.

Young Foundation (2009) **Sinking and swimming: understanding Britain's unmet needs**

<http://www.youngfoundation.org/general/-/all/news/sinking-and-swimming-understanding-britains-unmet-needs>

Explores how psychological and material needs are being met – or not - in Britain today. Based on statistical analysis, case studies, surveys and many conversations with people across the country, the study set out to show where the most acute needs are and how they interrelate. It looks at why some people can cope with shocks and setbacks and others can't. Over time, psychological needs have become as pressing as material ones: the risk of loneliness and isolation; the risk of mental illness; and the risk of 'being left behind'. Points to the need for new solutions to help people struggling with transitions out of care, prison or family breakdown, and to equip people with the skills and resilience they need to get by in uncertain times.

## b) Life events, transitions and risks of exclusion

Commission for Rural Communities (2008-2010) **Major Life Events**: Overview & project outputs (cancer, stroke, job loss, young carers, having a baby)

<http://www.ruralcommunities.gov.uk/projects/majorlifeevents/overview>

Research into defining event in the lives of rural residents which fundamentally shape how they see the world and their future prospects, looking at the experiences of service users and the work of service providers. The aim was to understand more about challenges in rural service delivery and inform CRC's work in stimulating and informing better service provision for people living in rural areas.

IDeA (2009) **Information needs when making complex decisions**

<http://www.idea.gov.uk/idk/core/page.do?pagelId=9436080>

Research which aims to get a better understanding of the ways that people prefer to receive information from government and councils in relation to complex decisions they need to take from time to time. The principles are designed to enable mapping of information requirements of target audiences at relevant

stages of their paths through public services. Examples focus on: choosing schools; choosing educational options; consultations with health professionals and admission to hospital; and pregnancy and childbirth.

Social Exclusion Task Force (2009) **Understanding the risks of social exclusion across the life course**  
[http://www.cabinetoffice.gov.uk/social\\_exclusion\\_task\\_force/life-course.aspx](http://www.cabinetoffice.gov.uk/social_exclusion_task_force/life-course.aspx)

Use of quantitative data to develop deeper understanding of the relationships between different 'risk markers' of social exclusion and how these vary across the British population and across stages in people's lives. Synthesis and separate reports on:

- Children and families
- Youth and young adulthood
- Working age without dependent children
- Older age

Intention to improve identification of needs and inform targeting and timing of personalised support around trigger events in people's lives.

Young Foundation (2010) **Meet the parents: stories of teenage pregnancy and parenthood in**

**Lewisham** <http://www.youngfoundation.org/publications/reports/meet-parents-stories-teenage-pregnancy-and-parenthood-lewisham-2009>

Ethnographic research into how perceptions, motivations and expectations of young people contribute to the prevalence of teenage pregnancy. Methods involved capturing the experiences of young people over a typical day, focus groups and one-to-one interviews with young people, and meetings with service providers. Has been used to inform new approaches to service delivery.

### *PSA 16 Groups*

CLG (2010) **PSA 16 (Socially Excluded Adults) qualitative research on settled accommodation**  
<http://www.communities.gov.uk/publications/housing/settledaccommodationresearch>

Research to widen the evidence base on the four settled accommodation indicators for PSA16, and in particular to explore the factors that increase and decrease the likelihood of PSA16 clients finding settled and suitable accommodation.

### **DCSF Young People Leaving Care**

<http://www.dcsf.gov.uk/everychildmatters/safeguardingandsocialcare/childrenleavingcare/childrenleavingcare/>

Various resources including:

DCSF (2009) *Journeys to Home: Care leavers' successful transition to independent accommodation* <http://www.dcsf.gov.uk/everychildmatters/download/?id=6721>

Cabinet Office/ DCSF (2009) *Realising young potential: supporting care leavers into education, employment and training* [http://www.cabinetoffice.gov.uk/media/310305/eet\\_report.pdf](http://www.cabinetoffice.gov.uk/media/310305/eet_report.pdf)

This includes treatment of Effective Pathway Planning, stressing the quality of Pathway Plans; a focus on promoting 'EET' (participation in education, employment and training) as part of a comprehensive support package during transition to independence; and involving young people in their Pathway Plans

NHS WM Regional Development Centre (2009) **Offender Journey Toolkit**

<http://www.wmrhc.org.uk/silo/files/offender-journey-toolkit.pdf>

Tool to facilitate the development of joint working across the health and criminal justice pathways, bringing together three tools:

- 'white water rafting' metaphor, to describe journeys of offenders into, through and out of prison
- process mapping – systematic analysis of the white water trip
- 'significant event' audit, to identify specific ways of improving clinical care, sentencing and the surrounding services

### *Experiences of poverty*

#### DWP (2009) **Living with poverty: A review of the literature on children's and families' experiences of poverty** [http://research.dwp.gov.uk/asd/asd5/report\\_abstracts/rr\\_abstracts/rra\\_594.asp](http://research.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_594.asp)

Findings from an extensive review of research examining the views and experiences of low-income children and parents, covering topics such as housing, schools, neighbourhoods, public services and family life. Draws on evidence from a range of sources using in-depth interviews, focus groups, group work, case studies, participatory workshops and action research to describe the lived experience of contemporary poverty amongst children and parents.

