

	<p align="center">Health and Wellbeing Board</p> <p align="center">21 January 2016</p>
Title	Review of Adults Health and Wellbeing Engagement Structures
Report of	Adults and Communities Director
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	None
Officer Contact Details	<p>Hannah Ufland – Engagement Officer, Adults & Communities Hannah.ufland@barnet.gov.uk 020 8359 4712</p> <p>James Mass – Community and Wellbeing, Assistant Director James.Mass@barnet.gov.uk 020 8359 4610</p>

Summary

The Council and Barnet Clinical Commissioning Group both recognise the immense value of effectively engaging with people who use services and their carers to provide challenge, identify improvements, co-design and ensure that the focus remains on improving outcomes for local people.

Following a six month period of work with people who use the current engagement structure, this report sets out some of the perceived deficiencies with the current approach to engagement and a series of proposals and principles to address these. It is anticipated that these changes will increase the impact of engagement activities and lead to even more tangible improvements to services.

If approved, there will be a final phase of co-design to develop the finer details of the approach and then a transition period before implementation in April 2016.

Recommendations

- 1. That the Health and Wellbeing Board agree in principle the proposed changes to the engagement approach for adult social care and health and note that the details of how they will be implemented will be co-produced between January and March 2016.**
- 2. That the Health and Wellbeing Board agree to the development of a reporting line between the updated engagement structure and the Health and Wellbeing Board.**

1. WHY THIS REPORT IS NEEDED

1.1 Background

- 1.1.1 The current engagement structure is run collaboratively by the London Borough of Barnet and Barnet Clinical Commissioning Group. It centres around five Partnership Boards that cover specific user groups, namely Learning Disabilities, Older Adults, Carers, Mental Health and Physical and Sensory Impairment. It also includes an 'experts by experience' reference group.
- 1.1.2 The current Partnership Boards aim to:
 - undertake strategic partnership working between the key public, voluntary and community organisations
 - include service users, carers and the wider public to secure better health and wellbeing outcomes for the whole population
 - support the delivery of the Health and Wellbeing Strategy through their delegated responsibility
- 1.1.3 A review of the Partnership Board structure was last completed in 2012 and this delivered a number of recommendations to support the delivery of early engagement and co-production. It also focused on developing an improved relationship between the Health and Wellbeing Board and the Partnership Boards including the introduction of the twice yearly summits.
- 1.1.4 These changes have led to positive improvements in engagement but there was regular feedback from those involved that there were further improvements and developments that could be made.

1.2 Purpose of Engagement

- 1.2.1 Good engagement is vital to service improvement.
 - People who use public services are experts in the services they use.
 - During times of increased financial challenges it is vital that the decisions that are made include the people they effect
 - Successful engagement with the right partners can be powerful in shaping services that are effective for all the partners

- 1.2.2 The aim of the changes in this paper are not to devalue the engagement work undertaken by the current Partnership Boards but to build on the strong foundations they provide and ensure that the structure is appropriate for the current environment. Engagement opportunities need to enable residents to have a powerful impact on the delivery of high quality services in Barnet within a flexible and timely fashion
- 1.2.3 Engagement opportunities for people who use social care services, their carers and the third sector need to fulfil a range of purposes including:
- Providing information regarding work that is taking place around Health and Social Care.
 - Consulting on plans that will impact on the people who use Health and Social Care Services.
 - Providing opportunities to become involved in the decision making process around the delivery of Health and Social Care Services.
 - Providing co-production opportunities to design work from the start of projects.

1.3 Work to Date

- 1.3.1 At the Health and Wellbeing Summit in July 2015 a review of the engagement approach and current structure was started. There has been engagement throughout the process with the people who are involved in the current Partnership Boards. This has included workshops, a survey and a working group of the non-statutory co-chairs.

