

Service User and Carer Engagement Report for the AWP NHS Trust Board			
Meeting Date: 27 April 2012	Meeting Time: 10:00	Agenda Item: 9	Serial: 12 0109
This Report is presented by the Executive Director Operations for Noting in the Public session of the Board.			

Report Summary	
Purpose of this Report: To report to the Board on the recommendations of the working group on service user and carer engagement set up following the Board Seminar on 8 March 2012.	
Board Decisions Recommended: The Board is recommended to note the Recommendations at paragraph 5.	
Actions Arising from the Report: None specified.	
Report Links	
Quality and Safety Implications	Effective service user and carer engagement processes support the development and provision of high quality services
CQC	Outcome 1
Corporate Risk Register	STR11
List of Appendices	
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1. Introduction

- 1.1. In March 2011 the Chief Executive commissioned the National Survivor User Network (NSUN) to conduct a review of service user involvement in the Trust.
- 1.2. The review was commissioned because the Trust was aware that it's approach to service user involvement needed development and wanted an experienced and independent body to provide assessment and advice
- 1.3. . In addition, service user groups had raised a number of concerns about service user involvement. These concerns were that:
 - involvement is patchy and not embedded in the organisation;
 - involvement does not occur early enough when service changes and developments are under consideration;
 - involvement is managed centrally thereby disempowering local involvement.
- 1.4. In parallel to this, Peter Greensmith, Non Executive Director with an interest in service user and carer engagement, has spent time considering engagement in the Trust and listening to concerns raised by service users and carers. He has identified areas for improvement and has particularly noted that the process of engagement and, importantly, responding to engagement, is not sufficiently joined up.
- 1.5. These matters were considered at a Board Seminar held on 8 March 2012. The seminar received 'A Review of Avon and Wiltshire Mental Health Partnership NHS Trust's Approach to Involvement', the NSUN report, and presentations from Peter Greensmith on service user engagement and Gina Smith, Consultant Nurse, on carer involvement.
- 1.6. The seminar discussed the implications of the presentations and the ways forward and a number of issues were highlighted. These included:
 - acknowledgement that user and carer involvement is not as central to the Trust as it needs to be;
 - the need to invest in engaging and responding to users and carers and tip the balance away from performance;
 - consideration of the development of a Trust User Forum and whether this would hinder locally owned involvement and change in practice;
 - consideration of devolving resources to the SBUs;
 - the need for a corporate engagement resource but increased clarity about its role and function.

- 1.7. It was agreed that the issue raised at the seminar, including the NSUN report and the presentations, would be considered in detail by a group including SBUs, users and carers, and that this group would report back to the Board.

2. NSUN Report

- 2.1. The NSUN Report notes that the Trust conducts involvement and engagement activity in a number of ways and that the processes vary in their success. Stakeholder views on the Trust's approach vary. There is some good practice and there are areas that need improvement. The Trust's Community Engagement and Involvement Strategy is generally good and has served its purpose. However, the report states that there is too much focus on informing and insufficient focus on active partnership :

“the bar for involvement seems to be indicated at a low level around consultation, informing and influencing.....Consideration should be given to a fundamental shift in the understanding of what involvement actually means and how this can take place. There should be more of a power shift to users/carers working in partnership, setting agendas, controlling aspects of projects or actual projects.”

- 2.2. Trust communication with service user groups is difficult in places and partnership work needs significant development. The Trust should strengthen its work with individual service users and carers to co-produce an embedded care and treatment philosophy.

- 2.3. The Report makes detailed comments on a number of issues. The following are brief summaries of some of the key points:

- the PALS service is valuable and well regarded;
- the Trust LINKs meeting were insufficiently challenging;
- the PEEP Management Group has too large an agenda and its purpose should be reviewed;
- the Carer's Forum is an important Trust wide meeting and provides an opportunity for carers' issues to be worked on together;
- there is evidence of some good practice in service redesign, but many commentators said that 'involvement wasn't done in a meaningful way';
- payment rates for involvement seem to be a success;
- having an Engagement and Responsiveness Team demonstrates a positive corporate approach to involvement. The Team works hard and cares about its work. However, there seems to be a 'disconnect' between the team and some service user groups.

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- Service User Involvement Workers are a valuable asset. It is a concern that vacancies are being held.

