

**Service User and Carer Involvement  
in the Work of the West Wales  
Regional Partnership Board**

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## Terms and Abbreviations

This report uses the following abbreviations:

- CAVO: Ceredigion Association of Voluntary Organisations
- CVCs: county voluntary councils
- HDUHB: Hywel Dda University Health Board
- ICF: The Integrated Care Fund
- PAVS: Pembrokeshire Association of Voluntary Services
- RPB: The Regional Partnership Board
- “the user/carers representatives” the representatives of those needing care and support and carers who have been appointed to the RPB
- SSWBA - The Social Services and Well-being (Wales) Act 2014
- WG: Welsh Government
- WWCP: The West Wales Care Partnership

## 1. Background

The Partnership Arrangements (Wales) Regulations 2015 and Statutory Guidance made under Part 9 SSWBA require the establishment of regional partnership boards comprising the unitary authorities and the health boards in each of the 7 health and social care regions in Wales. The WWCP operates in the area covered by the HDUDB and its work is overseen by the West Wales Regional Partnership Board whose statutory partners include Carmarthenshire County Council, Pembrokeshire County Council, Ceredigion County Council and HDUDB.

Statutory Guidance made under section 169 of SSWBA sets the priorities for regional partnership boards. They must:

- consider how best to meet the needs identified in the population assessment that local authorities and health boards are jointly required to undertake
- in the light of that assessment, and informed by the views of service users, consider where integration of services will be most beneficial to their populations
- implement the plans for each of the local authority areas covered by the board which the local authorities and the local health board are required to prepare and publish under section 14 SSWBA
- ensure that the partnership bodies provide enough resources for the partnership arrangements
- promote the establishment of pooled funds where appropriate
- prioritise the integration of services for:
  - older people with complex needs and long-term conditions (including dementia)
  - people with learning difficulties
  - carers including young carers
  - Integrated Family Support services
  - children with complex needs due to impairments or illness
- focus on prevention and early intervention

On a day-to-day basis the WWCP seeks to:

- bring together all the partners and ensure they work well together
- promote the integration of key services

- ensure the right arrangements are in place to meet core statutory duties including the Information, Advice and Assistance Service and the advocacy requirements of SSWBA.
- oversee the use of WG funding distributed via the regional partnerships

The Regulations require the regional partnership boards to submit to WG an annual report about the extent to which the board's objectives have been met. Among many other things, a board is required to report on how it has *“engaged directly with service users or groups representing service users .....*”

The Regulations and Statutory Guidance set the required membership of the regional partnership boards. This includes:

*(g) one person to represent people with needs for care and support in the area covered by the regional partnership board*

*(h) one person to represent carers in the area covered by the regional partnership board*

The Guidance continues: *“the regulations refer to the minimum membership of the boards but the number of representatives .....is for local determination*

It goes on to say:

*“There will also be a need to foster engagement through existing networks or forums or through the development of new networks or forums. People who use services must be actively involved and engaged in the work of the regional partnership boards. There will be a member of the board to represent people with needs for care and support. It is recognised that this individual cannot be expected to represent all people in need of care and support. Therefore, they will need to work with both the Regional Partnership Board and the citizen's panel (or other relevant groups) to inform the delivery of integrated services”*

Although not explicitly stated, this applies equally to the carers' representative(s).

The Partnership Arrangements (Miscellaneous Amendments) Regulations 2019 change the wording of the membership to insert “at least” before “one person” in the 2015 Regulations to emphasise that these are minimum requirements, not limits.

Neither the Regulations nor the Guidance attempt to define in any detail the role of the user and carer representatives or how they should be recruited, inducted or supported.

## 2. Our Task

The Care and Support at Home element of the Social Care Wales Regional Facilitation Grant 2018-19 supports pieces of work that aim to benchmark the impact that individuals' and carers' voices have on regional policy, commissioning, and service improvement. It suggests that RPBs should choose 4 or 5 processes or activities that aim to hear citizen voices.

Against this background we were commissioned by WWCP to review and consider:

- the nature, quality and extent of service user and carer involvement in the business of the regional partnership
- the results of this engagement and its outcomes
- how processes and methods of engagement could be improved for the future

We were specifically asked to concentrate on the participation of the user/carer representative members of the RPB. For this exercise we looked at the following processes:

- recruitment
- induction
- briefing and ongoing support
- participation at RPB meetings

## 3. Methodology

We:

- reviewed relevant papers including;
  - Welsh Government regulations and guidance
  - the 2017/18 annual reports 6 RPBs and the 2016/17 report of Powys RPB.
  - a selection of agendas and minutes from past meetings of the RPB and a full set of papers provided for the RPB meeting on 25th March 2019
  - various papers provided by interviewees
- held tailored interviews with the user/carer representatives on the RPB and with staff supporting the RPB and officers in local authorities, HDUDB and the CVCs as well as the chair of the RPB. A list of those interviewed is at Appendix 1 to this report. We are grateful for the time that individuals freely gave in the course of this review. We offered a 1:1 follow-up discussion with any of the user/carer representatives who wished to add to what they had already said, but this offer was not taken up.
- interviewed a former carers' representative on another RPB
- observed the pre-briefing session for the representatives held on 18th March at Narberth