- 1.3.1 The feedback received included:

Positive:

- The current Partnership Board structure works well to bring together a range of organisations to give a variety of views.
- Partnership Boards provide an opportunity to discuss the issues that affect people who use services.
- Board meetings enable people to feel part of the community.
- There is a good opportunity to have your voice heard.

Negative:

- Limited feedback on the impact of the work.
- Members don't feel their voice gets heard or can make an impact.
- Work not joined up across boards.
- Limited ownership of the work of the boards.
- No effective reporting system to the Health and Wellbeing Board.
- Not the most effective use of time or the current budget.

- 1.3.3 The findings from this work have led to the development of the proposed changes in this paper. At this stage the proposals provide a framework for how engagement will work. We will work with people who engage within the

current structure to design the details of how the proposal will work in practice. This work will ensure that we create a shared approach to the new structure.

1.4 Proposed engagement principles

- 1.4.1 A series of focused working groups will deliver direct engagement on pressing issues, significant projects and areas for improvement. They will deliver recommendations for improvement having carefully considered the pertinent issues. These groups will have clear terms of reference including their expected impact, will have the right people representing the Council and CCG and will be given clear feedback on any recommendations made. It is anticipated that around ten working groups will be established each year, depending on the scale of their work and the number of meetings that each would require.
- 1.4.2 A structure will be developed between the Health and Wellbeing Board and the working groups that will take ownership of setting priorities, agreeing the work plan, monitoring progress and ensuring there are effective responses to recommendations.
- 1.4.3 The membership of this will be agreed through a co-production approach but it is suggested that there will be resident representatives and other VCS stakeholders along with senior managers from both Adults and Communities Delivery Unit and Barnet CCG.
- 1.4.4 It is proposed that there will be a regular reporting function between the updated engagement structure and the Health and Wellbeing Board to ensure that there is a clear flow of information.
- 1.4.5 An annual event will provide an opportunity for the members of the Health and Wellbeing Board and the engagement structure to meet and discuss the priorities for the next 12 months.
- 1.4.6 There will continue to be opportunities for people who use services and carers to be involved in tender panels and interview opportunities. We will continue to develop how we work with representative groups in the community such as the Learning Disabilities Parliament, Carers Forum and Barnet Seniors Assembly.
- 1.4.7 To ensure that there are wide opportunities for participation and support for hard-to-reach groups to engage, it is proposed that there is a sustained focus on developing the database of individuals keen and willing to participate in engagement opportunities.
- 1.4.8 The database will hold the details of everyone in the community who has identified that they wish to be involved in engaging and what areas are of particular interest to them. This will enable us to share information and opportunities with a wide range of people in a convenient and timely manner.
- 1.4.9 There will continue to be support to ensure individuals have the right skills / training for the roles that they take on. In addition, there will continue to be an important role for representative groups across the Borough. Over recent

years these relationships and mechanisms have been developed and have been proven able to have an impact.

- 1.4.10 It is proposed to develop more community and outreach engagement to ensure that the diversity of the people we engage with is representative of the population of the borough who currently use our services. Initial ideas around this include identifying and attending a diverse range of community events around the borough, to establish drop in listening sessions and to develop an engagement conference.

2 REASONS FOR RECOMMENDATIONS

- 2.1 This approach is being recommended following engagement with people who use our services, their carers and a range of other stakeholders. It is designed to address the identified shortfalls with the current approach, whilst also building on its strengths and will allow people to engage with as many or few projects as they wish to.
- 2.2 This approach is believed to be able to respond flexibly to the needs of all partners whilst also allowing the opportunity for residents to be involved in work from the earliest opportunity.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

- 3.1 Continue with the current engagement Partnership Board structure. This option is not being recommended as the challenges that have been identified through the engagement process would not be effectively managed within the current structure.
- 3.2 Remove the engagement function altogether. This option is not being recommended as engagement is a valuable opportunity to develop services that provide the best possible outcomes for those who use them through involving them in the key decisions that are made. There is a statutory duty on local authorities to consult with residents who use services.

