AUDIT COMMITTEE

5 MARCH 2007

Agenda Item

DISTRICT AUDIT REPORT AND ACTION PLAN ON USER AND CARER ENGAGEMENT IN SOCIAL CARE

Summary of report:
This report provides a summary of the district audit review, resulting report and action plan around how effectively users and carers are being engaged in service planning, prioritising and development in two areas of social care.

Background Papers:
User and Carer Engagement In Social Care Audit Commission report January 25th 2007
Action Plan responding to the User and Carer Engagement in Social Care Audit Commission Report 21st February 2007

Recommendations:

1. To note the contents of the district audit review, resulting report and action plan

Signed:

Executive Director

21 February 2007

Citizen impact
User and Carer engagement in social care is a contributing factor to how the council responds to the need for co-ordinating and responding to community views; shaping existing and future activity so that it best meets community needs.

Resource and Legal Considerations
The action plan to meet the district audits recommendations will be delivered through existing resources.

We have a duty through the Health and Social Care Act 2001, Section 11 places a duty on providers of health and social care serivces to make active arrangements to involve and consult users of those serivces, patients and the public.

Environmental Impact
None relating directly to this report.

Performance Management and Risk Management Issues
The audit report recommends the further development of a performance management approach to consultation activity which has a clear link to our planning framework that providing direction and prioritisation of user and carer involvement activity, the ability to monitor delivery and evaluate outcomes that make an impact for the people of Walsall.
Risk will be managed through the appropriate service plan, using the risk register to identify the risk, consequences and appropriate action to manage the risk accordingly.

Equality implications:
The district audit report makes recommendations around the need to explore the barriers and facilitators to inclusion of people with communication impairment and those who are hard to reach, exploring new and practical ways to promote involvement. This will support the councils Equality and Diversity Strategy and will be support the Disability Equality Scheme in its delivery.

Consultation
The district auditor was able to explore the perspective of a sample of users and carers through individual and group interviews, Interview key staff, observe engagement activity to inform recommendations and resulting action plan.

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Main conclusions of the district Audit Report January 25th 2007

The report concluded:

- There was evidence that Walsall Council is committed to user and carer engagement
- Was s investing both time and resources into developing the approach.
- There are common barriers for both reviewed services to address, in relation to user engagement with harder to reach groups, for example those with severe communication difficulties, and the relationship and involvement of carers.
- Ensuring there is a systematic approach to accessing and feeding back information remains an area for improvement.
- Partners value the partnership boards but the role and representation of users and carers within partnership boards is not clearly defined.
- The strategic approach to user and carer engagement is developing but there is not yet a clear vision for what user and carer engagement should achieve in the long term.
- The Council's information base on user and carer involvement is progressing but currently a comprehensive mapping exercise of the extent and effectiveness of current activity has not been undertaken.
- There is no systematic approach to performance management of engagement activities.
- The Council does not have robust information on outcomes related to user and carer engagement enabling it to demonstrate how well it is performing and share lessons learned.

Main actions that the council and its partners need to take

Social care and Inclusion needs to:

- Identify the barriers and facilitators to inclusion of people with communication impairment and develop practical ways to promote involvement.
- Clarify the relationships between the various elements of the partnership structures and roles and representation of users and carers
- Review effectiveness of communication pathways to and from users and carers
- Develop a performance management approach clearly linked to the planning framework that provides direction and prioritises user and carer activity, is performance managed and monitored, with the outcomes evaluated.
- Share best practice across the council and within existing structures

Action Plan summary

- A project to look at partnership board activity, membership, structures, communication pathways, meeting arrangements and reporting on outcomes will be put into place
- A project to look at use of existing opportunities for ascertaining user and carer feedback, through frontline staff, including mapping identify opportunities, set up a systematic approach to gathering information will be put into place
- A review of the departmental approach to writing strategies, ensuring at the point of review each strategy addresses the recommendations within the report. Particular reference given to the review of the joint, the user involvement strategy, and the carers strategy.

- A review of arrangements to ensure a more effective use of the performance monitoring process and database, and to improve the information store on outcomes to be achieved through making this a priority for all service plans, within the directorate
- Agree a project to further enhance the performance management of involvement activity linking to the current performance management processes

Action Plan

Page	Recommendations	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Target date for completion
10	R1 Identify in detail the barriers and facilitators to inclusion of people with communication impairment and develop practical ways to promote involvement for example explore the potential for gathering intelligence from existing sources	3	Emma Palmer and Joint Commissioning Managers	Agree	Work in progress in learning disabilities which will be extended across the division	March 08
10	R2 Review effectiveness of communication pathways to and from users and carers	3	Emma Palmer	Agree	Audit to be undertaken and actions in place	Oct 07
10	R3 Explore other ways of reaching users and carers such as getting out to peoples own homes and by telephone	2	Emma Palmer	Agree	Attached to service plans for delivery	March 08
10	R4 Consider how the views of users and carers can be captured in a systematic and planned way to inform future service planning priorities and strategy developments.	3	Emma Palmer	Agree	Addressing current shortfalls in database	March 08
10	R5 Ensure learning is shared between service areas for example the “user friendly” approach to meetings	3	John Greensill	Agree	Work undertaken in learning disabilities to be extended across the division	Oct 07
11	R6 Clarify the roles, relationships and members of all the elements of the partnership structures and ensure that the situation is clearly communicated to all relevant partners	3	Mandy Winwood	Agree	Work has commenced to review the Pillar Group structure	Oct 07

