

	Health and Wellbeing Board 10 November 2016
Title	Adults and Communities Engagement Strategy Update
Report of	Adults and Communities Director
Wards	All
Status	Public
Urgent	No
Key	No
Enclosures	Appendix 1 - Adults and Communities Engagement Strategy Appendix 2 - Annual Engagement Summit Report
Officer Contact Details	Hannah Ufland, Engagement Lead, Adults and Communities Email: Hannah.ufland@barnet.gov.uk Tel: 020 8359 4712

Summary

The Council's Adults and Communities Delivery Unit leads on engagement for adult social care and health. Following extensive work over the last year to co-produce a new way of engaging with people who use adult social care and health services, their carers and the voluntary and community sector a new Engagement Strategy has been agreed. This provides improved opportunities for local residents to shape health and social care services in Barnet.

This Strategy was launched at the Annual Health and Social Care Summit which was held at the RAF Museum in Hendon. The event allowed people who use adult social care and health services and their carers to come together with members of the Health and Wellbeing Board, Barnet Council, Barnet CCG and the voluntary and community sector to prioritise subjects that they felt were most important for engagement activity in the coming year.

Prior to the Summit, working groups had been established to focus on direct payments and assessment hubs. These led improvements in Direct Payment and a new name and brand for a new way of delivering social care within assessment hubs.

These subjects collated at the Summit were then used as a basis for a workplan which has been signed off by a newly established Involvement Board which details the working group subjects for the first 6 months of the year. Regular update reports will continue to be brought to the Health and Wellbeing Board along with any pertinent recommendations from

the working groups.

Recommendations

1. That the Health and Wellbeing Board note the final Adults and Communities Engagement Strategy (Appendix 1) and the progress made to date.
2. That the Health and Wellbeing Board agrees the Annual Engagement Summit report (Appendix 2) for publication on London Borough of Barnet website and for circulation to all members of the Health and Wellbeing Board.
3. That the Health and Wellbeing agrees to receive a further report on the progress every 6 months.

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. The Board agreed in principle the draft structure and that this would be co-produced with people who were involved with the Partnership Boards. The Board also agreed that there would be a reporting line between it and the new Engagement Structure.
- 1.2 This report contains details of the final strategy, the report from the first Annual Engagement Summit, and the plan of work that the Involvement Board developed from the outcomes of the Summit.
- 1.3 It provides a summary of the progress made since the previous report to the Board in January and sets out the work to be completed over the next six months.

2. REASONS FOR RECOMMENDATIONS

- 2.1 The Health and Wellbeing Board committed to developing an engagement structure which enable residents to have a powerful impact on the delivery of high quality services in Barnet within a flexible and timely fashion.
- 2.2 The new Engagement Strategy has been co-produced with people who have previously been involved in the former partnership boards.
- 2.3 Two trial working groups were held between the finalisation of the strategy and the start of the new structure to provide learning opportunities around the planned design of working groups.
- 2.4 Both trial working groups were able to make recommendations that have led to improvements in outcomes for service delivery including:
 - Changes to the way Direct Payment monitoring is conducted to ensure that the process is reasonable for those in receipt of payments and that internal resources are directed towards those who are less compliant in reporting their use of direct payments

- Designing a name and brand for the new way of delivering social care within community hubs. Residents worked with a designer and produced the name Care Space and the logo to be used throughout the borough.
- 2.5 The feedback from the trial working groups was positive with 100% of working group members reporting that they were happy, very happy or extremely happy with the way the working groups ran.
- 2.6 The Annual Engagement Summit was held on 11 August 2016 at the RAF Museum in Hendon. The event brought together people who use adult social care and health services and their carers with members of the Health and Wellbeing Board, Barnet CCG, Barnet Council, and the voluntary and community sector.
- 2.7 The Summit participants worked together to develop their priorities for topics to engage on over the following year. The subjects that attendees prioritised were:
- Hospital discharge
 - Employment
 - Crisis intervention and prevention
 - Information
 - Community equipment and telecare
 - Autism
 - Making services accessible to everyone
 - End of life care
 - Dementia services
 - Guide to good engagement.
- The full summit report can be found in appendix 2.
- 2.8 These subjects were then taken to the first Involvement Board which agreed the first working groups to be run during the year as:
- Information – including improvement of the adult social care pages on the council website
 - Equipment and telecare
 - Crisis intervention and early intervention
 - Guide to good engagement
 - Stroke services
- 2.9 Working groups on these subjects will shortly be established.

3. ALTERNATIVE OPTIONS CONSIDERED AND NOT RECOMMENDED

3.1 N/A

4. POST DECISION IMPLEMENTATION

4.1 The working groups are due to start taking place over the next 4-6 weeks with a second meeting of the Involvement Board due to take place in December 2016.

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 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.” The engagement strategy and the subsequent work that has been presented within this report 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 By delivering a strong engagement strategy we will be able to add a value for money element to service delivery due to ensuring that services have been designed alongside the people who are using them.

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 have worked with us for many years 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 Following on from the previous report in January 2016 there have been several workshops to develop the proposals for engagement. Changes were made to the original proposals based on the information collected during these sessions.

5.7.2 The Involvement Board who oversee the workplan and the activity of the working groups currently has members who were voted for by their peers. There are currently 12 elected resident representatives on the Board.

5.8 Insight

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

6. BACKGROUND PAPERS

6.1 This paper follows on from the decisions of the Health and Wellbeing Board in January 2016. The minutes can be found at <https://barnet.moderngov.co.uk/documents/g8389/Printed%20minutes%2021st-Jan-2016%2009.00%20Health%20Wellbeing%20Board.pdf?T=1>

6.2 Health and Wellbeing Board, 21 January 2016, Agenda Item 10: Review of Adults Health and Wellbeing Engagement Structures <https://barnet.moderngov.co.uk/ieListDocuments.aspx?CId=177&MId=8389&Ver=4>