

**Meeting**

**Adults and Health Overview and Scrutiny Sub-Committee**

**Date and time**

**Wednesday 28th June, 2023**

**At 7.00 pm**

**Venue**

**Hendon Town Hall, The Burroughs, London NW4 4BQ**

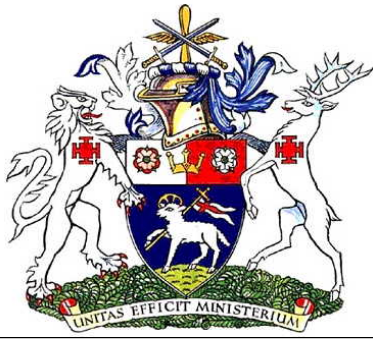
Dear Councillors,

Please find enclosed additional papers relating to the following items for the above mentioned meeting which were not available at the time of collation of the agenda.

Item No	Title of Report	Pages
11	Any item(s) the Chair decides are urgent Resident Involvement report	3 - 8

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**AGENDA ITEM 11**  
**Adults and Health Overview and  
Scrutiny Sub-Committee**

**Title** Resident Involvement in the Adults and Health Overview and Scrutiny Sub-Committee

**Date of meeting** 28 June 2023

**Report of** Dawn Wakeling - Executive Director, Communities, Adults and Health

**Wards** All

**Status** Public

**Urgent** No

**Appendices** None

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### Summary

This report provides options for resident involvement in the work of the Adults and Health Overview and Scrutiny Sub-Committee and makes recommendations to the committee to ensure co-production and involvement with people who draw on health, care and support in Barnet.

### Recommendations

1. That the Adults and Health Overview and Scrutiny Sub-Committee agree to appoint an advisor to the committee with lived experience of using health and social care services within the borough, as set out in paragraph 1.6.1 of this report.
2. That the Adults and Health Overview and Scrutiny Sub-Committee agree to adopt the co-production and engagement ways of working set out in paragraphs 1.6.2 and 1.6.3 of this report.

#### 1. Reasons for the Recommendations

- 1.1 Involving residents meaningfully across adult social care and health and recognising the value of true coproduction is thought to be key in developing more equal partnerships between people drawing on care

and support and those responsible for the design and delivery of services, in this case health and social care partnerships.

1.2 Using the principles of co-production ensures the lived experience of residents will inform service design and delivery, with the resident 'voice' considered throughout these processes. The principle of 'nothing about us without us' and engaging with and involving a broad representation of residents will ensure services are designed to serve the intersectionality within the local communities.

1.3 Barnet has a successful track record of engagement and co-production in health and social care; involving residents remains one of the key priorities across the system.

1.4 Some of the ways the council and partners currently engage are:

- An Involvement Board made up of 12 resident representatives with lived experience across adult social care. The Board provide strategic oversight to the adult social care engagement programme and input into key decisions.
- A People's Voice community of over 200 people with experience of health and social care. Officers are in regular contact with this group, who participate in events, working groups, surveys and give their views in other ways.
- Projects and working groups – each year the engagement team work with services to develop and deliver a programme of co-production in adult social care and health, with a focus on outcomes and impact. This includes involving people in reviewing services, mystery shopping activity, developing specifications and choosing new service providers.
- The Council works closely with Inclusion Barnet (Barnet's Deaf and Disabled People's organisation), Healthwatch Barnet, and other organisations to hear about people's experience.
- Officers bring together feedback from across adult social care, including compliments and complaints, statutory surveys, informal feedback and have recently introduced a new feedback form for use during the assessment and care planning process.
- Residents are also involved 'business as usual' processes including recruitment and training.

1.5 Examples of practice elsewhere:

Research on involvement of residents in scrutiny functions across other boroughs has identified the following examples:

- Tower Hamlets have co-opted resident members of the scrutiny committee.
- Croydon have a resident scrutiny group who undertake specific projects and reviews. This is specific to housing scrutiny.
- Waltham Forest and Haringey similarly have additional resident scrutiny groups for housing, who undertake projects, reviews and mystery shopping.
- Merton and Enfield have contact details and / or a form for residents to suggest areas to look into
- Camden receives and responds to Healthwatch and Local Involvement Network reports.

1.6 Proposals:

Through this research, it has been identified that there are three main ways that residents could be involved in the adults and health overview and scrutiny sub-committee. The committee is asked to agree to adopt the following:

1.6.1 Recruitment of a resident with lived experience to take on the committee advisor role as specified in the Council’s Constitution.

To adopt the following ways of working to incorporate residents’ insight and experience:

1.6.2 Each committee topic, whether a report or a task and finish group, to have an agreed co-production and involvement plan so that the views and insights of people with lived experience inform all areas of the work of the sub-committee.