11	R7 Review communication mechanisms within and between partnership boards to ensure cross cutting issues are addressed and learning is shared	3	Mandy Winwood	Agree	Review to be undertaken	Oct 07
11	R8 As well as knowing 'where it is coming from', a strategy needs to decide 'where it wants to get to' providing a vision that all stakeholders can understand and identify with. The Council should ensure that strategy development results in: • challenging but tangible aims and objectives based on a sound evaluation of what is currently in place and being achieved compared • strategy priorities that are reflected in other related strategies and service plans • an underpinning action plan that identifies shorter term priorities and activities that will contribute to the achievement of long-term outcomes	3	Emma Palmer	Agree	User and carer involvement strategy is being reviewed and will address R8, other strategy documents such as Joint Commissioning Strategies and the carer's strategy will require a review.	May 07 – Review of strategy documents
12	R9 Ensure that staff provide consistent information, particularly about outcomes, regarding all user and carer engagement activities taking place in their service area	3	Andrew Cross Margaret Wilcox Julie Metcalf John Greensill	Agree	R9 should be a priority in all service plans for delivery	April 07
12	R10 Clarify the role of the "champions" in identifying, evaluating and challenging user and carer engagement activity within their service area	2	Emma Palmer	Agree	Issue to be addressed via performance board	July 07
13	R11 The Council should develop a performance management framework that: • details arrangements for performance monitoring and managing activities for example the work of the boards and their contribution to the delivery of plans and strategies • ensures progress against outcomes is regularly reported and partners are actively involved in managing performance • timely action is taken to ensure targets, timescales and resources are met	3	Andrew Cross Margaret Wilcox Julie Metcalf John Greensill (Partnership Leads)	Agree	Joint strategies are being developed and each Board needs to ensure that it takes a performance management approach to ensure	July 07

	• clear objectives and outcomes are set and systematic evaluation takes place to enable learning and sharing of what works to take place				delivery of key targets	

Audit Detailed Report

February 2007

User and Carer Engagement in Social Care

Walsall Metropolitan Borough Council

Audit 2006/2007

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Summary report

Introduction

1 The focus of service delivery nationally, in health and social care, has been moving towards a model of partnership; with the principles of shared decision making, person centred care and user and carer involvement.

2 Consulting widely and inclusively is not just an issue of good practice it also fulfils a statutory duty on equalities. Various pieces of legislation add weight to the importance of engaging with appropriate groups including to improve health and well-being in communities.

3 Local authorities aim to enhance the quality of life for local communities. If this aim is to be realised, local people need to be encouraged to articulate their aspirations, needs and priorities. The task then is to co-ordinate the actions of the council and its partners in responding to community views; shaping existing and future activity so that it best meets community needs.

Background

4 Walsall Council is committed to extending its involvement of users and carers beyond statutory requirements ensuring users and carers views are ‘at the heart of decision making processes’.

5 To ensure consultation and engagement is inclusive and reaches out to service users in all communities the Council has to be aware of who it is reaching and to what extent it is accessing the views of the most disadvantaged or marginalised groups. These are often the very groups that have the most wide-reaching needs in terms of care and support from public services and are also the most frequent users. Without fully engaging with them in assessing their needs it is doubtful that services can be designed appropriately for them.

6 A particular challenge for social care is to effectively engage with a diverse range of users with different degrees of physical, sensory and mental health need. Some users may have difficulty in processing spoken or written language and using language to clarify, negotiate and express their choices and decisions.

7 Another challenge is to evaluate the impact that user and carer engagement is having. A common experience for many organisations involved in engagement and consultation is that clear outcomes and recognisable results do not always arise out of their work. The Council provides a range of engagement methods, however they are likely to be judged by participants on whether they deliver real change. Feedback on tangible outcomes is needed to develop and nurture citizen involvement.

8 Partnership working for collective decision making and joined-up service delivery is a key feature of the Government's national vision for Local Strategic Partnerships. Moreover, the government stresses the role of the community in such partnership working, particularly in terms of the importance of its active involvement in determining priorities and local action.

9 Walsall Learning Disability (LD) service is well established and considered to have a track record of user and carer engagement at all levels. Younger Adults Disability Services (YADS) became a service in March 2005. It is acknowledged that the approach to user and carer engagement is less well developed in this service area.

10 In the newly renamed Healthier Communities and Vulnerable Adults pillar (previously Health and Social Care) of the Walsall Borough Strategic Partnership there are partnership boards related to the two service areas. They are the Learning Disabilities and the Physical and Sensory Impairment (PSI) partnership boards (see structure in Annex A). Walsall Council provides support to the partnership including support for user and carer engagement at the LD and PSI board level.

11 In addition, there is directorate support for the development of user and carer engagement with two designated officers; the user involvement manager and the carers' co-ordinator. Within the service areas the joint commissioning managers of each service have the role of 'champion' for user and carer engagement.

12 This audit provides an external perspective on the progress of user and carer engagement, specifically in the areas of LD and YADS, and offers recommendations for further development.

Scope and objectives

13 This work explored how effectively users and carers are being engaged in service planning, prioritising and development in two areas of social care. The scope was set out in the project specification and outlined the approach to be taken. The LD service and YADS acted as 'tracer' groups to track involvement processes through from the strategic level (partnership board) to frontline services comparing the approach to user and carer engagement.

14 We assessed how far:

- the Council involves users and carers in the planning, prioritising and development of these services;
- barriers to involvement in decision making have been identified and solutions devised;
- the Council has been influenced by and has responded to user and carer feedback; and
- the outcome of user and carer engagement initiatives are evaluated and lessons learned and shared.

15 In carrying out this audit, we:

- explored the perspective of a sample of users and carers in individual or group interview;
- interviewed key staff and partners (see Annex C);
- observed meetings (see Annex D); and
- reviewed key documents (see Annex E).