Interviews with the user/carer representatives sought to cover:

- the recruitment processes
- induction
- continuing support

- the commitment to RPB work
- involvement in workstreams feeding up to the RPB
- experience of being on the board and of board meetings
- connection to wider networks
- what might enhance user/carer involvement and satisfaction with the role

Among other things, interviews with the chief officers of CVCs covered their own involvement with the recruitment and induction processes, their perception of how well the participation of the user/carer representatives is working and the wider engagement of the board with the Third Sector. The content of interviews with the chair of the RPB and officers of WWCP depended on their particular areas of responsibility.

## 4. Findings

WWCP has put considerable effort and resource into supporting service user and carer involvement in the work of the RPB and is committed to doing more in the future. To date it has:

- conducted an open recruitment exercise – see section 7 below
- gone beyond the minimum requirement of one carer and one service user representative on the board to include 3 and 2 respectively. The membership includes an individual with learning difficulties, a person with a physical condition and a parent carer.
- provided a good induction session – section 9
- provides ongoing support in the form of pre-briefing meetings – section 10
- provides a covering summary of RPB papers
- pays the support worker costs for a service user representative with learning difficulties to assist his participation – section 13
- has agreed in principle to the user and carer representatives nominating business for the RPB meetings and submitting papers –section 4
- is extending opportunities for service users and carers to participate in the workstreams and strategy groups that feed up to the RPB – section 12
- is working to strengthen its regional citizen engagement and participation more generally – section 14

In several respects WWCP is already ahead of its peers. At Appendix 2 to this report is a brief outline of what other RPBs said in their latest available annual reports about user and carer involvement in the work of the partnerships.

The user/carer representatives acknowledged and valued the support they had been given and particularly appreciated the pre-briefing meetings and the efforts of the staff involved. However, several matters arose during this review where there is opportunity for WWCP to build upon the progress it has made.

In practice the user/carer representatives felt that they were not involved sufficiently early in the gestation of the RPB's business to be able to influence it. By the time that something came to the board they felt matters were too far advanced for them to have any real impact. They also felt that the lack of enough background knowledge in some instances, the volume of RPB paperwork, its complexity and language presented barriers to their more effective participation as did the occasional late availability of papers for RPB meetings. Overall the user and carer representatives interviewed said they found it difficult to have any real influence over the work of the RPB and that they were not being used to best effect.

We address these matters in more detail in the later sections of this report and in our recommendations. The user and carer representatives and other interviewees felt that the WWCP was “on a journey” and that progress was being made incrementally.

At the RPB’s meeting on 25<sup>th</sup> March we understand that there was discussion of user and carer involvement in the work of the board. It was agreed in principle that the user/carers representatives should have opportunities to nominate items for discussion and put their own papers to the board. This will require a careful balancing act given the amount of business that the RPB already must process and it will be important to keep these user/carers contributions at a strategic level. More operational concerns can be passed on to the appropriate officers who should provide timely responses. It was also agreed that more could and should be done to make the language of the papers more accessible. This discussion anticipates some of the recommendations that we set out below.

## 5. Recommendations

Sections 6 -14 of this report set out the background to the following recommendations. The recommendations include several suggestions offered by interviewees.

1. To continue to increase opportunities for participation by the user/carers representatives in workstreams and groups that support the board along with other service users and carers so that they can be more involved in shaping the direction that business takes while these matters are at more formative stages. See **Section 12**
2. To promote attendance by the relevant officer leads at the pre-briefing sessions when matters within their area of responsibility will be discussed by the RPB. **Section 10.**
3. When the RPB’s plans are further developed, to provide the user/carers representatives with a briefing and a mapping document tracking the various public engagement arrangements that impact upon the RPB’s work and how these relate to each other **Section 14**
4. To offer coaching to support user/carers representatives in their role using county coaching networks (This could be a standard offer as new representatives are recruited) **Section 9**
5. To arrange for the user/carers representatives to contribute towards the section in the board’s annual report on user and carer involvement, including plans for further development. **Section 6**
6. To provide opportunities for user/carers representatives to nominate business for inclusion in the RPB agendas [as noted in **Section 4** above, the principle was agreed at the RPB meeting on 25th March 2019]
7. To co-produce\* with the user/carers representatives:
  - a template for the covering notes to RPB papers to ensure that it captures the key information they require
  - a protocol on the use of more everyday language in RPB papers\*\*
  - an up to date version of the glossary of terms. **Section 10.**
8. to provide technical briefings that are generally accessible on matters that frequently come before the Board and where more detailed knowledge is required (e.g. ICF and the Transformation Fund). **Sections 10**

