

	Health and Wellbeing Board 20 July 2017
Title	Adults Engagement Strategy Update
Report of	Adults and Communities Director
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 – Working groups update summary Appendix 2 – Guide to good engagement Appendix 3 – Information working group report
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Summary
<p>The new Adults and Communities Engagement Strategy and structure has been in place since the summer of 2016.</p> <p>This report brings an update on progress to date including:</p> <ul style="list-style-type: none"> • The work of the Involvement Board • Outcomes of completed working groups • Working groups currently in progress and expected outcomes • People Bank update and wider engagement • Other concerns raised by Resident Representatives • Plans for the annual Engagement Summit <p>The link between Health and Wellbeing Board, the Involvement Board and engagement activity is important and will continue to be crucial to the success of engagement activity.</p> <p>This report was written collaboratively by officers and Resident Representatives from the Involvement Board.</p>

Recommendations

1. That the Health and Wellbeing Board note the progress made to date as part of the Adults and Communities Engagement Strategy.
2. That the Health and Wellbeing Board continue to support and champion engagement activity in social care and health.
3. That the Health and Wellbeing Board note and comment on the completed Guide to Good Engagement and support with its dissemination and use.

1. WHY THIS REPORT IS NEEDED

- 1.1 In January 2016 a report was brought to the Health and Wellbeing Board outlining draft proposals of the review of the engagement structure.
- 1.2 The Board agreed that there would be a reporting line between it and the new Engagement Structure, with an update every 6 months.
- 1.3 A report was brought to the Board in November 2016, and this report brings a further update on progress since that date.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The Involvement Board work plan has been progressing well, and is outlined in more detail in Appendix 1.
- 2.2 Five working groups have now completed their projects:
 - Guide to good engagement
 - Information: Web re-design
 - Dementia information
 - Community equipment and telecare
 - Crisis intervention and early intervention: Crash Pad service design
- 2.3 Each of these working groups has co-produced a product or plan which will have a clear impact.
- 2.4 The **Guide to good engagement** working group focused on designing a guide for Council and CCG staff, as well as other professionals and organisations who engage with older people and people with disabilities.
- 2.5 This was a piece of true co-production, and gives clear and straightforward guidance to professionals about what to consider when doing a piece of engagement work.
- 2.6 Working group members commented that this was a really good piece of work that all contributed to.
- 2.7 The **Information and advice group** focused on re-designing the carers' web pages of the Council website, which can be seen at

<https://www.barnet.gov.uk/citizen-home/adult-social-care/welcome-to-carers.html>

- 2.8 Working groups made up of People Bank members were combined with testing in the community, involving people at Mencap, Age UK and Carers Centre events.
- 2.9 The approach has been a success, with new pages that look and feel different to the rest of the website. Residents taking part gave lots of positive feedback such as:

'Today I feel that I have made an impact, it's great to see that you are interested in improving the service for the people that use it.'
- 2.10 This piece of work has highlighted the importance of involving residents throughout, and we are continuing to use this methodology for the rest of the adult social care pages of the website.
- 2.11 The more detailed report is included as Appendix 3, which is also an example of the type of reports being produced for each working group.
- 2.12 The **dementia information** working group met in January and February 2017, focusing on the availability and quality of information about dementia in the borough.
- 2.13 The group found that while there is good information available, this is not always easily accessible or known to the public, especially before diagnosis. They also made recommendations to improve information to faith/minority groups.
- 2.14 The group put together an action plan for improving access to information that will be implemented through the Barnet Dementia Manifesto Project Group with others working in this area.
- 2.15 Members of the group and the Involvement Board felt that there are so many different pieces of work on dementia, and that this can be confusing and complex for users.
- 2.16 The **community equipment and telecare** working group met throughout April, May and June. With the new care technology provider, Argenti, the group helped to design the communications approach, highlight areas of concern and review promotional materials.
- 2.17 Argenti found it very valuable to have service user input so early on in implementing the service, and will look at ways to involve users on an ongoing basis as they have done in other contracts.
- 2.18 The Crisis intervention and early intervention: **Crash Pad service design** working group involved sessions with the Mencap 'Have your say' group as well as a working group from the People Bank.