16 The report is written from the perspective of the Council, specifically the social care directorate, though many of the activities reviewed relate to partnership working.

Main conclusions

17 It is evident that Walsall Council is committed to user and carer engagement and is investing both time and resources into developing the approach.

18 Walsall LD service has a track record of user engagement that is supported by strong leadership within the service. Staff are actively working to overcome barriers. There are numerous examples of user involvement within the LD service where users of services are at the centre of decision making. For example, recently users and carers have been involved in the commissioning of services.

19 The approach to user and carer engagement in the YAD service and by the PSI board is comparatively underdeveloped. However, this had already been recognised and progress is being made.

20 There are common barriers for both the LD and YAD services to address. These include user engagement with harder to reach groups, for example those with severe communication difficulties, and the relationship and involvement of carers. Communication ensuring there is a systematic approach to accessing and feeding back information remains an area for improvement.

21 Partners value the partnership boards but are unclear about the roles of the different elements within the structure. The role and representation of users and carers is not clearly defined.

22 The strategic approach to user and carer engagement is developing but there is not yet a clear vision for what user and carer engagement should achieve in the long term. The Council's information base on user and carer involvement is progressing but currently a comprehensive mapping exercise of the extent and effectiveness of current activity has not been undertaken.

23 There is no systematic approach to performance management of engagement activities. The Council does not have robust information on outcomes related to user and carer engagement enabling it to demonstrate how well it is performing and share lessons learned.

The way forward

24 The main actions that the council and its partners need to take include the following.

- Identify the barriers and facilitators to inclusion of people with communication impairment and develop practical ways to promote involvement, for example explore the potential for gathering intelligence from existing sources.
- Clarify the relationships between the various elements of the partnership structures and roles and representation of users and carers.
- Review effectiveness of communication pathways to and from users and carers.
- Develop a performance management approach that:
  - has a clear planning framework that provides direction and prioritises user and carer activity;
  - clearly identifies how the work will be managed, monitored, and delivered; and
  - establishes and evaluates outcomes for initiatives that will make an impact for the people of Walsall.
- Share best practice between existing structures and across the Council.

Detailed report

Are users and carers at the heart of planning, prioritising and developing services?

Learning Disability services

25 The LD service is committed to users and carer involvement and actively works to overcome barriers to engagement. There are numerous examples of where users and carers are being involved in planning and developing services. However, the service has some way to go to develop its relationship with carers and 'hard to reach' users. In addition, there is scope for making better use of intelligence held by the range of professionals in day to day contact with users and carers.

26 Managers in the LD service are providing strong leadership in user engagement. Staff in the service are supported to develop and promote user engagement. The head of service sets the tone by creating a climate of mutual respect; actively working to overcome barriers to engagement. This is recognised by staff, partners and most importantly by users.

27 Walsall LD service has a track record of being at the forefront in user engagement in the region. For example, the service was first to support a service user empowerment group, 'Making our Choice' (MOC). Making Our Choice has been in place for several years and consists of nominated user representatives from day centres, 'Links to Work'[1], colleges and independent users.

28 MOC has a number of links with the LD service. Members of the group are user representatives on the LD partnership board, information is routed from the service, the partnership board and the advisory groups (ten working groups supporting the board such as supporting carers and the communication group - most have U&C representation) back to MOC for sharing. The group also has a role in reviewing the readability of documents produced.

29 Users are supported by Mencap advocates, or 'empowerment co-ordinators' (commissioned by the Council), in several settings including MOC and the partnership board. Mencap representatives have advised the Council on developments such as a user friendly approach to meetings and documentation. The service is extending its use of good practice for example the head of service gave an accessible presentation at a recent regional event attended by users.

[1] Links to Work is the collective company name for a number of supported employment projects

30 There are numerous examples of user engagement within the LD service including:

- annual involvement in priority setting prior to service planning;
- involvement in the development of multi-media such as a DVD to promote and explain supported living (with a plan to make another with less 'able' users in response to comments from carers). MOC are being funded for multi media training and are already making promotional DVDs such as the accessibility of leisure facilities;
- a multi-media CD has been developed to run on the laptops of the 'person centred team' this stimulates responses from clients with communication difficulties; and
- use of 'talking walls' in day centres where messages from users can be posted and responses from staff fed back.

31 Most documents produced by the LD service are 'easy read'. This is primarily for the benefit of users but others have commented on the refreshing clarity and absence of jargon in the documents produced. Abbreviations are kept to a minimum and acronyms are discouraged. The joint commissioning officer has progressed to writing contracts in simple language and on a single sheet of paper. A readers group has been developed to test documents for readability. This is improving access and encouraging engagement of both users and carers.

32 There are examples of innovative practice. For the first time this year the choice and planning of LD user events is in the hands of users themselves. The first meeting of the 'events team' took place in November 2006. User representatives from MOC determined the programme and timing of events. An aide memoir has been developed as a prompt but beyond that users are being encouraged and supported in planning the events themselves. A varied ability arts co-ordinator is helping with the use of drama, video and visual aids. The first user led health event was held recently and feedback was very positive with requests from users for follow up events.

33 The LD service is committed to users and carers being actively involved in commissioning services. Though the approach is in the early stages there are positive examples. The joint commissioning officer has taken time to break down the procurement process. In the first example, users and carers (U&C) were recruited to a panel (three of each group with experience of supported living) and were helped to develop a set of questions, which were then weighted. They were supported to ask the same of all providers. Professionals were also on the panel but all views were given the same importance. There were certain givens in the process for example the financial stability of the providers was verified by the Council. In this way U & C took an active part in the procurement of the new advocacy contract. A similar approach was taken to the development of the list of community support providers.