9. To co-produce\* the next set of recruitment materials for future representatives with the existing members and to involve existing members in the recruitment process. **Section 7**
10. To consider having overlapping appointments to the RPB so that existing user and carer representatives can support those newly recruited as their own terms are drawing to a close. **Section 7**
11. To consider paying honoraria to the user/ carer representatives in recognition of their commitment  
**Section 13**

\*Public Health Wales and the Co-Production Network have jointly produced an interactive catalogue setting out the key principles of genuine co-production along with case studies and other resources. It is available at <https://www.goodpractice.wales/co-production-catalogue-from-wales>

\*\*The Social Care Wales “Voice” is a helpful starting point. Most versions of WORD include Flesch-Kincaid readability scoring.

\*\*\*The same business need is likely to arise in all RPBs. Boards could commission short training video presentations which all RPBs could use in their induction and ongoing support. This would reduce the training burden on RPBs, ensure consistency and reduce cost.

## 6. The RPB

The RPB is the board established under The Partnership Arrangements (Wales) Regulations 2015. WWCP includes the officers and wider support which service and inform the board and the supporting structures that carry out the RPB’s business.

The RPB covers the HDUDB’s footprint area of Carmarthenshire, Pembrokeshire and Ceredigion. It has combined geographical area of nearly 5,800 square kilometres and a population estimated at 383,000.

The RPB originally met 4 times a year but now meets 6 times a year to help manage the increasing business the partnership has to deal with. We heard concerns about rising WG expectations of RPBs, the pace at which transformative change was required and the increasing sums of money being distributed via the boards. All of this adds to the complexity and volume of RPB business. We heard particular concerns about the Transformation Fund and the 18-month period in which RPBs must bring about sustainable change to services with the expectation that the Transformation Fund will cease after the 18-month period. This is coupled in some areas with increasing prescription about the use of other funding. The RPB’s Transformation Fund programme was said by interviewees to be ambitious.

Initially the Board met only in Carmarthen, but its 25<sup>th</sup> March meeting was in Pembrokeshire, its next will be in Ceredigion and it intends to move future meetings around the three counties.

The Board has a governance review in train to help ensure that its supporting structures are better able to cope with all that is now required of it. The main agreed elements of this so far are:

- setting up a Regional Leadership Group to provide corporate oversight of the RPB’s work and to assist joint decision making across the three local authorities and the health board and links to regional transformation programmes. The Group will comprise elected members from the local authorities, local authority and HDUDB chief executives and HDUDB board members. This will be supported by an Integrated Executive Group at operational level which will oversee the delivery of regional strategies

- a review of the RPB membership and terms of reference taking on board additions required by the 2019 Partnership Regulations
- rationalising the existing programme arrangements sitting below the RPB

Currently there are several groups that feed into the work of the partnership in some way – see the WWCP Governance Chart reproduced at Appendix 3 to this report.

The RPB currently has 5 user and carer representatives, 3 representing carers' interests and 2 the service users' perspective.

As noted in Section 1 above, the RPB is required to include in its annual report an account of how service users and carers and their representative groups have been engaged in the work of the RPB. In **Recommendation 5** we propose that the user/ carer representatives contribute to the drafting of this section of the report and that it also includes plans for further development of user and carer involvement. Produced jointly in this way this would have added impact, highlight the progress the RPB has already made and provide further evidence of the RPB's commitment.

## 7. The Recruitment Process for User and Carer Representatives

Application forms were prepared (see Appendix 4 for an example. A slightly different form was used for service user representatives). The form:

- set out the background to the establishment of the RPB
- listed the RPB's responsibilities including the priorities set out in the 2015 Regulations
- explained the membership of the board
- set out what the board would be looking for in terms of the user/carers representatives including the expected time commitment
- explained the support that would be available for the role
- promised that reasonable costs (e.g. travel and replacement care costs) would be paid
- set out next steps for those interested – the completion of an expression of interest form and a follow up interview with shortlisted candidates.

Among the key responsibilities listed were

- to help drive the transformation agenda
- raise awareness, particularly within their own networks, of the work of the RPB and its priorities
- keeping their own networks advised of progress
- representing the RPB on other fora and strategic partnerships
- participate in, or identify individuals from their own networks who could participate, in subgroups, task and finish groups and consultation processes
- prioritise attendance at RPB meetings

The recruitment materials were distributed through the CVC networks (e.g. carers' forums), placed on websites and the process was facilitated by the CVCs. The aim was to recruit "new faces" not simply those who had been active at county level groupings before. The process looked to recruit members who would be able to speak as individuals from their own experience but would also have networks that they could draw from and feed back to. The current members are part of, or in touch with, such networks. For example, one member meets monthly with a carers' network, one is regularly in touch with networks concerned with

Ataxia and one is a learning disability champion in Pembrokeshire and co-chairs the Pembrokeshire Learning Disabilities Programme Board.