1.6.3 Sharing existing resident views and feedback from across the system through the inclusion of regular reports and feedback from engagement and co-production work, with key themes of what matters to residents to be included in the committee’s work programme. This can come from the engagement team within adult social care, Healthwatch Barnet, Patient Participation Groups, as well as other engagement teams / functions across the health and care system.

### 1.7 Design principles of resident involvement in scrutiny

It is important to hear directly from residents about how they want to get involved and what their priorities are.

As outlined above, there is breadth and depth of meaningful engagement work already in place and a good foundation in resident involvement in adult social care and health. Further work should be undertaken to ensure that the Council harnesses the existing insight, to ensure residents’ voices are heard and avoid asking the same questions.

Accessibility – resident involvement should always be accessible and inclusive. This mean that not only the meetings themselves should be accessible, but also how information is shared, time requirements and clear expectations of residents, including digital and non-digital ways to give views.

It is crucial to have clearly set expectations, alongside the right training and support, for residents, staff and councillors, including guidance on how to change inherent power dynamics to ensure that participation of residents is equal, or as equal as is possible.

Involvement must be meaningful, with tangible benefits and outcomes for residents and where recommendations are made, that they are realistic and sustainable.

Involvement of residents should be recognised, using agreed policies in place for reward and recognition.

## **2. Post Decision Implementation**

2.1 Officers will undertake a recruitment exercise in line with appropriate governance requirements to identify the advisor to the Committee.

2.2 Each report author and task and finish group will identify and agree an approach to co-production and involvement which will be carried out in the course of their work with details included in relevant reports.

2.3 The Adults Engagement Team will progress opportunities to link existing resident participation and engagement in health and care to inform and support the Committee.

## **3. Corporate Priorities, Performance and Other Considerations**

### **Corporate Plan**

3.1 This report is aligned with the key priorities in the new corporate plan. Built on the pillars of “caring for people, our places and the planet” and underpinned by a foundation of being Engaged and Effective. The

work of Overview and Scrutiny will support the Council in becoming a ‘listening council’ collaborating and building a continuous dialogue with residents and communities. In doing so, residents are involved in decision-making and Scrutiny acts to amplify the voice of the public, on issues of concern.

Involving people with lived experience of health and care supports the commitment to “act on concerns of local residents and involve them in decision making.”

### **Sustainability**

3.2 There are no direct environmental implications from noting the recommendations.

### **Corporate Parenting**

3.3 In line with Children and Social Work Act 2017, the council has a duty to consider Corporate Parenting Principles in decision-making across the council. There are no implications for Corporate Parenting in relation to the recommendations in this report.

### **Risk Management**

3.4 All work will be carried out within the council’s approach to risk management.

### **Insight**

3.5 There are no insight implications in relation to the recommendations of this report.

### **Social Value**

3.6 The Public Services (Social Value) Act 2013 requires people who commission public services to think about how they can also secure wider social, economic and environmental benefits. There are no social value implications in relation to the recommendations in this report.

## **4. Resource Implications (Finance and Value for Money, Procurement, Staffing, IT and Property)**

4.1 Costs in appointing an advisor to the committee will be met within the existing Member Allowance Budget.

4.2 Costs in reward and recognition of people with lived experience will be met from existing relevant organisational or service budgets.

## **5. Legal Implications and Constitution References**

5.1 Under the Council’s Constitution (Part 3C) Committee Procedure Rules, Scrutiny Sub-Committees, Section 33.9 states:

The sub-committees may appoint advisers to the sub-committees. Such advisers will not be members of the sub-committees and cannot vote.

5.2 The Terms of Reference of the Adults & Health Overview & Scrutiny Committee are set out at Section 2B 12 of the Barnet Constitution: [COMMITTEES \(modern.gov.co.uk\)](http://modern.gov.co.uk).

## **6. Consultation**

6.1 This report sets out proposals for engagement and co-production in the work of the sub-committee.

## **7. Equalities and Diversity**

- 7.1 Section 149 of the Equality Act 2010 sets out the Public-Sector Equality Duty which requires a public authority (or those exercising public functions) to have due regard to the need to:
- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Equality Act 2010.
  - Advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not.
  - Fostering of good relations between persons who share a relevant protected characteristic and persons who do not.
- 7.2 The broad purpose of this duty is to integrate considerations of equality into everyday business and keep them under review in decision making, the design of policies and the delivery of services. The protected characteristics are: age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex and sexual orientation.
- 7.3 In order to assist in meeting the duty the Council will:
- Try to understand the diversity of our customers to improve our services.
  - Consider the impact of our decisions on different groups to ensure they are fair.
  - Mainstream equalities into business and financial planning and integrating equalities into everything we do.
  - Learn more about Barnet’s diverse communities by engaging with them.
- This is also what we expect of our partners.
- 7.4 This is set out in the Council’s Equalities Policy, which can be found on the website at:  
<https://www.barnet.gov.uk/your-Council/policies-plans-and-performance/equality-and-diversity>

## **8. Background Papers**

- 8.1 None

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