2.19 The group helped to design this new crisis intervention service for people with learning disabilities / autism. The group members made a series of suggestions and recommendations about how the new service will work, including:

- Considerations for when the service takes place in someone's family home or supported living home
- How the professionals should treat the client and their family – and what they should know
- Impact on other services the person receives
- How the service is funded and what happens next

2.20 The majority of recommendations have been built into the service, with some remaining issues being finalised in July.

2.21 The group also reviewed the 'pen picture' form and the referral form – and their feedback has been put into the final documents.

2.22 The commissioners and providers have said how useful it was to get input from residents – especially in bringing up issues that they hadn't thought of before.

2.23 The remaining working groups are currently in progress:

Working group	When?	Aims
Employment	June - July 2017	Two groups to look at: <ul style="list-style-type: none"> • Day opportunities strategy • Employment and mental health
End of life care	June - September 2017	<ul style="list-style-type: none"> • Led by the CCG • To be scoped in more detail in first meeting • There has been some concern from Involvement Board members about the pace of setting this group up
Hospital discharge	Starting July 2017	<ul style="list-style-type: none"> • Led by the CCG • To be scoped in more detail in first meeting • Complex topic with lots of interest
Making services accessible to everyone	May – July 2017	<ul style="list-style-type: none"> • Working with Procurement to build in more consideration of disabilities and support needs when buying and managing services
Autism	July – August 2017	<ul style="list-style-type: none"> • Being scoped with Joint Commissioning Unit – building on Autism self assessment

- 2.24 The **Involvement Board** now has a full complement of resident representatives, including two resident representatives for Learning Disability who started in March. They are being supported by Carole Dukes from Barnet Mencap.
- 2.25 We are continuing to work with the Board to make sure that meetings are collaborative and that resident representatives are able to raise issues between meetings.
- 2.26 Involvement Board members and People Bank members received training to support them in their roles which was run by Healthwatch Barnet. The training was received positively.
- 2.26 Resident Representatives have raised a number of issues that are of concern to them and the community. These are:

Finchley Memorial Hospital

- There is concern about the use of space in the hospital and more generally the lack of community involvement. Neil Hales, CCG Associate Director gave an update to the Involvement Board and has given assurance the Board will be updated and involved.
- There were some concerns raised about the audiology services – the relevant resident representative has met with Neil Hales and Concordia to progress this.

Mental Health

- There were concerns raised that the working groups don't have enough focus on mental health.
 - It was discussed at the Board that there has been ongoing engagement as part of Reimagining Mental Health and other programmes, and that the Adults and Communities engagement strategy needed strengthening. However, many of the working groups will have an impact on mental health services and there will be new opportunities next year when new priorities are decided.
- 2.27 The **People Bank** is our database of people who are involved in adult social care and health which started in 2014.
- 2.28 From September 2016 we undertook a refresh of the database, to ensure that the information was up to date and in compliance with data protection legislation, and people were still interested in being involved.
- 2.29 We also asked people if they were happy to share their information with the CCG for opportunities to engage jointly.
- 2.30 The database now has 155 active members, and there is a plan in place to expand the numbers and diversity of people getting involved, through attendance at events, working with social care staff and via community groups.

- 2.31 Since the refresh closed in February, 44 new people have joined the People Bank. We will continue to grow the People Bank and aim to double the numbers within 1 year.
- 2.32 The **Annual Engagement Summit** will be held on 6 July 2017. It will be a great opportunity to celebrate the work achieved in the past year and to decide on priorities for next year. A report from the Annual Summit will be included in the next Health and Wellbeing Board update.

3 ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Not applicable

4 POST DECISION IMPLEMENTATION

- 4.1 Continued implementation of the Adults and Communities Engagement Strategy.

5 IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The Corporate Plan 2015-2020 states that “greater community participation, engagement and involvement will be an essential part of the change the council will achieve over the next five years.”
- 5.1.2 Engagement work in adult social care and health plays a key part in this, while also supporting with the aim of “services [that] are of good quality, represent value for money and achieve the outcomes residents want”.
- 5.1.3 The Joint Health and Wellbeing Strategy 2015-2020 sets out that it “aims to support residents and communities to become equal partners, with public services, to improve health and wellbeing.”
- 5.1.4 The engagement strategy and work supports these aims through the provision of opportunities to shape health and social care services.