There were more applicants than places, but not all had the background and the links that the RPB was looking for. While it had been the aim to appoint 3 carer representatives and 3 service user representatives it did not prove possible to find a suitable third user representative. Similarly, a seat for a representative from a national third sector organisation, while briefly filled, remains vacant. The board has approached Children in Wales to see whether they can identify a suitable individual for that position.

Recruitment was in two waves with 2 of the 3 carer representatives recruited within just the last 12 months.

In view of the difficulties in filling all the user/carer positions we wondered whether the process had been sufficiently inclusive. The CVCs felt that the net had been cast widely enough. Barriers to recruitment were thought to include the fact that:

- this is not the sort of role that many people would find attractive
- of those interested not all would have the right background and networks
- difficulty in taking on this commitment on top of work and caring responsibilities
- the travel distances involved.

All the candidates were interviewed. Interviews were concerned not only with the individual's suitability for the role, but also served as a check that they were happy to take on the commitment. As noted in section 8 of this report, however, that commitment has grown by at least half as much again since the initial appointments were made.

The user/carer representatives will have gained valuable insights into the role and what it takes play an active part in the RPB's work. We believe that it would be to the RPB's advantage if it draws upon the experience of the present user/ carer representatives in designing recruitment materials (advertisements, person specification, role description, commitment etc.) for future recruitment rounds and involves them in the recruitment process. **Recommendation 9**

We were told that the North Wales RPB has an arrangement of overlapping appointments so that outgoing user/carer representatives can support incoming members. This could be a useful way of helping to induct new members in the future and we commend it to WWCP for consideration. **Recommendation 10**

## 8. The Commitment of the User/Carer Representatives

At the time the user and carer representatives were appointed the Board was expected to meet 4 times a year and the estimated annual time commitment for the representatives was 8 days per annum. More recently the Board has decided to meet 6 times a year in view of the weight of business and short turnaround times for some of it. The user/carer representatives estimate that their time commitment to the work of the WWCP is now a minimum of 12 days per year comprising attendance at the RPB meetings, attendance at the pre-briefing meetings and studying the papers. This does not include any participation in working groups or workshops supporting the regional strategies that feed up to the board.

None of the user/carer representatives expressed difficulty about getting to meetings. Lifts were arranged for some of those attending the pre-briefing meeting on 18<sup>th</sup> March.

However, the carer representatives pointed out that it is in the nature of their caring responsibilities that the needs of cared for persons can be unpredictable and that an unexpected event or failure of substitute care arrangements could prevent attendance at the RPB or the pre-briefing or other event at the last minute.

The three counties covering the RPB area are largely rural, with significant travelling distances between the principal towns. The application form says that the board will look to provide video-conferencing facilities to permit remote participation where possible, but, to date, that has not been found to be necessary. Experience elsewhere suggests that video conferencing should be avoided if possible. It is prone to technical failure and, in practice, those at the remote station(s) rarely feel part of the main meeting. A helpful protocol has been developed for video-conferencing by the North Wales RPB which WWCP might usefully adopt if video-conferencing is used in the future.

Initial appointments to the Board were for a year “with a possible extension of a maximum of a further 12 months”. The terms of the three initial appointments were further extended.

## 9. Induction

The user/carer representatives had not been appointed when the statutory partners held their own facilitated induction about how the partners would work together and how the RPB should work more generally. However, once appointed, each of the user/carer representatives attended a 3-hour induction session to learn more about the work of the RPB and how they could best contribute the RPB’s work. The induction covered:

- SSWBA principles and where to go for more information
- why the partnership exists
- who sits on the board
- terms of reference and meeting arrangements of the RPB
- a mention of existing joint working and the availability of WG funding to support the RPB’s activities
- an outline of what the board would be discussing at its early meetings
- what the RPB would expect of the user/ carer representatives
- housekeeping rules (mutual respect, confidentiality etc.)
- opportunities to express concerns about fulfilling the role

The user/carer representatives also had an opportunity to suggest what would make their task easier and several suggestions were taken forward.

A glossary of frequently used terms and acronyms was provided but that does not appear to have been updated or supplemented since.

The user and carer representatives felt that the induction session had been well put together and appreciated the effort that had gone into it. Inevitably it could not cover everything the user/carer representatives were likely to encounter. Later in this report we comment on how the ongoing support arrangements might be enhanced – see **Recommendations 2, 7 and 8**

The Regional Workforce Programme Manager drew our attention to the coaching networks available to anybody requiring that type of support. We discussed the role that non-directive coaching could play in helping to settle and support the user and carer representatives in their role. None of the present user/carer representatives have had coaching support to date, but this could be a useful standard offer in the future.

