

Wandsworth Borough Council Adult Social Services Department

DRAFT FOR CONSULTATION

Service User and Carer Engagement Strategy

2009 to 2012

“Systematically and rigorously finding out what people want and need from their services is a fundamental duty of both the commissioners and the providers of services. It is particularly important to reach out to those whose needs are greatest but whose voices are often least heard.”

‘Our Health Our Care Our Say’ - Department of Health, 2006.

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1. Introduction

Wandsworth Adult Social Services Department involves its service users and carers and has done for many years. Some 25 years ago the Department supported the setting up of Wandsworth Community Care Alliance (WCCA) which acted as an independent forum for discussion, debate and consultation on services and involved the voluntary sector, service users, carers and interested members of the public. Over time WCCA developed a number of user only forums and the Wandsworth Carers Centre (WCC) similarly developed forums for carers. WCCA evolved and became Wandsworth Care Alliance (WCA) in 2005. At the same time the Department and WCA developed a new way of engaging with people who use services and their carers called "Community Partners". Community Partners have become involved in many aspects of the Department's work.

Over the years the Department has introduced a range of initiatives to increase service user and carer engagement. This is now embedded across most areas of its work. Recent important examples include:

- In 2006 the Adult Social Services Department set up a User Reference Group to steer the work undertaken with service users to improve services and outcomes.
- In January 2007 the Older People's Network (established in 2004 as a consultation forum) accepted an invitation to join the Local Strategic Partnership. The Director of Adult Social Services took the lead in liaison with the Network on behalf of the Directors Board.

- In 2008 WCA won the contract to provide support to the new Wandsworth Local Implementation Network (LINK) which has statutory responsibility (Local Government and Public Involvement in Health Act, 2007) for representing the views of Wandsworth residents on health and social care matters.

Recent national strategies underline the importance of putting service users and carers at the centre of social care. This was reinforced in 2007 in the Government concordat on the future of social care "Putting People First". Users and carers must be central to the process of transforming social care. We have valued and will continue to value the important contribution that they make.

It is timely that we take stock of our progress. This draft strategy follows a review of our position. It is a milestone; an important point in our journey. It looks at where we are today and it asks the question:

"Given where we want to get to, everything we have done and are doing, what should be our next steps?" It will shape how we will move user and carer involvement and engagement forward together as an Adult Social Services Department with our partners over the next 3 years.

The strategy is being issued as a draft. I do hope you will take the opportunity to comment and contribute to the final document.

Signature 

Dawn Warwick
Director of Adult Social Services

2. Our vision

Transforming Social Care: the future

The government has set out the national policy for the future of adult social care within the Transforming Social Care Programme. This is described in the circular “Transforming Social Care” (LAC (DH) - 2008). The circular includes the following statements on user and carer engagement:

About social care

“Everyone who receives social care support, regardless of their level of need, in any setting, whether from statutory services, the third and community or private sector or by funding it themselves, will have choice and control over how that support is delivered. It will mean that people are able to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual requirements for independence, well-being and dignity.”

What this means for engagement

“The challenge will be to translate the vision into practical change on the ground to make a real difference to the way individuals engage with services and support and, in so doing, make a real difference to their lives. It will also mean changes in how professionals engage and work to support people’s needs. Personalisation is about whole system change, not about change at the margins. To achieve this, all stakeholders will need to work in partnership to construct a comprehensive delivery model, which works across social care and touches on the wider reforms within the NHS and in local government.”

What does this mean for service users and carers?

Service users and carers will be fully involved in putting together the package of services to support them, but more than this they will be engaged in helping to design and/or influence:

- new services;
- changes to services;
- the way social care works with them; and
- the development of mechanisms of mutual support.

Service users and carers will be:

- made aware of the important role they could play in shaping how care is provided for the future, at the point care is provided and regularly thereafter;
- offered information on how they can become engaged; and
- offered any support that they need to participate in this process.