34 Some carers involved in LD consultation have a negative view of their involvement. They are positive about the Council's encouragement for them to be involved and feel that the carer events run in partnership with the carer centre are good sources of information. However, their perception is that their views are not heard and responded to. They feel that there is a lack of clarity on what is up for discussion and what consultation can influence and feedback can be irregular and unclear.

35 A negative example of engagement, from their perspective, is at the forefront of their minds. The in-depth consultation with users and carers about day service modernisation resulted in decisions that are still not welcomed by some carers. These include closure of some day centres to deliver services in a different way; some from different premises.

36 Inevitably, consultation will produce differences of view which often reflect conflicting perspectives. The challenge for the Council is to build and sustain relationships while taking a collaborative approach towards exploring real options for change. Raising awareness of the positive ways carers are influencing the service such as in the development of short stay respite care and procurement of services may go some way to counterbalance the negative perceptions of more controversial decisions.

37 Mechanisms are being put in place by the service to co-ordinate activity and further develop engagement. The Communication group has recently been formed. Its aim is to improve the accessibility of information. Service users and carers, people from health (including speech and language therapy) and day services are represented and it is chaired by the head of service. One of its tasks is to encourage a more consistent approach to communication, discouraging one off initiatives. It has taken on responsibility for work that was already in progress; easy read documentation, multimedia communications and development of the website. LD users are being involved in the development of the website which will include an inbuilt feedback mechanism and sound based files. This is to improve access and the quality of information. There have been weaknesses in content management on the Council website and user and carer information has been out of date and inconsistent across social care services for some time.

38 Developments are in progress to improve engagement with harder to reach groups. Mencap is now working to revitalise self advocacy groups in day centres. This is to provide opportunities for people to have a voice who are not part of MOC. The plan is to progress this to working with those with profound learning disabilities and their 'circle of support' (carers, friends, etc). This is a group that has so far been 'hard to reach and whose views have not been systematically captured. The developments are within existing resources and therefore are being 'piloted'. Four self advocacy groups have been established. Training is being accessed by the advocate to develop the skills and techniques required to engage with PMLD (people with multiple LD) before that work can be progressed.

39 It has been recognised that capturing available intelligence about the views of U&C is not being maximised. For example, there is no systematic way of collecting and collating information to inform commissioning and service development from the range of professionals in contact with U&C. These professionals may be a route to U&C that would otherwise not take part in 'formal' consultation. The LD service is proposing to develop a system (a quality framework), supported by a dedicated officer, to capture and collate information into a useable format.

The LD partnership board

40 The LD partnership board has proactively encouraged user and carer involvement. It has had users and carer representation on it for approximately four years since it was formed. There are three places for users and carers on the board (six in total). Partners have worked effectively to reduce or remove barriers. LD board meetings are tailored:

- a two minute break between each item allows users and carers to speak to their advocate;
- a traffic light system allows users to stop speakers and ask for information or clarification;
- meetings are time limited;
- documents and agendas are 'easy read';
- 'user friendly', jargon free language is encouraged even from guest speakers;
- the head of service supports the meetings and takes an 'enabling' role; and
- there is a friendly atmosphere to the meetings and users and carers feel comfortable to speak.

41 A recent review of the board and advisory groups has taken place. This was partly because of variable attendance from some members. The impact of the review on participation has yet to be established. A support officer for the partnership board is being funded. Part of their role will be to review participation.

42 User and carer representatives are an established and valued element of the board membership but their role is unclear. Individuals currently in place are considered 'experienced', having representative roles in a number of settings over a period of years. This is considered inevitable to some extent however, to lessen the chances of becoming 'professional', U&C representation on the board is to be refreshed on a rotation basis every three years. Efforts are to be made to encourage participation particularly from people who have had no previous involvement.

43 It is unclear whether information is flowing into and out of the board effectively. Feedback mechanisms are in place such as through MOC and via the carer centre[2] networks and data base but it is unclear how systematic the approach is by representatives to gathering the views of those they represent and feeding back information to them. To ensure the Board is being informed by the wider user and carer community, greater clarity on who board members currently represent (not just U&C) and how they consult and feedback to the 'frontline' would be welcomed. This would more clearly define communication links and the extent of engagement.

The Young Adults Disabilities Service

44 In the Young Adults Disabilities Service users and carers are being increasingly involved in planning and developing services but this is at a comparatively early stage. In the absence of an established structure, capturing user and carer views is not systematic. The service has yet to determine how it will distinguish between the views of users and carers, and whether carers will be represented on the partnership board. In addition, there is scope for greater learning to take place with the LD service for example, around reducing the barriers for engagement.

45 The YADS service is progressing its approach to user and carer engagement but is at a comparatively early stage. A systematic way of engaging with younger adults with disabilities is currently being developed (see proposed structure in Annex B). A series of locality events has begun with communities of interest; the first one with people with physical and long term neurological conditions took place in October 2006. It was well attended by users and carers. From this group of approximately 45 a smaller group has been identified to work on developing an action plan related to the issues raised at the consultation event. It is intended that there will be defined links to the board structure to inform and progress the work and this approach will be replicated across other areas of the service.

46 Other mechanisms are being used to consult with users and carers within the service but, in the main, this is inconsistent as these have been initiative by initiative. For example users have been involved in the development of a visual impairment leaflet and the content has been amended as a result. Currently, users of a duty service for deaf people are being asked to complete a questionnaire (via their interpreter) about use and quality of the service to inform service development. Advocates and interpreters are in place at the Walsall Deaf People's Centre and Walsall Society for the blind. However, as with LD it is still to be determined how the views of users with more profound physical and sensory disabilities affecting communication will be accessed.