**Recommendation 4**

## 10. Briefing and Ongoing Support

In its 2017-18 Annual Report the RPB says “

*“we are committed to providing appropriate support to all members of the RPB to ensure they are clear about their role and empowered to make a meaningful contribution to its work. In 2017-18 our focus has been on supporting user and carer representatives through a series of tailored briefings prior to, and de-brief sessions following, the formal meetings of the board. We will look to build on this over the coming year through a series of externally-facilitated development sessions for all members of the RPB”.*

A week before every RPB meeting user and carer representatives are invited to a briefing session where it is intended that at least the bulk of the papers for the RPB meeting can be discussed. The session typically lasts 2 hours followed by lunch where the representatives have a further opportunity for discussion amongst themselves. The briefing does not generally cover those agenda items for which there will be a formal presentation at the meeting. These briefing sessions are an opportunity:

- to explain the background to each paper and what decision is required of the board
- for the representatives to seek further information of clarification or, if necessary, to challenge in a relatively relaxed, informal atmosphere.

The user/carer representatives then have a few days in which to reflect on what they have read and heard and to prepare any contributions they wish to make at the RPB meeting.

We were told that there would be an opportunity for a user and carer representative to alert the chair in advance if there was a particular issue they wished to raise at the RPB meeting.

The papers follow a standard format and use the normal business language of the statutory partners. Papers often begin with a short precis. A support worker provides a more accessible version of the papers for one of the representatives who has learning difficulties but does not attempt to do this for the entirety of any long reports distributed with the agenda.

The briefing sessions are taken by the Regional Programme and Business Manager and are sometimes also attended by the Head of Strategic Partnerships HDUDB. The RPB chair has also attended these pre-briefings and has indicated that she is willing to attend in the future if that would be helpful.

Discussion among the user/carer representatives felt that it would further enhance the value of the pre-briefing sessions, assist their understanding of the issues and enable them to make a better-informed contribution if the authors of papers due to come before the board, or the relevant workstream leads, could also attend the pre-briefing sessions from time to time. **Recommendation 2**

The RPB trialled separate de-brief sessions following each of the RPB meetings, but it was decided not to continue this arrangement as it represented a further commitment of time for everyone and had not been particularly successful. Instead it was agreed to pick up any issues remaining from the previous RPB at the next pre-briefing session.

The board's standing procedures require the papers to be available at least 7 days before the RPB meeting. We heard from the user/carer representatives that sometimes some of the papers for the RPB meeting are not available for the pre-briefing. This was a source of frustration although it was recognised both that the staff supporting the RPB are under considerable pressure and that they may well be dependent on others for information before papers can be prepared. We were told by the Regional Programme and Business Manager that the production of papers was often dependent on contributions beyond the control of the

RPB, for example where information was awaited from WG. We were also told that material from external sources is often not in a format or language that fits the requirements of the RPB and requires further work to make it suitable for the RPB's business.

Other concerns expressed by user and carer representatives were:

- the volume of the paperwork they were expected to master. The papers for the 25<sup>th</sup> March meeting ran to 180 pages including three long reports. At an average reading speed of 2 minutes per page, this would take around 6 hours simply to read without time to reflect and consider.
- sometimes a later version of a paper would be substituted on the day which they would not then have sufficient time to absorb
- the papers could be very detailed making them hard to assimilate
- the language of the papers could be difficult for those outside the statutory bodies to follow, with frequent use of acronyms and internal business terms
- the papers tend to assume that all participants have a level technical background knowledge that they may not have – particular issues were how ICF and the Transformation Fund operate

The covering notes were welcomed but there was a general feeling that they could go further in distilling the key issues. **Recommendation 7** proposes a co-produced format and protocol that captures what the user/carer representatives feel they need to know in order to contribute most effectively and the use of more everyday language.

At the pre-briefing session on 18<sup>th</sup> March none of the papers for the RPB meeting on 25<sup>th</sup> March were available for discussion. This was explained as being due to pressure of work on the WWCP's officers especially on urgent work related to the Transformation Fund.

Instead of a discussion of the papers themselves there was a discussion of key agenda items for the forthcoming meeting including the board's Transformation Fund proposals, what had become of them and the current state of play on the region's investment under the ICF. The meeting lasted 2 hours, 15 minutes, with the majority of the time spent relaying information from the RPB. Nonetheless there was ample opportunity for user and carer representatives to seek clarification and to comment upon what they had heard in an informal atmosphere without particular time pressure. The user/carer representatives were told that there would also be a paper about a review of the governance of the RPB and why such a review was now necessary, but no details of what the paper would say were available at the time.

The agenda and all but one of the papers for the 25<sup>th</sup> March meeting were posted to a website on 20<sup>th</sup> March and were easy to retrieve. Of the 5 business items on the agenda, on this occasion only 2 had been discussed to any extent at the pre-briefing.