Successful engagement will be evidenced by statements from service users and carers such as:

- *I really feel that my views were listened to and they made a difference.*
- *I was made aware when I was talking with the social worker about what I want to see happen in my life about the opportunities to speak up with other service users about services.*
- *The social worker also gave me information about the service user engagement opportunities available to me.*

- *Someone directing their own support contacted me and offered to talk to me about the “self-directed support” self-help network.*
- *Staff always want to listen to me and understand what I want to see happen. I feel we are genuinely working together. What is really important for me is that they are helping me to get as good a quality of life as I can. I feel the care I have improves my life.*
- *I have had the opportunity to review services with other service users, to work with staff to change procedures and develop new information, and to help shape new ways individual staff can engage service users as a routine part of their day to day work.*
- *I represent the service I use at the Departmental Service User Reference Group along with other service users who represent their services. We feel we are the ones shaping the engagement of service users as it continues to develop in Wandsworth Adult Social Services.*
- *I have become engaged with Adult Social Services, along with other carers. We did a course together and since then we have continued to meet. I feel we have really helped.*
- *Through our involvement as carers, I feel we have really helped create more support for carers through the Carers Strategy Group.*

3. Objectives

The objectives of the draft strategy are to:

1. Involve service users and carers in their own care to the greatest extent possible and in all aspects of the work of the Department to focus our work on the outcomes for service users and carers at all times
2. Shift the Department towards greater accountability to service users and carers by linking service users and carers to the business and performance management arrangements such as procurement, tender evaluation, staff recruitment and selection;
3. Engage service users and carers as active participants within the Transforming Social Care Programme to a position where they will shape and commission their own services;
4. Support and develop service users, carers and staff to facilitate effective engagement; and
5. Work within the “best practice” principles set out in the Care Quality Commission statement of involvement (2009):
 - engage early and plan ahead; find out who is likely to be affected and who is supposed to benefit;
 - embed engagement in the work process so that service users and the public are informed and involved at all key stages;
 - include all the right people and make special efforts to reach out to those whose voices are seldom heard;

- act on what you learn so that what matters most to service users and the public informs and shapes your work; and
- remove barriers to involvement through inclusive working methods.

4. The way it is now

4.1 External influences

(i) The Council's duty to involve

From April 2009 Councils have a `duty to involve`. This means that we have to provide information, consult with and involve local people as a matter of course in the planning and provision of services. The duty is about `active citizenship` in the sense that the Council itself is providing such opportunities. At the same time, building this into Council services, like Adult Social Services, broadens public participation in local decision-making.

(ii) The LINK's involvement in Adult Social Care

From April 2008 a new statutory Local Involvement Network (LINK) was established in each local authority area for residents to engage with health and social care services. Adult Social Services needs to ensure that service users are aware of the role of the LINK and how to participate in it. Networking can be important to empowerment for service users. Research funded by the Joseph Rowntree Foundation⁽¹⁾ has consistently highlighted that the best way forward is for service users and carers to meet with each other and learn from each other.

¹Branfield, F and Beresford, P (2006) Making user involvement work: supporting service user networking and knowledge, Joseph Rowntree Foundation

All LINKs are supported to do their work through a host organisation commissioned by the local Council. In Wandsworth the host is Wandsworth Care Alliance (WCA) under a 3 year contract from April 2008. Through the local LINK service users can shape the way that services in both health and social care are provided by looking at the whole patient/service user journey.

The LINK offers flexible 'participation'. The LINK uses existing networks and community activity allowing local people to dip in and dip out of issues and concerns. It is expected that a successful LINK will use a range of creative ways to continually reach out to local people. They will also:

- gather evidence of local needs and experiences using existing sources and user groups and through analysis of this information make recommendations to commissioners, providers, managers, Health, Overview and Scrutiny Committees and regulators;
- enter certain types of premises and view the services provided;
- help health and social care commissioners to make the right decisions, give providers ongoing feedback and help managers know if purchased and provided services meet local need; and
- use their statutory power to ask questions of the Health and Adult Care Services Overview and Scrutiny Committees.

The Adult Social Services Department is already working with the recently elected Wandsworth LINK Executive to establish communication mechanisms and to share priorities for developing engagement and feedback.

(iii) Transforming Social Care

- Transformation` is about giving people the power to shape their own lives by helping them have choice and control over their care services. This includes telling them how much money that can spend on services. In January 2008 the government published guidance on `Transforming Social Care' (LAC (DH) (2008) 1) and Wandsworth Adult Social Services has embarked on a programme to make this a reality by 2011. It is crucial that the views of service users and carers shape how choice and control will be achieved in this new programme.

Transformation is about individual empowerment. However, if Adult Social Services only works with individuals, without understanding whether the community or network around that individual is empowered, then what can be achieved through `Transformation` will be limited. Community empowerment is about communities and networks feeling they have a voice and that they are strong. The Local Strategic Partnership has a key role in supporting this through implementing the local sustainable community strategy "Our Wandsworth 2018: a long-term vision for the future of the borough" (2009).