5.2 Resources (Finance & Value for Money, Procurement, Staffing, IT, Property, Sustainability)

- 5.2.1 All of the proposals documented within this report will be delivered in line with the current budget set out by Adults and Communities for the purpose of engagement.
- 5.2.2 A strong engagement strategy will mean that services are delivered more effectively and provide great value for money due to being more closely aligned with the needs and experiences of residents.

5.3 Social Value

- 5.3.1 Not applicable

5.4 Legal and Constitutional References

5.4.1 The Best Value Statutory Guidance (Department for Communities and Local Government, 2012) states that “before deciding how to fulfil their Best Value Duty – authorities are under a duty to consult representatives of a wide range of local persons; this is not optional. Authorities must consult representatives of council tax payers, those who use or are likely to use services provided by the authority, and those appearing to the authority to have an interest in any area within which the authority carries out functions. Authorities should include local voluntary and community organisations and small businesses in such consultation. This should apply at all stages of the commissioning cycle, including when considering the decommissioning of services.”

5.4.2 The Care and Support Statutory Guidance that is issued under the Care Act 2014 states in section 4.50 that “Local authorities should pursue the principle that market shaping and commissioning should be shared endeavours, with commissioners working alongside people with care and support needs, carers, family members, care providers, representatives of care workers, relevant voluntary, user and other support organisations and the public to find shared and agreed solutions.”

5.4.3 Under the Council’s Constitution, Responsibility for Functions (Annex) the terms of the reference of the Health and Wellbeing Board includes:

- To directly address health inequalities through its strategies and have a specific responsibility for regeneration and development as they relate to health and care. To champion the commissioning of services and activities across the range of responsibilities of all partners in order to achieve this
- To receive assurance from all relevant commissioners and providers on matters relating to the quality and safety of services for users and patients
- To promote partnership and, as appropriate, integration, across all necessary areas, including the use of joined-up commissioning plans across the NHS, social care and public health. To explore partnership work across North Central London where appropriate.

5.5 Risk Management

5.5.1 There is a risk that people involved in engagement become frustrated and disengaged from the process if engagement is too broad, outcomes are unclear or change is slow to happen. This will be mitigated through:

- The working group structure, which involves focused activities and working towards a clear outcome.
- Honest communication with residents about what can or cannot be changed, and how long this will take.

5.5.2 There is a risk that the diversity of the borough is not represented in engagement activity and therefore changes are not in line with people’s needs. This will be mitigated through:

- Ensuring that engagement activity is accessible to people with a variety

of needs.

- Expanding the number and diversity of people signed up to the People Bank
- Looking at ways to engage with groups that can feed into the working group structure; we have already started doing this with the Mencap 'have your say' group, made up of people with Learning Disabilities.

5.6 Equalities and Diversity

5.6.1 The engagement work will support equalities and diversity in terms of ensuring that a wider range of people will be able to influence the work of social care and health

5.6.2 We are working towards ensuring that people with different accessibility needs can engage, whether in meetings or using alternative formats. The Guide to Good Engagement is extremely helpful in this.

5.6.3 The People Bank database can be broken down into people's different interests and characteristics, so we can communicate with relevant groups as appropriate.

5.6.4 People Bank members have also filled in equalities monitoring forms, so we can monitor diversity over time.

5.7 Consultation and Engagement

5.7.1 Consultation and engagement is a key part of this work. The Involvement Board is made up of 12 elected resident representatives who oversee the workplan.

5.8 Insight

5.8.1 We will use insight and data in the working groups where appropriate, for example making sure to focus on groups more impacted by certain services, or using data to give evidence and context for people attending working groups.

6 BACKGROUND PAPERS

6.1 This paper follows on from the decisions of the Health and Wellbeing Board in January 2016 and the update in November 2016. The minutes can be found in the following two links:

- <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MIId=8389&Ver=4>
- <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MIId=8715&Ver=4>