[2] The carer centre is a voluntary support organisation part funded by the Council. It has a database of approximately 1,450 carers of which 400 are LD carers. It is estimated that there are potentially 27,000 carers in Walsall.

47 In the absence of an established structure, capturing user and carer views is not systematic. The YADS joint commissioning manager undertook an exercise to gather intelligence via frontline staff on the views of users and carers to inform the joint commissioning plan. Service shortfall forms were distributed to social workers and the sensory support team. In addition, a questionnaire and workshop was held with the PSI Board to determine priorities. However, it is acknowledged that the approach is not yet structured and comprehensive.

The Physical and Sensory Impairment Board

48 The PSI board is at an early stage of development. Since its most recent restructure, about eighteen months ago, the focus has been on relationship building and putting in place policies and processes. Historically, users had been on the board but the current board decided (in consultation at a local level) that U&C would be represented by voluntary sector board members. These representatives come to the board on behalf of communities of interest such as those using the deaf and the blind centre. However, there has been a recent change to this approach and at the last board meeting there were two user representatives present. The users actively contributed to the meeting adding their perspective to discussions. This is a positive step forward in terms of user engagement by the PSI board. However, carers are not yet represented. Involvement of carers at board level would give a similar opportunity to contribute and bring consistency of membership with other boards.

49 Meetings are not fully accessible to users and carers. The first meeting at which users were present was welcoming and efforts were made to secure interpreters and support. Both users contributed to the meeting and their input was responded to positively. However, the format and language used at the meeting was 'professional' especially by guest speakers. There were no planned breaks between agenda items.

50 The PSI board has still to determine how it will engage with carers not only at board level but in a systematic way that enables the service to access the views of carers, in the wider communities of interest, distinguishing their views from those of users.

Recommendations	
R1	*Identify in detail the barriers and facilitators to inclusion of people with communication impairment and develop practical ways to promote involvement for example explore the potential for gathering intelligence from existing sources.*
R2	*Review effectiveness of communication pathways to and from users and carers in particular the PSI Board should consider the involvement of carers.*
R3	*Explore other ways of reaching users and carers such as getting out to peoples own homes and by telephone.*

Recommendations	
R4	*Consider how the views of users and carers can be captured in a systematic and planned way to inform future service planning priorities and strategy developments.*
R5	*Ensure learning is shared between service areas for example the 'user friendly' approach to meetings.*

Roles of the partnership boards

51 Partners value the partnership boards but are unclear about the roles of the different elements within the structure. Both the LD and PSI boards have established good relationships between partners and are an important network for information exchange. However, partners would welcome greater clarity of the purpose of the boards and the relationship they have with other parts of the structure such as the PEG and JEG (PEG is the Partnership Executive Group - representative officers co-ordinating delivery of the service and the JEG is the Joint Executive Group of Senior Officers- who have budget holding responsibilities see annex A). Attempts have been made to clarify roles and responsibilities in the past but the situation has been further complicated by recent changes to align the board to the LAA[3]. A commonly held view is that the role of the LD and PSI boards are now advisory rather than decision making. More clarity would be welcomed on what lies in their power to achieve.

52 An attempt to involve users and carers on the HC&VA partnership or 'parent board' between November 2005 and March 2006 was unsuccessful. Involvement of both carers and users was limited. The topics on the agenda were too complex and attempts to adapt the approach of the board were unsuccessful. Efforts have been made to determine the way forward, including the first meeting between the chairs of all the partnership boards. In addition active discussions with user and carer board representatives is taking place through a newly formed peer group (a report will go to Board in February 2007). Agreement on whether and how U&C should be represented on the HC&VA board and what role they would have is still to be defined.

Recommendations	
R6	*Clarify the roles, relationships and membership of all the elements of the partnership structures and ensure the situation is clearly communicated to all relevant partners.*
R7	*Review communication mechanisms within and between partnership boards to ensure cross cutting issues are addressed and learning is shared.*

[3] LAA refers to the local area agreement

A performance framework that ensures improvements in outcomes for local people

A vision for User and Carer engagement that provides direction

53 The performance management framework for user and carer engagement is still developing. There is not yet a systematic and comprehensive approach to evaluating the outcome of engagement activities against defined strategies and plans. Without this it is difficult to establish a clear picture of what difference is being made. Opportunities are therefore being missed to feedback to participants the impact of their involvement and share lessons learned across the organisation.

54 The strategic direction for user and carer engagement is developing but is not yet clearly defined. The user and carer involvement strategy[4] has succeeded in establishing a directorate wide approach in terms of policy and process. However, the focus of the strategy is short term and it does not provide a clear picture of where services are now, where they want to be in the long term, and how outcomes will be demonstrated. In addition, the links between the strategy and service plan priorities for user and carer engagement are unclear. An effective strategy provides direction and allow priorities for action to be determined.

55 The Council's information base on user and carer involvement is incomplete. A process and guidance has been in place since February 2006 that encourages staff to inform the user involvement manager of all engagement activity taking place in their area and the outcome of the activity. Staff in service areas have not consistently complied with the guidance. This has meant that information gathered has been mainly on 'new' activities and there is still the need to capture the extent and external impact of ongoing activities. A data base is in place, and is being further developed, to capture information on consultation (surveys, focus groups, events). Quarterly reporting and an annual review takes place on known activity but outcome information provided from the service areas, to the user involvement manager, is limited. The role of the 'champions' in identifying, evaluating and challenging activity within their service area is currently unclear. A comprehensive mapping exercise has not been undertaken to determine gaps, potential duplication and impact of user and carer engagement activities. Comprehensive information would inform strategy development and performance management.

