



## Shropshire Council Adult Social Care Making it Real Board

### Draft TERMS OF REFERENCE

October 2013

Review February 2015

- Points for discussion in red
- Responses in blue

#### 1. Purpose & Aim (what is the reason for the Board and what do we want to achieve?)

*(See appendix 1 for an overview of Making it Real)*

The purpose of the Making it Real Board is to bring together people who use social care services, family carers, staff representatives and senior leaders from the council to work together to ensure continuous improvement and transformation of adult social care in Shropshire through personalisation and community based support.

**Are we working well together?  
Are we achieving continuous improvement?  
How is that improvement measured?**

*The abovementioned stakeholders are not working well enough together – greater coproduction is required to enhance the various user groups/forums and to maximise representation. The MiR indicators ('I' Statements) are not measurable enough but the annual local account has allowed updates to be issued. More needs to be done and advisory group development will help with this.*

The Board will use the Making it Real markers of progress to help check and build on progress and will use the markers as a way of letting the people of Shropshire know how we are doing.

**How are we using the MiR markers to do this?  
How are we letting the people of Shropshire know?**

*The MiR markers are not used enough to measure against and there is poor communication with both the frontline and the public. Advisory groups should be run by users and carers with support from staff. Experiences need to be measured through the 'I' Statements.*



The aim of the Making it Real approach is for personalisation to be a reality for people who use services and their carers so that they have more choice and control and can live full and independent lives. The Shropshire Making it Real Board is committed to this aim for people in Shropshire. Co-production with people who use services and family carers is central to this way of working.

**Is personalisation becoming a reality for people who use services...and their carers?**

*Statistics, such as Direct Payments figures, might suggest that personalisation is becoming a reality, yet, local surveys often suggest otherwise. Overall, it is questionable whether creativity is encouraged enough. It would be helpful to get the views of people on the matter of personalisation. For example, have expectations been met and does information help to manage those expectations. Establishing the views and feelings of users could be achieved by a small group.*

## **2. Principles (what is important to the Board?)**

Members of the Board will be committed to the principles of personalisation and Making it Real (appendix 1 and 2).

**Are we all still committed to Appendix 1 and 2?**

*Members of the Board remain committed to the principles of personalisation and Making it Real and collectively agree that steps must be taken to get better at doing this.*

The Board will work collaboratively and be a partnership between service users, family carers, social care staff and senior representatives.

The work of the Making it Real Board will inform social care strategic planning for Shropshire.

**What work have we done that informs this in Shropshire?**

*The work of MiR will inform strategic planning. The links are there but are not apparent enough. More needs to be put in place to evidence the connection.*

The Board will use the Making it Real markers of progress (the "I" statements) as a tool to check their progress and guide further action planning in transforming services.

**How are we using the 'I' Statements as a tool to check progress and guide action planning?**

*This is not happening at present. We must establish what we have achieved or begun in relation to the MiR Action Plan and then follow through with a survey, using the 'I' Statements to reassess people's views.*



The Board will use the web based Making it Real system as part of its public commitment to the approach and as one of the ways of ensuring accountability. Reporting through the yearly Local Account (annual report) will also support this.

**Are we making the most of the 'web based MiR system'?**  
**Did we successfully report this in the Local Account?**

*The Local Account effectively reports on the progress made over a twelve month period but does not emphasise specific areas of performance which could be improved. Such documentation would then need better exposure through greater public sharing. Communication may be needed on a weekly/fortnightly basis – perhaps via something as subtle as a 'Tweet'. Minutes may also be included on the webpage.*

The Board will communicate, listen and engage with people who use services, family carers and the wider community and seek ways to enable wider stakeholders to influence and link in with its work.

**How are we doing these things?**

*All members of the Board are responsible for feeding information to Laura in 'Comms' to publicise and to Jon to create the MiR newsletter updates. At present, there is not enough engagement with wider stakeholders. Face-to-face will always work well but using MiR as a mechanism for holding providers to account will need much more development. Similarly, links must be made with health stakeholders through the Dementia Steering Group. There is also the potential to maximise the use of blogs for Jon and Katie to engage with users on feedback.*

The role and functioning of the Board will be subject to regular review.

**This will be our first review.**

*First review held on 13/02/15 – MiR Board Meeting*

### **3. Role (what part will the Board play?)**

There are 6 key aspects to the Board's role:

- Promoting and leading the way forward for change;  
**Are we (the board) really leading the way forward for change?**

*Must be smarter at stating what we are measuring against in order to use results to lead the changes moving forward. What would success look like??*

- Be part of the decision making process for adult social care;  
**Are the decisions made at the MiR board being adopted?**



*Decisions are not being presented at the MiR Board. In the future, the reference group will be key to ensure decisions are embedded at ground level. Conversations will need to take place to consider how the reference group will fit into the current structure and who will be supporting / facilitating these groups.*

- Hold the council to account with regards to Making it Real and progress towards personalisation and community based support;  
**In what way is the board holding the council to account?**

*This monitoring function will need to extend beyond Adult Social Care. We need to be more clear and explicit in what our expectations are and on how we measure them. The group must exert a greater influence on the council and health to ensure wellbeing.*