4. POST DECISION IMPLEMENTATION

- 4.1 There will continue to be engagement workshops with people who use our services, carers, voluntary sector representatives and other stakeholders to design the details of the approach. There will then be a transition process from an old to new approach. The new approach will be implemented from April 2016 and will replace the existing Partnership Board structure.
- 4.2 It is proposed that the approach is refined over time to improve the effectiveness of the engagement. There will be also be a co-produced reviewing mechanism in place to assess the new model and make changes where necessary.

5. IMPLICATIONS OF DECISION

5.1 Corporate Priorities and Performance

- 5.1.1 The council has set out in its Corporate Plan 2015-2020 that “greater community participation, engagement and involvement will be an essential part of the change the council will achieve over the next five years.” The proposals in this paper aim to address this whilst also ensuring “that services

are of good quality, represent value for money and achieve the outcomes residents want”.

- 5.1.2 The current structure of Partnership Boards holds the responsibility to support the delivery of the Joint Health and Wellbeing Strategy (2015-2020). The new structure will continue to ensure that there is support to engage on the delivery of the strategy and there are strong links between the engagement structure and the Health and Wellbeing Board

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

- 5.2.1 All of the proposals within this paper are expected to be delivered within the existing budget for engagement set out by the Delivery Unit.

5.3 Social Value

- 5.3.1 The proposals outlined in this report will ensure that a strong engagement structure is in place that supports, the Public Services (Social Value) Act 2012. This will be achieved through ensuring that a diverse group of people using adult social care services, the voluntary sector and key stakeholders are consulted with and able to inform decisions regarding the future development, implementation and delivery of services.
- 5.3.2 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. Before commencing a procurement process, commissioners should think about whether the services they are going to buy, or the way they are going to buy them, could secure these benefits for their area or stakeholders.

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 who engage with us under the current structure may feel isolated from the new approach as it is not user group specific and could then disengage from the process. This will be mitigated through co-producing solutions with people who currently engage with us. We will also work to develop improved links with existing community groups to ensure that groups of individuals are able to engage in an environment they are comfortable with.

5.6 Equalities and Diversity

- 5.6.1 The engagement structure aims to promote equality and diversity through ensuring as many people as possible are able to be engaged in a way that is convenient for them. Through the redevelopment of the database of individuals involved in engagement analysis of the current diversity of engagement can be completed in proportion to those who use social care services. Targeted outreach and community engagement will be able to work with those groups who have been identified as seldom heard to ensure engagement is representative of the population of Barnet.
- 5.6.2 The 2010 Equality Act outlines the provisions of the Public Sector Equalities Duty which requires Public Bodies **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 people from different groups
 - foster good relations between people from different groups.
- 5.6.3 The relevant protected characteristics are age; disability; gender reassignment; pregnancy and maternity; race; religion or belief; sex; sexual orientation.
- 5.6.4 The broad purpose of this duty is to integrate considerations of equality into day business and keep them under review in decision making, the design of policies and the delivery of services.

5.7 Consultation and Engagement

- 5.7.1 There has been extensive engagement work with a number of key

stakeholders and people who use social care services and their carers. Engagement work has included:

- Individual discussions with key stakeholders including CCG and Public Health and Healthwatch
- Engagement workshop session at the Health and Wellbeing board and Partnership Board Summit in July 2015
- Engagement Workshop with members of the Partnership Boards
- Independent meeting of service user and carer co-chairs of 5 existing Partnership Boards
- Further presentation at the Health and Wellbeing Board and Partnership Board Autumn Catch Up
- Further engagement workshop with members of the current Partnership Boards

5.7.2 There is a continued commitment to engage to develop the details of the engagement structure and also to develop a mechanism for regular review and change sessions as necessary throughout the implementation phase.

5.8 Insight

5.8.1 Insight has been gained through the engagement and co-production described above.

6 BACKGROUND PAPERS

6.1 There are no background papers relevant to this paper