2.4. The Report makes a number of recommendations, summarised here:

- review the purpose of the LINKs meeting;
- Service User Research Forum group to be reinstated;
- review the purpose of the Patient Experience Environment and Partnership Management Group;
- consider some of the barriers to involvement that this client group have, and work to make meetings more accessible for all;
- review payment policy and mechanisms to ensure they are up to date with current national guidance;
- Engagement and Responsiveness Team to reach out to certain user groups to dispel any myths around knowledge and understandings;
- SBU management team include the Service User Involvement Worker's in their annual planning process;
- audit meetings which fall under Section 242 of the Act to ensure that user and carer involvement takes place as is required;
- Engagement and Responsiveness Team to review the service user groups central database and update;
- audit involvement as some users and carers could be doing a lot with the Trust and others nothing;
- invest in at least one Service User Involvement Worker per SBU;
- Engagement and Responsiveness Team reach out to communities more;
- assertively reach out to SURG;
- work with users and carers to consider a way ahead.

2.5. The Report identified four options for a strategic approach:

- Option 1 – do nothing and carry on as now. But this would be a missed opportunity to take stock and work collectively. Not recommended.
- Option 2 – make minor changes as in the recommendations, refresh strategy, tighten up practice, focus outwards more than inwards. Could

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be the safest option, but runs the risk of not getting to the core of the issue.

- Option 3 – make moderate changes by carrying on collating patient experience evidence and having systems in place to improve services, but contract out all service user and carer involvement to an external agency. Not unprecedented on a smaller scale and could solve some of the ethical issues around involvement and win back more enthusiasm from disengaged service users and carers.
- Option 4 – make major changes by rethinking involvement and participation and adopt wholly a co-production culture and ways of operating. This would be a whole systems approach which would be more adventurous, take strong leadership, but which could yield the biggest and more sustainable results

3. Summary of Working Group discussions

- 3.1. The working group agreed that the report and the discussion around service user and carer involvement in the Trust demonstrated that there are many examples of good practice in the organisation that should continue and be built upon. However, there is also evidence of the need to change the culture of engagement in order to ensure that engagement is central to core business.
- 3.2. Despite good practice, it was also noted that listening and responding to the patient experience needs to be drawn into a joined up coherent process in order that the Trust learns and continues to improve the quality of its services.
- 3.3. Relationships with some service user groups are not constructive and need to be improved.
- 3.4. The Trust should re-confirm that service users and carers are at the centre of everything it does. This should be reflected in the approach to involvement and in the strategies, policies and guidance that drive involvement. The complexity of the Trust and the needs of different client groups should also be acknowledged and reflected in policy and practice.
- 3.5. The development of engagement and service change and improvement should be guided by the principle of co-production – change and development through effective partnerships with service users, carers and staff.
- 3.6. Recognising the success and value of the Trust Carers Forum, there was discussion about the establishment of a Trust Strategic Service User Forum. The group felt that this could support the continuing development of service user and carer engagement. It was noted that if such a forum was established it should reflect the complexity of the organisation and the

different client groups. There was also some discussion as to whether there should be local forums.

- 3.7. Practical actions were discussed including mapping service user groups, reviewing strategy and policy and ensuring that change documentation prompts staff to engage early and effectively.
- 3.8. It was also recognised that if the Trust does make significant changes to the culture and practice of engagement there will be a requirement to review the balance of corporate and SBU responsibilities for engagement and responsiveness.
- 3.9. In relation to the NSUN report, the working group felt that some of its recommendations were straightforward and that they could be addressed and implemented as part of normal practice. However, some of the recommendations would require further consideration and discussion. The report itself should be shared widely and used as the basis for discussions with stakeholders. However, one of the service user representatives on the group was concerned that the report was inaccurate in relation to some comments made about her service user group. It was agreed that this should be taken up with NSUN as a matter of urgency. NSUN will be asked to confirm that they have checked the accuracy of the report and to contact the group with the particular concern. The report should not be distributed until this is done.

4. Conclusion

- 4.1. The working group concluded that the Trust has the opportunity to embed the principle of co-production, putting partnerships with service users, carers and staff at the heart of its business. The NSUN report provides a useful starting point for wide-ranging discussions and actions with stakeholders. The group was of the view that this work should be undertaken as soon as possible.
- 4.2. There are a number of recommendations that can be readily implemented, but there is the need for a longer term piece of work in relation to building relationships and changing culture and practice.
- 4.3. This work should be driven by the principle of co-production. This working group could continue as a steering group with the task of overseeing the development and implementation of an action plan.

5. Recommendation

- 5.1. The working group makes the following recommendations to the Board:
 - To support a development and change process to embed engagement at the heart of its business and address the concerns raised in Trust considerations about service user and carer engagement. This process will involve service users, carers and staff from the start;

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- To agree that the working group is formally established as a steering group and is charged with the responsibility of developing and implementing an action plan. Executive responsibility for this group will lie with the Executive Director for Nursing, Compliance, Assurance and Standards. The steering group will report to the Executive Management Team;
- Once the NSUN report is agreed to be accurate it should be widely distributed and published on the Trust website.

6. Additional Report Contributors

6.1. Howard Lawes, Deputy Director of Quality and Healthcare Governance