Nonetheless the user and carer representatives greatly appreciated the briefing sessions and the work that the Regional Programme and Business Manager and her staff put in keeping them up to date with the RPB's business.

We were told that the North Wales Regional Partnership Board does not routinely provide comparable pre-briefing sessions, meetings are monthly and the English- only paperwork routinely exceeds 300 pages.

## 11. Participation at RPB Meetings

RPB Meetings were said to last at least 3 hours. We were told by his support worker that one of the service user representatives does not feel able to stay in a meeting of that length and that he usually leaves after two hours.

The user/carer representatives said that they were invariably treated with courtesy and respect in the meetings, that the chair did look to include them in the discussion and that they did not feel inhibited about speaking up at the meetings and asking questions. Other members noted that the user/carer representatives often contributed.

The user/carer representatives cited as the main barriers to their more effective participation

- the lack of technical/background knowledge of at least some of what was being discussed
- the difficulty of gleaning the salient points from the paperwork (language, volume and where there had not been opportunity for earlier briefing/ discussion)
- their general feeling that by the time something reached board level it was too far advanced to influence the direction or content

None of the representatives could recall an occasion where anything had been changed or reconsidered as a result of anything they may have said at the board meetings.

In Section 10 above we discuss how the ongoing support arrangements might be enhanced. In Section 12 below we discuss earlier involvement in business which will, in due course, come before the board.

## 12. Involvement at Earlier Stages

The user/carer representatives felt that they had a greater chance of influencing the content and direction of WWCP's work and would derive greater satisfaction from their role, if there were more opportunities for them to be involved in the work of groups feeding up to the board. They recognised that this involved increased commitment on their part, but suggested that they might organise attendance amongst themselves so that the involvement of any one individual did not become unmanageable. They felt that as members of the RPB they should have an open invitation to attend any of the sub-group business meetings.

In particular, the user/carer representatives said that they did not feel that they had been involved as much as they would like in the work of the West Wales Carers Development Group (WCDG) which brings together at a regional level officers who have responsibility for planning and commissioning carer services. The membership of the group is officers only. Carers are invited to subject-specific meetings and workshops but not to the normal business meetings.

Bespoke workshops are held throughout the year as the need arises. In the last 12 months these have included:

- the investors in carers scheme – re-evaluation, redesign and ensuring fitness for purpose
- a pilot for improving discharge from hospital and transfer of care for carers and patients
- 2019/20 service priorities

The view of officers is that attendance at a subject-specific meeting or a workshop is a more productive use of carers' time if the carer representatives along with other carers are involved at a point where there is

something tangible to influence so that they could challenge gaps and help shape the way forward. Individual discussions had been arranged about the use of the ICF for carer services.

Clearly this is a conversation that needs to continue. However it is achieved, the important matter is that carers' representatives feel that they have had a real opportunity to influence what happens from formative stages. **Recommendation 1**

## 13. Payment

WWCP pays the reasonable expenses of the user/carer representatives including travel, replacement care costs for those with caring responsibilities and the cost of support provided by Pembrokeshire People First for one of the members. It does not currently cover the costs of printing off meeting papers at home which, while small, are not insignificant. Interviewees remarked several times that while the majority of those around the RPB table are paid to study the papers and attend, the representatives receive no financial compensation for their time.

We understand that the North Wales Regional Partnership Board has agreed, in principle, to pay honoraria to their user/carer representatives to acknowledge their contribution to the work of the partnership, but that the amount has not yet been settled. We do not know what practice is elsewhere and there is no mention of honoraria in any of the 2017-18 RPB annual reports.

Honoraria would be a tangible recognition to the user/carer representatives that the RPB continues to value their contribution and commitment. The detail requires careful consideration as it may affect benefit entitlement were that applies. **Recommendation 11**

## 14. Regional Approach for Continuous Engagement with Citizens

The involvement of the service user and carer representatives on the RPB is, of course, only one part of the RPB's engagement with the public. This is a developing scene the main elements of which are outlined below. In the foreword to its 2017-18 Annual Report the RPB said

*“key to successful delivery (of the Board's first Area Plan) will be engagement with citizens, care providers, not as an afterthought but throughout the process of change, ensuring that the solutions we adopt are co-produced and meet the needs and aspirations of everyone across our communities. The role of our excellent service user and carer representatives on the board is vital but we also need robust mechanisms for wider engagement and establishing these is a priority moving forward”*

In section 7 of the Report “Developing a co-productive approach” the RPB says:

*“Additional proposals have been developed for the creation of regional mechanisms for engaging with citizens – not just those receiving care and support and carers because everyone has a stake in caring communities. These include the establishment of a standing panel from which individuals will be invited to participate in shaping specific services and piloting web-based systems to engage more generally with the wider community through ongoing digital conversations”*

The RPB is working to set up a regional approach to continuous engagement with citizens in the work of board. This approach will co-exist with other arrangements already in place within the three county councils.