56 The vision for carers is in the early stages. The current carers' strategy 2006-2010 is acknowledged as a precursor to a strategy rather than being a strategy itself. It outlines the work to be undertaken by partners in order to develop a shared strategy, including wide consultation with carers.

[4] Walsall Social Care and Supported Housing User and Carer Involvement Strategy 2005/06-2008/09

Recommendations
R8 As well as knowing 'where it is coming from', a strategy needs to decide 'where it wants to get to' providing a vision that all stakeholders can understand and identify with. The Council should ensure that strategy development results in: • *challenging but tangible aims and objectives based on a sound evaluation of what is currently in place and being achieved compared with a vision for the future which is informed by an identification of national best practice and the views of users and carers;* • *strategy priorities that are reflected in other related strategies and service plans; and* • *an underpinning action plan that identifies shorter-term priorities and activities that will contribute to the achievement of long-term outcomes.*
R9 Ensure that staff provide consistent information, particularly about outcomes, regarding all user and carer engagement activities taking place in their service area.
R10 Clarify the role of the 'champions' in identifying, evaluating and challenging user and carer engagement activity within their service area.

Clear and challenging plans

57 The work of the LD board has focussed on activities in support of 'Valuing People'[5] and delivery of the related plan, the 'joint investment plan 2003-2006' (subsequently re-titled joint LD strategy 2003-2006). The work of the PSI board has not been linked to the delivery of a defined plan or strategy. Working to deliver an agreed plan which is outcome focused identifies accountability and clear milestones and targets that can be performance managed to ensure delivery.

58 Currently a joint strategy and joint commissioning plan is being developed for the YAD service and is beginning to provide a focus for the PSI board. The LD board is reviewing and refreshing the LD strategy and have put in place a joint commissioning plan. Partners have been involved in the development of the plans. Feedback from LD users on the board highlighted the need for the joint strategies to consider crosscutting issues such as housing, local transport and culture and leisure. They are being revised to take account of these issues. The PSI Board will get reports on the joint commissioning plan from January 2007.

59 The user involvement and carer strategies and action plans are not outcome focused. The action plans contain few quantifiable outcomes for the community. Milestones, accountabilities and resources for completion are not specified. This makes it difficult to monitor delivery and evaluate impact.

[5] 'Valuing People' is a government strategy for learning disability published in 2001.

Performance management

60 The Council does not have robust information on outcomes related to user and carer engagement enabling it to demonstrate how well it is performing. There is no systematic approach to evaluating the outcome of engagement activities and what difference they have made. Most people interviewed for this work had difficulty identifying what had been achieved. This is not to say that achievements have not been made. However, the lack of systematic and formal performance management approach has meant that it is difficult for them to recall or quantify tangible outcomes.

61 In the main, progress reporting is relatively informal. A performance management approach that ensured accountability, time managed delivery and measurable outcomes would be welcomed. In terms of the LD and PSI boards partners felt this would ensure that the perception would cease that they were mainly information sharing. It was felt that a track record of delivery and demonstration of making a difference may encourage greater commitment.

62 There were examples given of positive initiatives which included:

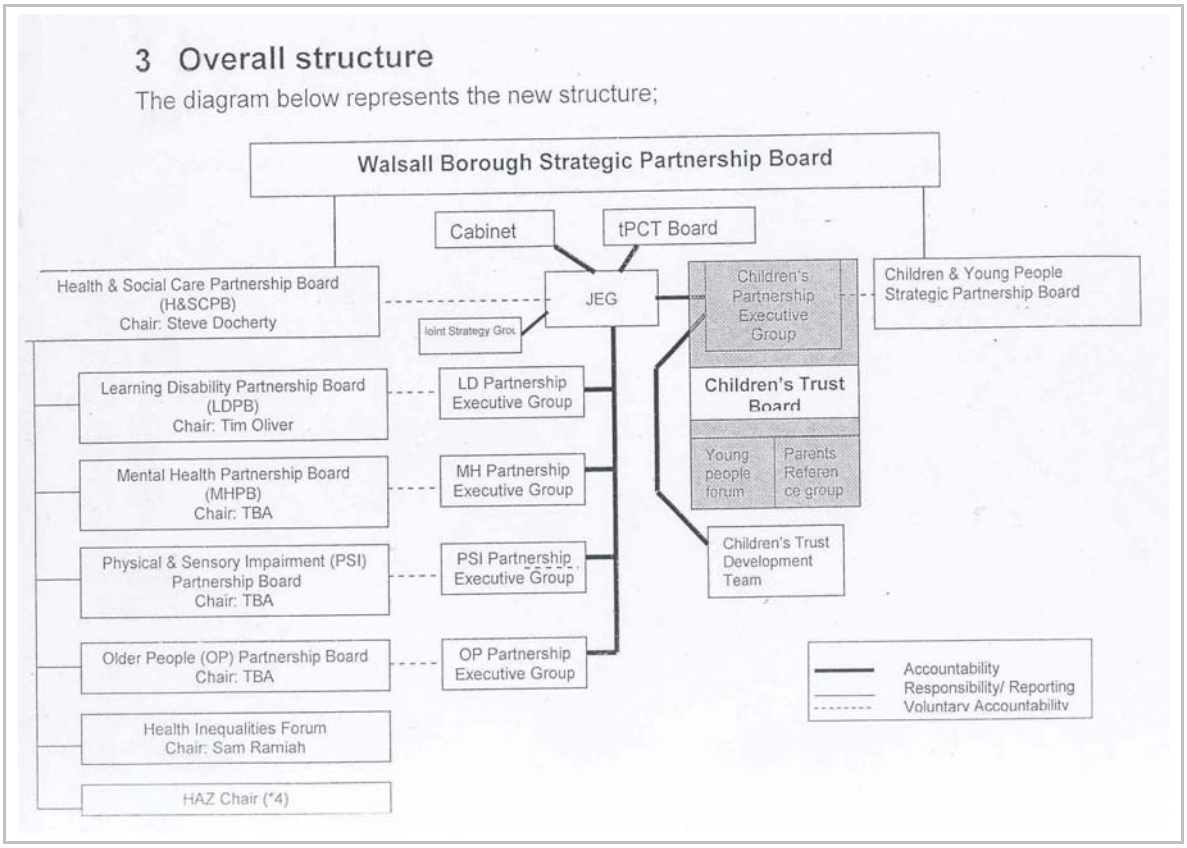
- an inclusive approach taken to enable 110 users of LD services to live independently;
- the work of the LD health advisory board in improving access to women's health services for LD users;
- the voluntary sectors involvement in establishing the views of service users;
- in developing the fairer charging policy - user views led to improvements in accessibility of documentation, the complaints system and the referral system; and
- and more recently a piece of work with the BME community to identify preferred methods of engagement- next stage is to progress to improved consultation on service delivery.