#### DWP (2010) **Parents' work entry, progression and retention, and child poverty**

[http://research.dwp.gov.uk/asd/asd5/report\\_abstracts/rr\\_abstracts/rra\\_626.asp](http://research.dwp.gov.uk/asd/asd5/report_abstracts/rr_abstracts/rra_626.asp)

Documents dynamic patterns in work and poverty for families with dependent children in the three years following a parent entering work. The analysis examines the degrees to which obtaining, then staying in a job serve as a significant factors in lifting families out of poverty.

#### IPPR (2010) **When times are tough: Four families' stories**

<http://www.ippr.org.uk/publicationsandreports/publication.asp?id=723>

Examined how 58 low-income families manage their day-to-day finances, providing insights into the pressures that many low-income families face as they struggle to balance their income and expenditure.

Case studies illustrate the impact of broad social and economic trends at household level:

- living with a disability – how one family in Newcastle is coping after an accident left the main breadwinner disabled and unable to work.
- lone parents and low pay – why employment has not been a route out of poverty for one lone-parent family in London.
- redundancy – how redundancy has dramatically changed the financial circumstances of one household in Glasgow and its impact on daily family life.
- the 'poverty premium' – perceptions of the current financial crisis through the eyes of one family in Nottingham and how this affects the premium low-income families pay on essential goods and services.

Accompanied by research report, *Saving and Asset-Building in Low-Income Households*

<http://www.ippr.org.uk/publicationsandreports/publication.asp?id=722>

#### Social Innovation Lab Kent (SILK) (2008) **Just Coping: a new perspective on low-income families**

<http://socialinnovation.typepad.com/silk/2008/10/just-coping-rep.html>

A look at the everyday lives and challenges of families who are coping with material hardship, and the ways in which they manage to survive – generally in ways invisible to public services. Highlights the social, cultural and environmental factors that combine to make life difficult for them. Paints a picture of:

- often single parent families, usually with two or more children

- precarious household finances with realistic and reliable opportunities for self-generated income are only a distant possibility
- only occasional contacts with the likes of social workers, bailiffs and the police are rather- more a case of trying to stay clear of them
- presence of diagnosed and undiagnosed mental health conditions, amongst children and adults.
- limited social networks, marked geographical isolation and/or a lack of access to transport .

The research has been used alongside six short films to engage further with families and help shape new approaches to service delivery for piloting.

National Consumer Council (2008) **More snakes than ladders? An insight into the lives of the forgotten working poor**

[http://collections.europarchive.org/tna/20080804145057/http://www.ncc.org.uk/nccpdf/poldocs/NCC209rr\\_more\\_snakes\\_than\\_ladders.pdf](http://collections.europarchive.org/tna/20080804145057/http://www.ncc.org.uk/nccpdf/poldocs/NCC209rr_more_snakes_than_ladders.pdf)

Part of the work of NCC (now Consumer Focus) on essential everyday services provided by the private sector. The concern of NCC was for 'market-based exclusion', where disadvantaged communities, vulnerable consumers and people in rural areas are often not catered for – with no readily available national data on service provision to cast light on this. Found that the 'forgotten poor' tend to be characterised by limited choice in labour and housing markets, little money to play with, 'time poor' (eg, through working long and unsocial hours). Wide ranging recommendations on housing, transport, employment, customer choice and redress.

### c) User involvement & co-production

Public Administration Select Committee (2008) **User Involvement in Public Services**

<http://www.publications.parliament.uk/pa/cm200708/cmselect/cmpublicadm/410/41002.htm>

Sets out various forms of user involvement in public services, from consultation with service users to stronger variants such as user control over service and explores some of the potential implications of greater user involvement—for staff working in public services, for service users and for how public services are organised and evaluated.

NESTA (2009) **The Challenge of Co-Production**

[http://www.nesta.org.uk/publications/assets/features/the\\_challenge\\_of\\_co-production](http://www.nesta.org.uk/publications/assets/features/the_challenge_of_co-production)

Co-production is seen as a new way of thinking about public services has the potential to deliver a major shift in the way health, education, policing and other services are provided, making them much more effective, more efficient, and more sustainable.

#### *User-centred approaches in health*

DH (2008) **Real involvement: working with people to improve services**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_089787](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089787)

Guidance for NHS organisations on the duty to involve (section 242(1B) of the NHS Act 2006) and good involvement practice. Intended to establish new ways of working; forge new relationships, internally and externally; and make sure that user involvement is moved from the margins into the mainstream of every NHS organisation responsible for planning, commissioning and providing health services.

