Charter for Involvement in Integration

The Charter is a clear set of statements by people in Leeds with long-term conditions and carers about our expectations for involvement in Integration. It brings together people's views and needs, making clear what we want from integration and how other people can help achieve this. Changes that follow this statement will support what we want for the future and our lives. Effective Integration in Leeds needs:

- Genuine involvement that is demonstrated by views being heard, not just the opportunity to raise them.

- To adhere to high standards / good practice in involvement, ensuring lots of varied opportunities for people to be involved in a meaningful way, whatever our level of skills / confidence / understanding of the issues.

- To take into account what's already been asked… and answered

- Involvement that reinforces what people find valuable in being involved, that it makes a difference.

- Involvement that includes people with long-term conditions and their family / friends carers, where appropriate separating out different agenda / views.

- Involvement with existing groups / networks so that information can effectively be cascaded by them and views sought from particular groups of people via those networks

- Involvement of voluntary and community sectors supporting older people, and specialist organisations supporting people with a particular long-term condition, but not using this to replace the direct voice of individuals with long-term conditions

- People with long-term conditions involved in every part of the work at every level, with people on Boards acting as a conduit for wider views into the project.

- To recognise the many calls on people's time, developing different ways for people to be involved and avoid duplication / clashes in other involvement activity and commitments / caring responsibilities.

- Feedback from involvement and the opportunity to add more as people think of it

- To model good practice and promote the Dignity agenda to improve standards of care more generally

To make this real, I/we will …………………………………………………………….

……………………………………………………………………………………………

Name: ………………………………………………Date: ………………

Agreed by Integrated Adult Health and Social Care Board 30.5.12