Section 183 of the National Health Services (Wales) Act 2006 requires local health boards to involve and consult service users, and the wider population who may use services, in the planning and provision of services and in changes to the way those services are provided or operated.

For some years now, HDUDB has had an active public engagement programme which has been further developed in the light of HDUDB's experience of public engagement in the reconfiguration of services. There is a Stakeholder Reference Group (SRG) comprising bodies and groups operating in within HDUDB's footprint which serves as an advisory group to HDUDB's board and reports to it quarterly. It has a wide membership including local authority representation, the Community Health Council, Police, Fire and Rescue Services, Public Health, housing associations, independent care providers, armed forces, patient and carer representation, CVCs, young people and future generations partnership representation. The SRG's remit is:

- to assist early public involvement in setting HDUDB's strategic direction
- advising HDUDB on service improvement proposals before open consultation
- feedback to HDUDB on the impact of the way it works on communities
- "acting as a reference group for social care and well-being on behalf of WWCP"

This last is an extension to SRG's past remit and is included in the Framework for Continuous Engagement signed off by the RPB in January 2019. We were told that the RPB is considering widening the membership of the SRG so that it can also act as a reference group for WWCP's work.

*Talking Health* is HDUDB's involvement and engagement scheme. Anybody living in HDUDB's area can sign up to become a member. This provides people with an opportunity to find out more about health services including regular updates and to participate in engagement activities including surveys, commenting on information through a readers' panel, participating in meetings, focus groups and other organised events. Currently it has about 1,000 members, a third of whom identify themselves as carers.

The Framework states that *Talking Health* is to be "refreshed" to take on a wider well-being and social care agenda on behalf of both HDUDB and the RPB and, conceivably, other strategic partners using new engagement techniques. In tandem with this work it is hoped to develop an accessible online engagement system to involve those who receive care and support, their carers and others in a regular dialogue

Linked to this will be a Regional Innovations Forum which WWCP propose to create as part of its co-productive approach to strategy and delivery. WWCP envisage that the forum will bring together service providers across all the relevant sectors to work with those commissioning services to shape care and support and tackle issues of common concern. These might include, for example, developing a sustainable market of care, attracting more people to work in care, professional development and quality standards. One element will be the promotion of social value organisations (including user-led organisations) in care and support in discharge of the RPB's duty under section 16 SSWBA.

The RPB also intends to establish a regional citizen's panel but has yet to decide the precise form that this will take and how it will relate to the other engagement arrangements. The general thrust is to engage with as many people as possible using a variety of communication methods and selecting from the menu the most appropriate form for the particular circumstances. This engagement is not limited to current service users and carers but embraces the wider public who have a stake in the way services develop and public bodies work together in the future.

Through their membership of the RPB and their own networks user/carers representatives were aware of some, but not all of these developments. When work on these initiatives is further advanced, it would benefit the operation of the RPB if the user/carers representatives receive a technical briefing and a map so that they can better understand how their own role fits in, how they can best involve their own networks

and how these arrangements will help shape the direction of the RPB's work more generally.