DH (2009) **Putting people first: working together with user-led organisations**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_096859](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_096859)



Provides advice on how local authorities can form meaningful relationships with user-led organisations (ULO), not least in helping local authorities deliver greater personalisation to improved engagement with hard-to-reach population groups. ULOs are organisations led and controlled by the very people whom they help: disabled people, carers and other people who use services. ULOs typically provide a range of services, including information and advice, advocacy and peer support, support in using direct payments and individual budgets, and disability equality training.

DH (2009) **Putting patients at the heart of care**

[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_106038](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_106038)

Sets out the vision for patient and public engagement and experience (PPE). It explains what it means and the role it can play in driving up the efficiency, quality and productivity of services.

Healthcare Commission (2009) **Listening, learning, working together? A national study of how well healthcare organisations engage local people in planning and improving their services**

[http://www.cqc.org.uk/db/documents/Engaging\\_patients\\_&\\_public\\_national\\_report.pdf](http://www.cqc.org.uk/db/documents/Engaging_patients_&_public_national_report.pdf)

Includes content on engaging people in different types of health services; how people's views and experiences are considered by health services; the difference that people's views make; and what effective engagement looks like.

King's Fund (2008) **Engaging Patients in their Health: How the NHS needs to change**

[http://www.kingsfund.org.uk/publications/engaging\\_patients\\_in.html](http://www.kingsfund.org.uk/publications/engaging_patients_in.html)

Output from a summit to explore the concept of the patient as consumer, the use of technology in health care and how to promote healthy citizenship.

NESTA (2009) **The Human Factor (patient-centred services in the health sector)**

[http://www.nesta.org.uk/news\\_events/press\\_releases/assets/features/prevention\\_and\\_cure\\_how\\_the\\_nhs\\_can\\_save\\_20\\_billion](http://www.nesta.org.uk/news_events/press_releases/assets/features/prevention_and_cure_how_the_nhs_can_save_20_billion)

Argues that it is possible to develop cheaper and more effective patient-centred services and approaches to encouraging behaviour change but only by adopting radical new ways of working within the NHS. Highlights innovative programmes involving communities in the prevention of long-term conditions and influencing peer behaviour. Points to evidence where communities ran behaviour change campaigns: reduced levels of illnesses and an increase in healthy living at a fraction of the cost of previous government-run campaigns.

NHS Institute for Innovation and Improvement (2009) **Experience Based Design** - masterclass slides.

[http://www.institute.nhs.uk/quality\\_and\\_value/introduction/experience\\_based\\_design.html](http://www.institute.nhs.uk/quality_and_value/introduction/experience_based_design.html)

Experienced based design (ebd) is seen as an exciting way of bringing patients and staff together to share the role of improving care and re-designing services. Focuses strongly on capturing and understanding patients', carers' and staff experiences of services in the round, not just their views, eg, on waiting times and specific processes. Deliberately draws out the subjective, personal feelings a patient and carer experiences at crucial points in the care pathway, by:

- encouraging and supporting patients and carers to 'tell their stories'.
- using these stories to pinpoint those parts of the care pathway where the users' experience is most powerfully shaped (the 'touchpoints').
- working with patients, carers and frontline staff to redesign these experiences rather than just systems and processes.

Sainsbury Centre for Mental Health (2010) **An evaluation of mental health service user involvement in the re-commissioning of day and vocational services**

[http://www.scmh.org.uk/publications/service\\_user\\_involvement\\_in\\_recommissioning.aspx?ID=607](http://www.scmh.org.uk/publications/service_user_involvement_in_recommissioning.aspx?ID=607)

Report on the process of involving users in the re-commissioning of their day and vocational services, giving insight into what worked.

## d) Person-centred commissioning

### *Health & care*

DH Care Networks (2009) **Contracting for personalised outcomes: learning from emerging practice**

<http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/Commissionersandproviders/?parent=2735&child=6052>

Contracting for personalised outcomes draws on the experience of six local authorities who have begun to reshape their contracts, processes, range of budget holding options and relationships with the provider market to ensure that personalised services are available for everyone with care and support needs. Provides a summary of the contractual models, a framework for understanding the relationship between these and sets out key messages for commissioners and providers.