(iv) Achieving better outcomes for people

Adult Social Services works to improve people's lives. More recently there has been a growing emphasis on better understanding of how services contribute to achieving better outcomes for people. Since 2006 Adult Social Services Departments have been working to an "outcomes framework" to ensure that Departments can provide evidence of improvement to people's lives. This framework includes the requirement that:

“The Council can evidence that people who use services and their carers have been actively involved in development and improvement work. They have taken their ideas forward to the satisfaction of those people resulting in changes to services.”

Not only does Adult Social Services have to describe how it involves and engages with people but what difference this has made to people’s lives, with examples.

(v) Equalities

Public services now have responsibilities for promoting equality that go far beyond previous approaches which focused specifically on race, gender and disability. The Government expects public services to have human rights as the basis for equalities, for everyone to have a stake in equalities and to add sexual orientation, age and religion/belief to the other three equality areas. The Adult Social Services User and Carer Engagement Strategy needs to be able to reflect and contribute to the Department’s work on equalities. For example:

- in recruitment to Community Partner training courses and identifying Community Partners to undertake work; and
- in selecting the service users and carers engaged in strategic partnership forums and user engagement reference groups.

(vi) User Led Organisations

In order for service users to have a greater voice in their local community, a specific recommendation of "Improving the Life Chances of Disabled People" (2005) was an expectation that, by 2010, each local area should have a user-led organisation modelled on existing Centres for Independent Living. To take this forward "Putting People First" has an objective that each council area should give "support for at least one local user led organisation and mainstream mechanisms to develop networks which ensure people using services and their families have a collective voice, influencing policy and provision".

(vii) Health partners

Local health partners, Wandsworth Teaching Primary Care Trust (WtPCT) and the South West London and St. Georges Mental Health Trust have developed user involvement strategies and with Adult Social Services have established a working group to come to some common agreement on practice in working with service users and carers.

4.2 Involvement and engagement in Adult Social Services

(i) A review of the current position

An audit of existing engagement in Adult Social Services was carried out at the end of 2008. The main findings are set out below:

Strengths:

- the long standing relationship with WCA;
- well established user involvement workers within WCA: learning disability worker

funded by the Council and the mental health “Voicing Views” worker funded by the Wandsworth Primary Care Trust;

- the Community Partners scheme;
- user/carer involvement in Strategic Partnership Groups; direct user/carer involvement in Departmental management issues such as staff recruitment and tender evaluation;
- the response of various teams to embrace user involvement in developing better outcomes for people;
- a highly committed group of service users, campaigning for the development of a Centre for Independent Living;
- development and use of innovative approaches to involvement such as Community Partners as researchers, designing and carrying out research with other service users;
- a Safeguarding Vulnerable Adults Service User Involvement Strategy agreed through the Safeguarding Partnership Board (2009);
- co-ordination and development through the Policy and Performance Unit of the Adult Social Services Department;
- policy on payment of service users and a budget to support involvement costs including transport;
- publication of “Involved” a newsletter to maintain contact with people involved with the Department; and

- joint work with WtPCT and the South West London and St. George's Mental Health Trust to agree a common approach to practice.

Areas for improvement:

- limited numbers of users and carers involved;
- Community Partners has been restricted to the involvement of older people and people with physical disabilities;
- for the volume of work, the capacity for development and co-ordination has been limited but has now improved as part of the decision within the Adult Social Services Department to improve quality and performance management; and
- lack of consistent involvement in some areas, e.g. recruitment and development of public information and forms to be used by service users/carers.
- lack of a cross-cutting approach;
- an approach which focuses on service users and which may therefore give insufficient attention to preventative approaches;
- lack of a user led disability organisation in Wandsworth;
- the majority of work so far in the Adult Social Services Department has been "involvement". This needs to broaden to ensure community engagement.

(ii) Community Partners (CPs)

The ability to draw on trained Community Partners (CPs) has greatly facilitated specific user involvement initiatives. Examples include evaluating the impact of changes to the Adult Social Services Department, mystery shopping the Access Team and surveying the views of carers. CPs are volunteers who are trained to become engaged with the Adult Social Services Department on specific work programmes which can be operational, for example improving forms and processes and strategic, for example identifying new approaches. The training courses equip, empower and bringing together a group of service users/carers. This is followed immediately by action meetings focused on a shared objective. CPs are flexible and can be engaged on virtually any situation. A key element is that staff and service users/carers agree on a shared objective that matters to the outcome of people's lives.