- Act as a critical friend to the senior leadership in the council;  
**Does the senior leadership recognise this?**  
*Again, we need to be more concise about our decisions and check that the messages are getting through.*
- Support the monitoring of performance and evaluation of adult services;  
**Are we supporting the monitoring of performance?**  
*No!*
- Contribute to decision making processes within adult services.  
**What contributions have we made?**

The board will do this by:

Using the Making it Real markers of progress to check progress, identify priority areas for change, develop and review action plans for improvement and oversee their implementation;

**Have we identified priority areas for change?**  
**Have we made those changes?**

*We have tinkered around the edges of this but we need to think of new ways to identify areas for change.*

Seeking opportunities at all levels to improve the involvement (**in the board?**) of people who use services, family carers and staff so that the continued transformation of social care is built on experience-based insight about what works and makes a difference in people's lives;

**What opportunities have we found to improve the involvement of people who uses services?**

*I'm sure that there are opportunities out there for people to get involved but I can't think of any that this board has initiated.*



Contributing to the process of judging success in implementing personalisation locally and reporting this back to people who use services, family carers and the people of Shropshire through the Local Account; **Did we successfully report this in the Local Account?**

*I believe that we did report back to people through the Local Account, however, I don't believe that we have made the Local Account easily available. We didn't print any for distribution. Very few people have seen it. Has it been tweeted and is it on the P2P facebook page?*

Promoting the MiR approach to the wider social care audience and encourage sign-up.

## 5. Membership

The membership of the Board will be:

- Member of Shropshire Council with responsibility for Health & Wellbeing ✓
- Shropshire Council Director of Adult Services ✓
- Lead Officer for Personalisation (SD?) ✓
- 4 - 6 service users (Experts by Experience) x
- 4 – 6 family carers (Experts by Experience) x
- 6 SWs/ reps from social care teams (2N, 2C, 2S) x

**How can we recruit new members?**

*The input of social workers is critical – their involvement needs supporting through advisory groups. Officially merging Partnership Boards might be tricky due to the way that things must change and move forward. Must also enrol Healthwatch to join.*

## 6. Meeting Arrangements

Meetings of the Board will be arranged by Shropshire Council, who will also provide the clerking and recording of the meeting.

Quorum – Quorum for all meetings of the Board is 7 with at least 1 representative from Shropshire Council, 2 people who use services, 2 family carers, and 2 staff representatives. **Is this working?**

We aim to have this level of membership present at every Board meeting but do however accept that there will be occasions where members are unable to attend. In these circumstances it is vital to ensure that those that were unable to attend are involved after the meeting if possible so that their comments can be included and added to the responses from the agenda.



Substitutes – Nominating groups may appoint a substitute member for each position.

People who use services and family carers will be supported to participate in Making it Real activities via a reference group which will meet outside of the Board meetings.  
**Why don't we have Reference Group meetings? Why don't P2P have Advisory Group meetings?**

Members of the public are invited to contribute to the meetings by providing their feedback / suggestions via the Reference Group. **How are members of the public invited?**

Decision making – it is expected that decisions will be reached by consensus; however, if a vote is required it will be determined by a simple majority of members present and voting. If there are equal members for or against either one of the co-chairs will have the casting vote on a rotating basis. **Are the decisions made at MiR board meetings adhered to?**

Meeting Frequency – The Board will meet at least quarterly.

Status – The Board will continue to be open to new members

## **7. Roles and Responsibilities**

All members will:

- Represent the views of the Board as required;
- Adhere to the principles of the Board;
- Work constructively with others on the Board to achieve agreed aims;
- Attend a minimum of 4 meetings per annum;
- Familiarise themselves with reports and papers prior to the meetings in order to provide feedback; **Are we getting papers in good time?**
- Maintain confidentiality (please see confidentiality statement appendix 3)
- Respect the views and opinions of all members.

The 3 categories of membership of the Making it Real Board will help to ensure diversity of views and experience. **Are we maintaining the correct ratio of membership?**

### **Co-chair arrangement**

The Board will be co-chaired by Council member with responsibility for social care and a person who uses services.



In addition to the above the co-chairs will:

- Ensure that meetings are run efficiently and that all views are heard fairly. **Are views being heard fairly?**
- *Yes, I believe they are.*
- Support the development of a programme of work for the Board and corresponding meeting agendas. **Are the co-chairs supporting the development of a programme of work for the board?**
- *I feel that as soon as our meetings are over, the work of the board is all but forgotten until the next meeting. I am thinking about the work of 'the board', not the work that goes on daily within the council. The co-chairs should be more involved in setting a strategy for the board.*

### **People who use services and family carers**

We will also draw upon the experiences had by service users and family carers and use their knowledge and views to help inform discussions and feedback at meetings. This will ensure that the board has the widest possible view of adult services. **How are we soliciting these views?**

*More work needs to be done here, perhaps through the newsletter.*

People who use services and family carers are not expected to represent other people who use services or family carers and are not expected to report back to them.