63 Some of the performance management issues have already been recognised and work is in progress to address them:

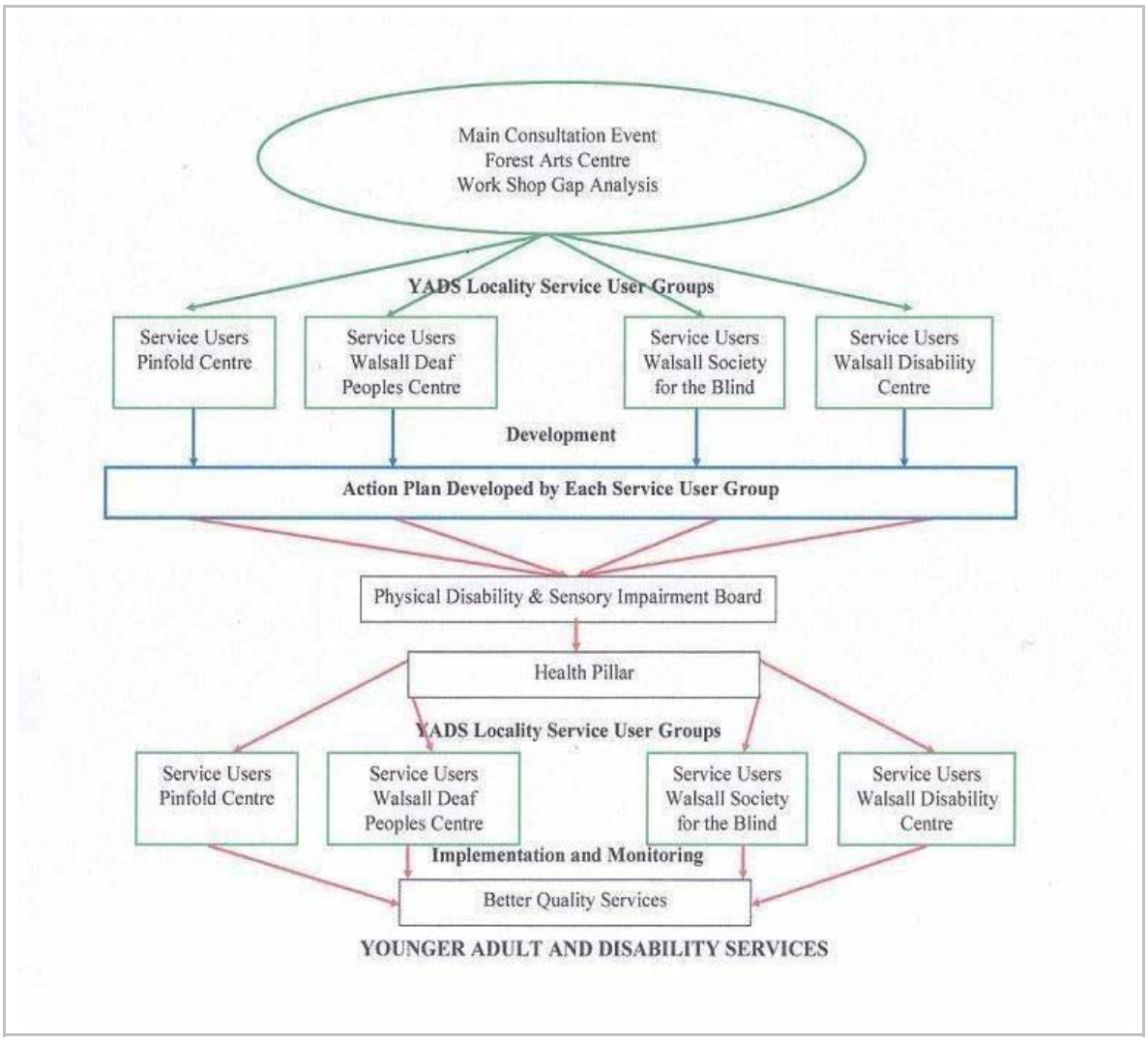
- traffic light reports are to be produced on the progress of the LD board and there is to be more focus on outcomes;
- the database is being developed by the user involvement manager to provide increased performance monitoring information;
- outcomes for user and carer engagement are to be monitored quarterly via the Council's performance boards (currently annual reports go the senior management group); and
- a regionally developed survey is to be used to evaluate the outcome of initiatives from the U&C perspective.