The volunteers are mainly service users or carers, but also include people with a special interest, for example through family links. CPs are offered payment and expenses according to a set rate. Adult Social Services works with its partner WCA to fund and put on training courses and maintains engagement with CPs through a regular newsletter "Involved". CPs are currently drawn from older people, people with physical disabilities and carers.

We have learnt that CPs are a really valuable way to give substance to user and carer engagement, creating a demand from social work teams in the Department wanting to have the opportunity of involving CPs. Taking forward the engagement agenda will continue to require a flow of CPs.

(iii) User involvement support workers

Within learning disability and mental health services it is the user involvement support workers employed by WCA that are playing major roles in enabling service users to become involved with specific initiatives. There is potentially much to gain from developing the concept of CPs to include learning disabilities and mental health and to consider the need for user involvement workers for older people and people with physical disabilities. Until April 2008 a part time worker was funded through the Health Partnership Fund to support service users with physical disabilities, known as "FreeChoice".

(iv) Involvement in strategic decision making

Wandsworth has a number of strategic partnership groups that steer cross agency working in line with jointly developed strategies and action plans. These groups include representation of service users and/or carers. Each group approaches involvement in a different way, with mechanisms in place to ensure wider accountability. Reflecting on these differences may enhance the engagement of the groups with people who use services and with the LINK.

A number of issues have been identified in terms of this involvement:

- how service users/carers are supported to participate fully;
- how service users/carers are accountable to the larger user group and where this interfaces with the LINK; and

- how succession of service users/carers is achieved – for example do service users serve for a fixed term and how is a replacement elected or identified.

(v) Involvement influencing everyday practice

The involvement of service users in the everyday practice of the Adult Social Services Department has developed considerably over the last three years; for example in tendering exercises, and in evaluating the work of the Department and its provider services. However, there is still inconsistent practice in some areas where involvement might be expected, such as staff selection processes and in the production of public information and forms. There are a number of Community Partners willing and able to take on this role.

(vi) Involvement and provider services

Contract specifications require service providers to ensure that service users and carers are involved in feeding back to managers on the quality of services and on potential service developments and that this feedback is taken into account. Contract monitoring needs to be more systematic in ensuring that involvement is being monitored and encouraged.

(vii) Communication

All communications that seek to involve service users are in plain English and in a clear format. Different formats and communication options are made available, for example using audio tape, arranging for an interview rather than using a questionnaire, using web based feedback and paper. Although web based consultation tools have been used there

is the potential to develop a web page dedicated to involvement to provide service users and carers with improved information about how to become involved. An example is the Mersey Care NHS Trust site: http://www.merseycare.nhs.uk/su_c_involve/default.asp

(viii) Involvement versus community engagement

The main focus of involvement work to date has been driven from within each individual care group or combination of groups separately; older people, people with physical disabilities, people with sensory needs, people with learning disabilities, people using mental health services and carers. There is not a strategic and cross cutting approach. In addition there needs to be a wider engagement process linked to the transformation agenda for Adult Social Services.

The movement to develop user led Centres for Independent Living based on the model already operating nationally is cross cutting. Such Centres will support all people with a disability whatever their age or care group and the carers who support them. Part of the role of these Centres will be to provide a voice to service users to shape services locally. There are lessons here from the work of the Direct Payments user group. This group developed from an invitation to all Direct Payments users to come together to form a group for mutual support and to influence the support available to them. However, despite strong commitment and support from the Department's Policy and Performance Unit, the group has struggled to obtain and maintain interest. The work falls to a small number of group members. Any future engagement programme will necessitate sufficient support and sufficient volume and spread of participants to work effectively.

5. Defining our terms

It is important that there is a shared understanding of what is meant in this strategy by the terms of:

- involvement;
- engagement;
- empowerment;
- co-production; and
- mutuality.

(i) Involvement

This term is used about service users and carers shaping services for individuals.

For example: a group of users and carers meeting with team managers and social workers to re-shape the care plan and its accompanying leaflet and letter, would be involvement.