***Recommendation 3***

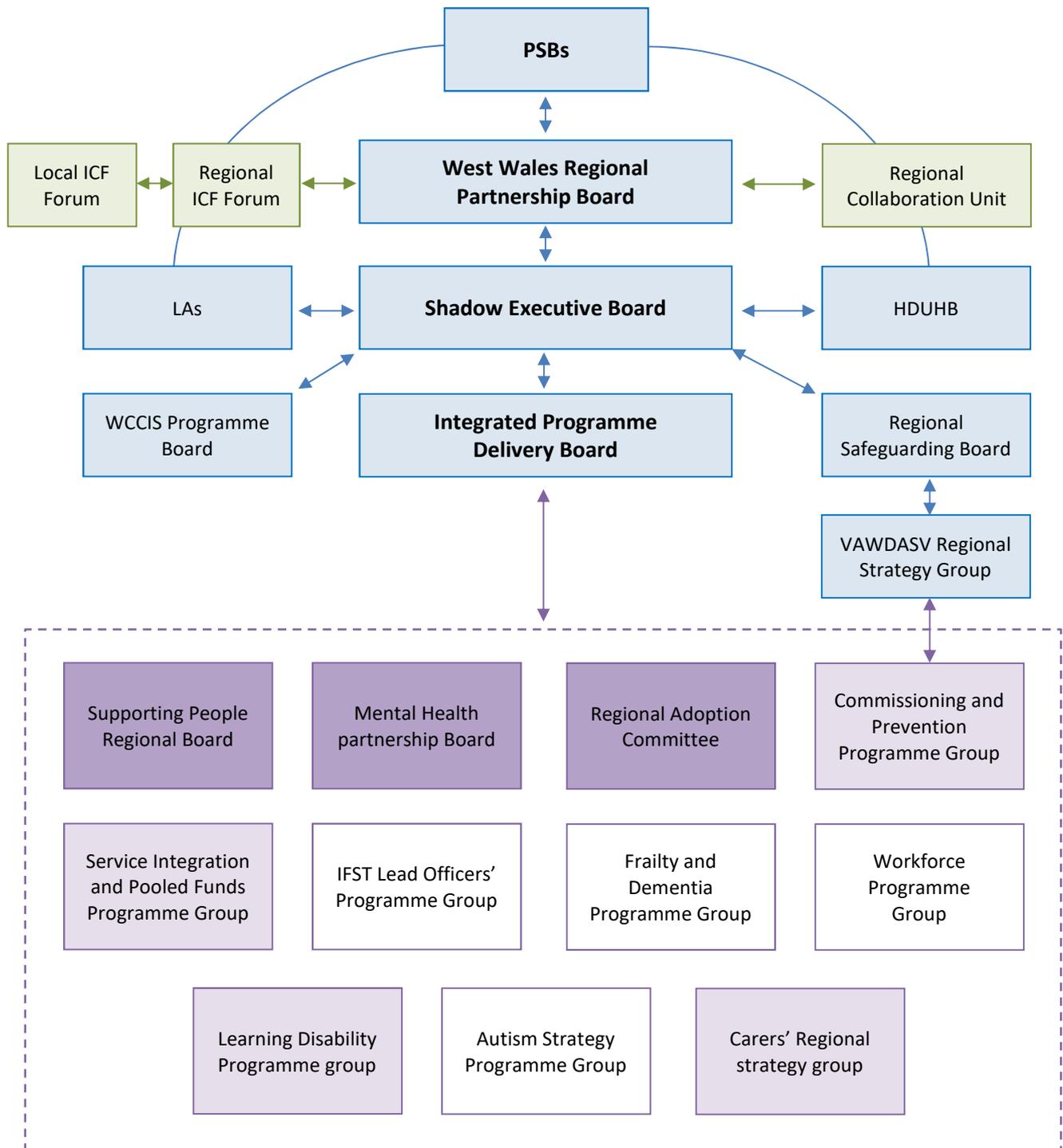
## Appendix 1

### Interviewees

- Margaret Allen, carer representative, WWCP
- Anna Bird, Head of Strategic Partnerships, HDUHB
- Karen Chandler, Chief Officer Pembrokeshire People First (support worker for James Tyler service user representative)
- Steven Griffiths, carer representative, WWCP
- Christine Harrison, Head of Strategic Commissioning for Carmarthenshire and Pembrokeshire
- Rebecca Jones, Workforce Programme Manager, WWCP
- Sue Leonard, Chief Officer PAVS
- Hazel Lloyd-Lubran, Chief Officer, CAVO
- Kim Neyland, Regional Programme and Business Manager, WWCP
- Nicola O’Sullivan, Head of Engagement, HDUHB
- Councillor Jane Tremlett, Chair of the West Wales RPB
- Jill Paterson, Director, Primary, Community and Long-Term Care, HDUHB
- Vin West MBE, former carer representative North Wales Regional Partnership Board

## Appendix 2

### Standing Groups supporting the West Wales Care Partnership



- RPB priority implementation group
- Not yet formally integrated within the Partnership

## Appendix 3

### User/Carer Involvement in Other Regional Partnership Boards

The following information was taken from Regional Partnership Boards' 2017-18 reports:

#### Cardiff and the Vale

- 1 carer representative
- 1 service user representative
- No mention of support
- Stakeholder engagement workshops
- Researched options for sustainable carer engagement framework leading to creation of a carers' hub
- Carers' Expert Panel

#### Cwm Taf

- 1 carer representative
- 1 service user representative (vacant)
- No mention of support
- Focus on continuous engagement and co-production
- Social services and Well-being Citizens' Panel - no detail

#### Gwent

- 2 "citizens" representatives
- No mention of support
- Gwent Regional Citizens' Panel
- Refers to substantial engagement communications process
- Specific issue groups

#### North Wales

- 1 service user representative
- 1 carer representative
- No mention of support
- Citizen Panel (which a former carer representative felt was largely inactive)
- Annual report has user/ carer representatives' comments including criticism

#### Powys

- 2017/18 annual report could not be found 2016/17 report says:
  - 1 person to represent people in need of care and support
  - 1 person to represent carers
  - "2 additional citizens"
  - 1 vacancy reported
  - Reference to ongoing support, but no detail

#### Western Bay

- 2 carer representatives
- 2 service use representatives
- Appointed for a 4-year term
- Supported by Western Bay Programme Office and the CVCs
- User and carer representatives elected by the Western Bay Citizen's Panel and representatives attend both the Citizen's Panel and the RPB meetings to provide an effective link between the two.