Recommendation
R11 The Council should develop a performance management framework that: • *details arrangements for performance monitoring and managing activities for example the work of the boards and their contribution to the delivery of plans and strategies;* • *ensures progress against outcomes is regularly reported and partners are actively involved in managing performance;* • *timely action is taken to ensure targets, timescales and resources are met; and* • *clear objectives and outcomes are set and systematic evaluation takes place to enable learning and sharing of what works to take place.*

Annex A – Overall structure



Annex B


Main Consultation Event
Forest Arts Centre
Work Shop Gap Analysis
YADS Locality Service User Groups
Service Users Pinfold Centre
Service Users Walsall Deaf Peoples Centre
Service Users Walsall Society for the Blind
Service Users Walsall Disability Centre
Development
Action Plan Developed by Each Service User Group
Physical Disability & Sensory Impairment Board
Health Pillar
YADS Locality Service User Groups
Service Users Pinfold Centre
Service Users Walsall Deaf Peoples Centre
Service Users Walsall Society for the Blind
Service Users Walsall Disability Centre
Implementation and Monitoring
Better Quality Services
YOUNGER ADULT AND DISABILITY SERVICES

Annex C – List of interviewees

Interim Chief Executive
Acting Executive Director of Social Care and Inclusion
General Manager Strategic Support
Head of Learning Disability Service
Head of Younger Adults Disability Services
Chair of LD partnership board
Chair of PSI partnership board
User Involvement Manager
Carers Co-ordinator
Joint Commissioning Manager – YADS
Joint Commissioning Manager – LD
Interim service manager–reprovision and development team
Manager of Walsall Carers Centre
Representatives from Mencap
Representatives from SUE (Service User Empowerment)
LD user representative on partnership board
Focus group of carers

Annex D – Schedule of meetings

Chairs of Boards
LD Board
PSI Board
YADS Locality event

Annex E – List of documents

(including):

User and carer involvement strategy
Carer strategy 2006-10
User and carer involvement in procurement
LD board report April 2006
Healthier Communities & Vulnerable Adults induction pack

Appendix 1 – Action plan

Page	Recommendations	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Target date for completion
13	R1 Identify in detail the barriers and facilitators to inclusion of people with communication impairment and develop practical ways to promote involvement for example explore the potential for gathering intelligence from existing sources.	3	User Involvement Manager and Joint Commissioning Managers	Agree	Work in progress in learning disabilities which will be extended across the division.	March 2008
13	R2 Review effectiveness of communication pathways to and from users and carers in particular the PSI Board should consider the involvement of carers.	3	User Involvement Manager	Agree	Audit to be undertaken and actions in place.	October 2007
13	R3 Explore other ways of reaching users and carers such as getting out to peoples own homes and by telephone.	2	User Involvement Manager	Agree	Attached to service plans for delivery.	March 2008

Page	Recommendations	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Target date for completion
14	R4 Consider how the views of users and carers can be captured in a systematic and planned way to inform future service planning priorities and strategy developments.	3	User Involvement Manager	Agree	Addressing current shortfalls in database.	March 2008
14	R5 Ensure learning is shared between service areas for example the 'user friendly' approach to meetings.	3	Joint Head of Learning Disability Services	Agree	Work undertaken in learning disabilities to be extended across the division.	October 2007
14	R6 Clarify the roles, relationships and members of all the elements of the partnership structures and ensure that the situation is clearly communicated to all relevant partners.	3	Strategic Partnership Manager	Agree	Work has commenced to review the Pillar Group structure.	October 2007
14	R7 Review communication mechanisms within and between partnership boards to ensure cross cutting issues are addressed and learning is shared.	3	Strategic Partnership Manager	Agree	Review to be undertaken.	October 2007

Page	Recommendations	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Target date for completion
16	R8 As well as knowing 'where it is coming from', a strategy needs to decide 'where it wants to get to' providing a vision that all stakeholders can understand and identify with. The Council should ensure that strategy development results in: • challenging but tangible aims and objectives based on a sound evaluation of what is currently in place and being achieved compared; • strategy priorities that are reflected in other related strategies and service plans; and • an underpinning action plan that identifies shorter term priorities and activities that will contribute to the achievement of long-term outcomes.	3	User Involvement Manager	Agree	User and carer involvement strategy is being reviewed and will address R8, other strategy documents such as Joint Commissioning Strategies and the carer's strategy will require a review.	May 2007 – Review of strategy documents.

Page	Recommendations	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Target date for completion
16	R9 Ensure that staff provide consistent information, particularly about outcomes, regarding all user and carer engagement activities taking place in their service area.	3	Heads of Service	Agree	R9 should be a priority in all service plans for delivery.	April 2007
16	R10 Clarify the role of the 'champions' in identifying, evaluating and challenging user and carer engagement activity within their service area.	2	User Involvement Manager	Agree	Issue to be addressed via performance board.	July 2007

Page	Recommendations	Priority 1 = Low 2 = Med 3 = High	Responsibility	Agreed	Comments	Target date for completion
18	R11 The Council should develop a performance management framework that: • details arrangements for performance monitoring and managing activities for example the work of the boards and their contribution to the delivery of plans and strategies; • ensures progress against outcomes is regularly reported and partners are actively involved in managing performance; • timely action is taken to ensure targets, timescales and resources are met; and • clear objectives and outcomes are set and systematic evaluation takes place to enable learning and sharing of what works to take place.	3	Heads of Service (Partnership Leads)	Agree	Joint strategies are being developed and each Board needs to ensure that it takes a performance management approach to ensure delivery of key targets.	July 2007