(ii) Engagement

This term is used about individuals and the linkages and interfaces that they have with their communities. For example: if the Department were actively to support a new user-led network of people with disabilities in the borough as a form of support for people directing their own support, this would be engagement. Other examples of engagement are: the Department's work to empower the voices of deaf people through the Deaf and Hearing Impaired Task Group. This is about empowering individuals as well as the deaf networks in the borough.

Overall the Adult Social Services Department's work with service users and carers has been mainly in the involvement arena. This should not be seen as a negative reflection of the work so far. The Department has made huge strides in involvement, but is now facing the challenge of engagement.

Using the difference between involvement and engagement described above will help the Department to create meaningful and appropriate connections between its engagement efforts and other engagement initiatives and activities elsewhere (for example with the LSP and the LINK).

(iii) Empowerment

When service users and carers are enabled to influence services and help to improve things, this is empowerment. Much of the empowerment that service users and carers have experienced through Community Partners has come through being able to shape operational practice: what is done and how it is done. However, to the service user taking part in a number of these pieces of work, the approach can feel piecemeal because they lack a strategic context for the changes. More service users could be empowered to become involved in the big picture and in strategic decisions. When service users understand what lies behind what is being done and understand more of the policy issues they are able to see what is happening in the service in a different way and able to see gaps and overlaps. For example the Commission for Social Care Inspection uses "experts by experience" as partners in their inspection processes and similarly the LINK is expected to use "experts by experience" in their statutory visiting role.

Some nationally promoted training programmes for people with disabilities and their families, like “Partners in Policymaking”⁽²⁾, aim to enable people, through gaining an appreciation of the policy context, to step out into active engagement and to empower others through the communities and networks of which they are part.

(iv) Co-production

Until recently the model of care management services has been seen by service user networks as a ‘one size fits all’ approach, where service users have a limited menu of options to meet their care needs. The Government has responded with personalisation and self directed support. In the community care approach, care has often been seen more as a commodity or thing to be managed. With personalisation and self directed support comes a return to care as fundamentally about relationships. Co-production means an equality of engagement in literally producing care. If you are directing your own support and control the budget you can arrange care to meet your own needs. How those arrangements come into being are actively and creatively shaped through a network of people in which their engagement/relationship provides an understanding of what needs to be done and how.

Similarly the success of Community Partners is that the engagement work itself was co-produced. It was shaped by the service users or carers and staff of the Adult Social Services Department. Within the Learning Disability Partnership Board, a sense of co-production of the continued development and implementation of the strategy for the service can also be seen.

² <http://www.partnersinpolicymaking.co.uk/aboutus.php>

(v) Mutuality

In many parts of the country the methods adopted by user led organisations and networks of people directing their own support often make use of things called “time banks”. These are ways of sharing skills amongst a community. In this kind of arrangement people who organise their own self directed support also can offer skills to others and be a resource for others in the network. Mutuality is fostered in environments of co-production, but it is worth noting it as distinctive in its own right, requiring its specific infrastructure. It should not be assumed that fostering co-production somehow automatically brings about mutuality.

In conclusion

All these concepts, involvement, engagement, empowerment, co-production and mutuality are needed to help our thinking in shaping the new user and carer engagement strategy for Adult Social Services.

6. A fresh approach

The following are the basic building blocks for a fresh approach to user and carer engagement. These have been developed from the review of the current arrangements. They will develop and enhance these arrangements and they will form the basis of an action plan to deliver the objectives set out in section 3 above:

6.1 Doing things differently

- (i) The existing Service User Involvement Reference Group will be replaced with a new cross care reference group to steer the development of user involvement / engagement. This will be key to ensuring user and carer engagement reinforces and supports the strategic direction. The group will operate in a way to reflect the changes in this strategy: that co-production is in evidence in the way the group works, that it is a model for commissioners in drawing in those whose voices are hard to hear, that equalities are in evidence in who is present and what is emphasised in the work of the group.

The group will be comprised of service users nominated by partnership strategy groups for a fixed period. Such members should represent a wider constituency of service users and therefore bring issues raised by the wider constituency to the table as they do now within the partnership arrangements. The group would be supported by the Adult Social Services Department's Policy and Performance Unit. It is also proposed to develop a separate carers' reference group, see paragraph 6.2 xiii below.

These two reference groups linked into the Strategic Partnership Groups will provide the "mainstream mechanisms to develop networks which ensure people using services and their families have a collective voice, influencing policy and provision" described in "Putting People First."