DH Care Networks (2009) **Using System Dynamics for Integrated Care and Support Pathway Planning**

<http://www.dhcarenetworks.org.uk/csed/ICSPP/usingsystemdynamics/>

With increased integrated working, many social care and health organisations are redesigning care and support pathways around client/patient needs to create a more personalised and efficient process. When different agencies are providing different services, the client/patient journey is not always seamless and inefficiencies can exist. A whole systems approach to pathway planning shows how each agency impacts the overall system and helps cost effective planning. System Dynamics (SD) is a way to model a complex system, analyse possible solutions and test changes before they are implemented. Used as a modelling tool, it can help to anticipate and avoid unintended consequences

DH Care Networks (2009) **Working together for change: using person-centred information for commissioning**

<http://www.dhcarenetworks.org.uk/Personalisation/Topics/Browse/General/?parent=2734&child=5802>

Guide describing a process for planning change with people, intended to offer powerful insights into what is working and not working in their lives as well as their aspirations for the future. Working together for change can be used to ensure that active partnerships with local people and families are the driving force behind social care transformation programmes, as a vehicle for ensuring effective community engagement in the joint strategic needs assessment and as a tool for strategic commissioning and service development.

DH Care Networks (2009) **Integrated Care and Support Pathway Planning implementation guide**

<http://www.dhcarenetworks.org.uk/csed/ICSPP/> including workshop materials and facilitator's guide

<http://www.dhcarenetworks.org.uk/csed/latest/resource/?cid=5283>

Guide intended to give councils a straightforward approach to delivering efficiencies across health, housing and social care services. Built around five multi-stakeholder workshops, with guidance on what needs to be done before and after each workshop. These follow a process of analysing the current "As Is" Pathway; designing the ideal future "To Be" Pathway; seeking consensus on what commissioning decisions are required to shift resources; and agreeing an action plan

NHS Institute for Innovation and Improvement (2009) **Commissioning Patient Pathways Guide**

<http://www.library.nhs.uk/COMMISSIONING/ViewResource.aspx?resID=294148>

Guide for NHS managers on commissioning planned care pathways.

Sainsbury Centre for Mental Health (2010) **A commissioner's guide to service user involvement**

[http://www.scmh.org.uk/publications/commissioners\\_guide\\_to\\_service\\_user\\_involvement.aspx?ID=605](http://www.scmh.org.uk/publications/commissioners_guide_to_service_user_involvement.aspx?ID=605)

Guide for health and social care commissioners on how to involve users of mental health services in re-commissioning of day and vocational services.

*Offenders, ex-offenders & drug users*

National Treatment Agency (2009) **Planning, commissioning and delivering the training and employment pathway for problem drug users**

[http://www.nta.nhs.uk/publications/documents/planning\\_commissioning\\_and\\_delivering\\_the\\_training\\_and\\_employment\\_pathway\\_for\\_problem\\_drug\\_users.pdf](http://www.nta.nhs.uk/publications/documents/planning_commissioning_and_delivering_the_training_and_employment_pathway_for_problem_drug_users.pdf)

Provides advice on for all involved in planning, commissioning and delivery of drug treatment services for problem drug users. Highlights elements of effective referral pathways between drug treatment and employment services, clarifying roles and responsibilities of the treatment sector, JCP advisers and drug coordinators. Suggests areas that might benefit from local protocols and processes in relation to:

- information sharing, confidentiality and feedback mechanisms
- strategic arrangements at a local level between drug partnerships and Jobcentre Plus
- screening and referral pathways from Jobcentre Plus to drug treatment providers
- care and social reintegration planning throughout the treatment journey, in partnership with JCP
- development of local arrangements for performance monitoring and management.

National Treatment Agency (2008) **Improving the quality and provision of tier 4 drug interventions**

[http://www.nta.nhs.uk/publications/documents/nta\\_improving\\_the\\_quality\\_and\\_provision\\_of\\_tier\\_4\\_drug\\_treatment\\_interventions\\_2008.pdf](http://www.nta.nhs.uk/publications/documents/nta_improving_the_quality_and_provision_of_tier_4_drug_treatment_interventions_2008.pdf)

Guide to improving the quality of locally commissioned drug treatment systems. 'Tier 4' service provision can provide effective responses to drug misuse in treating people whose use has been long and heavy, and those with complex needs, intended to enable drug users to move towards long-term abstinence when and where appropriate. Covers in-patient provision which can assess and stabilise chaotic clients and early intervention elements to divert individuals away from long-term substance misusing.

See Barking and Dagenham DAAT (2009) **Treatment pathways for substance misuse and alcohol in Barking and Dagenham** <http://www.barking-dagenham.gov.uk/6-social-services/drug-alcohol/ss-drug-alc-main.html>

for an example of local guidance

Youth Justice Board (2008) **The learning journey for young people placed by the Youth Justice Board in Young Offender Institutions** <http://readingroom.lsc.gov.uk/lsc/National/nat-OLJyoungpeople2008-nov08.doc>

Describes the role that young offenders' learning and skills provision is expected to play in achieving national policy objectives, including requirements on the prison service and on learning providers operating in Young Offender Institutions (YOIs). Looks to promote consistent education and training experiences, based on meeting personal needs and fostering young peoples' engagement, progression and achievement;