### **Staff representatives**

Staff representatives will use their experience and knowledge as front-line workers to help inform discussions and feedback at meetings and to make sure that the Board has the widest possible view of adult services.

Staff representatives will act as Champions for their team and will provide a link between their team and the Board. **Do we have any frontline workers?**

### **Senior Leaders**

In addition to the above, use their position as senior leaders in Shropshire Council to ensure that the Making it Real Board is used effectively to inform developments within adult services and to ensure progress in personalisation. **Are senior leaders using the MiR board effectively to inform developments within adult services?**

*It is up to the board to make sure that they do. We need to instruct the senior members of the board to make sure that our work is brought to the fore.*

## **8. Review Process**



The Terms of Reference will be reviewed at least annually to ensure that the Board is fit for purpose and able to respond to the changes in the way we work. **1st review complete!**

*If any changes to the Terms of Reference arise out of this review, an updated version will be circulated to all concerned.*

## **What is our (This Board's) Action Plan for 2015/16?**

### **9. Expenses**

People who use services and family carers will be reimbursed their travel expenses and may also be reimbursed for their time.

### **Appendix 1**

TLAP Making it Real Marking progress towards personalised, community based support

### **Appendix 2**

#### **Key principles of personalisation**

**Choice and control** – The person is at the centre of the decision making process and is empowered to make informed choices about how they live their life. This may also include the receipt of a personal budget.

**Co-production** - Individuals, communities and organisations having the skills, knowledge and ability to actively work together, to create opportunities, solve problems and design services.

Principles of co-production – what is important in this way of working?

- Those who use a service are best placed to help design it.
- Partners respecting each other and working together as equals – no one group or person is more important than any other group or person.
- Working closely together from the very start to decide what needs to happen to make services better.
- Listening to each other's point of view and valuing and using all the partners' different skills – everyone has something to offer.



- Building a strong and trusting relationship for the future between professionals and people who use services.

**Prevention and early intervention** – Offering pro-active, low level services early on, to help people stay independent and active, in a way that’s right for them.

**Universal services** – Good access to information, advice and advocacy so that the individual can make informed choices around health, housing, employment, welfare rights, learning, transport, leisure and so on. Also developing local partnerships to co-produce a range of services and improve social inclusion.

**Social capital** - Using friends, neighbours, family, support groups, charities and voluntary organisations to support people to make the right decision for them.

## Appendix 3

### Confidentiality Statement & Ground Rules

#### Making it Real Board Ground Rules

- Listen to each other
- Respect & value each other’s point of view
- Asking questions is OK – there are no silly questions
- Keep jargon to a minimum
- Respect confidentiality

#### Confidentiality Statement

- The Board might sometimes talk about things that are sensitive – we need an environment of trust and mutual respect.
- Confidentiality is vital for frank and open discussions.
- Board & Reference Group members are expected to respect and maintain the confidential nature of some documents and discussions, in both Reference Group and Board meetings.
- Confidential Board matters should not be disclosed in any conversation outside of the Board itself or other members of the Board.

## Appendix 4.



## **The MiR “I” Statements.**

**1) Information and Advice:** Having the information I need, when I need it.

"I have the information and support I need in order to remain as independent as possible."

"I have access to easy-to-understand information about care and support which is consistent, accurate, accessible and up to date."

"I can speak to people who know something about care and support and can make things happen."

"I have help to make informed choices if I need and want it."

"I know where to get information about what is going on in my community."

**2) Active and supportive communities:** Keeping friends, family and place.

"I have access to a range of support that helps me to live the life I want and remain a contributing member of my community."

"I have a network of people who support me – carers, family, friends, community and if needed paid support staff."

"I have opportunities to train, study, work or engage in activities that match my interests, skills, abilities."

"I feel welcomed and included in my local community."

"I feel valued for the contribution that I can make to my community."

**3) Flexible integrated care and support:** My support, my own way.

"I am in control of planning my care and support."

"I have care and support that is directed by me and responsive to my needs."

"My support is coordinated, co-operative and works well together and I know who to contact to get things changed."

"I have a clear line of communication, action and follow up."

**4) Workforce:** My support staff.

"I have good information and advice on the range of options for choosing my support staff."

"I have considerate support delivered by competent people."

"I have access to a pool of people, advice on how to employ them and the opportunity to get advice from my peers."

"I am supported by people who help me to make links in my local community."



**5) Risk enablement:** Feeling in control and safe.

"I can plan ahead and keep control in a crisis."

"I feel safe, I can live the life I want and I am supported to manage any risks."

"I feel that my community is a safe place to live and local people look out for me and each other."

"I have systems in place so that I can get help at an early stage to avoid a crisis."

**6) Personal budgets and self-funding:** My money.

"I can decide the kind of support I need and when, where and how to receive it"

"I know the amount of money available to me for care and support needs, and I can determine how this is used (whether it is my own money, direct payment, or a council managed personal budget)."

"I can get access to the money quickly without having to go through over-complicated procedures."

"I am able to get skilled advice to plan my care and support, and also be given help to understand costs and make best use of the money involved where I want and need this."

Review JH 11 Feb 2015.