Part of the approach will be to facilitate a mechanism for service users or carers to communicate with reference group representatives.

- (ii) Creating a new cross care group of service users and carers on a limited term basis, who can become a reference group for all the specific initiatives in the Transforming Social Care programme which need service user and carer engagement.
- (iii) Have in place a mechanism within the Adult Social Services Department to ensure that all service areas obtain information from service users about the outcome and impact of service interventions and that these feed into quality improvements.
- (iv) Putting in place arrangements to ensure the consistent implementation of user involvement in the Department's practice. Some areas that need to be included are: tendering for contracts, surveys, staff recruitment, induction and public information.
- (v) Making more of our partnership with WCA to ensure that Community Partners are connected with the LINK and the agencies and individuals that make it up.
- (vi) Improving our approach to the training and networking of Community Partners to ensure that Community Partners are given more of an understanding of the bigger picture and can see how their involvement fits within this.
- (vii) Further developing our work with WtPCT and the Mental Health Trust toward common practice across agencies and ensuring that the most efficient and effective approaches are used in working with service users who may use any of these services.
- (viii) Ensuring, through performance management, that service providers are effectively involving service users in ensuring quality and in developing services.

6.2 Doing different things

- (x) Working with service users to develop local independent user led disability organisation(s) to assist in creating a sustainable level of support in the community for people directing their own services.
- (xi) Establishing mechanisms to connect up involvement and engagement within Adult Social Services with the work of the LINK and the LSP.
- (xii) Developing direct communication routes with the LINK so that their work can directly inform decision making within the Adult Social Services Department.
- (xiii) In liaison with the Wandsworth Carers' Centre, creating a more formal carers' reference group arrangement to work alongside the Carers' Strategy Group. The group members would become familiar with carers' legislation and guidance, learning from national carer networks and being able to see what we need in Wandsworth from both their own experience, but also from a more informed understanding.
- (xiv) Developing a web page to provide information to service users and carers about involvement / engagement.
- (xv) Training Community Partners on understanding an outcome focused approach, as this is essential for taking forward the Transformation agenda.
- (xvi) Networking people within the health and social care services who directly support user and carer engagement as a specific part of their job role. This would add to the capacity of the main health and social care agencies to underpin its work with

meaningful user involvement. It would also encourage good practice and widen and develop knowledge within the organizations around user and carer engagement.

6.3 Implementing the strategy

The User Involvement Reference Group (as described in 6.1 above) will oversee this strategy and monitoring the subsequent action plan. This will include continual monitoring together with producing annual reports that identify progress towards goals and any other relevant matters.

6.4 Communicating the strategy

The newsletter “Involved” will continue to be produced annually to inform all service users and carers about how involvement is influencing outcomes for service users and carers. More regular e-bulletins will be produced for distribution via the LINK. “Involved” will be more widely circulated than previously to encourage service users and carers to become involved. Staff will be informed of activities through the Department newsletter. A web page will be created on the Council’s website about how to become involved and will include the strategy.

7. Consultation process and timetable

This Strategy is being issued as a draft for consultation. It is being widely distributed and a series of discussion meetings has been set up. The dates and times will be publicised through the Wandsworth Care Alliance, the LINK and local voluntary and community groups. Details are also available on the Council’s website or by telephoning CareLine on 020 8875 0500.

Responses can be made via the website at www.wandsworth.gov.uk/assd/engagement and over the telephone to CareLine. Written responses can be made to the Director of Adult Care Services, Wandsworth Borough Council, Fairfield Annexe, The Town Hall, High Street, London SW18 2PU.

All responses will be acknowledged. A report back on the consultation will be made to the Council's Adult Care Services Overview and Scrutiny Committee on 30th June 2009 with the final strategy, including changes made as a result of the consultation.

The closing date for the consultation will be 5th May 2009.

By 6th March 2009	Draft Strategy distributed to social care community and voluntary sector organisations with an invitation to comment. A programme of discussion forums advertised and publicised through Wandsworth Care Alliance, LINk, community and residential care providers, voluntary organisations and direct mailing to service users who have identified that they want to be involved in consultation exercises. Consultation page on the Council's website and by telephone to CareLine.
Late March/April 2009	Discussion forums held.
5th May 2009	Closing date for consultation.
June/July 2009	Report back to Adult Care Services Overview and Scrutiny Committee and Executive.

