

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel **DATE:** 10th October 2017

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PART I

FOR COMMENT & CONSIDERATION

RESIDENTS INVOLVEMENT IN SHAPING ADULT SOCIAL CARE SERVICES

1. Purpose of Report

This report outlines how people who use adult social care services have their say on the way services are designed and delivered, and the future plans to adopt a more co-productive approach.

2. Recommendation(s)/Proposed Action

- 2.1 The Health Scrutiny Panel is recommended to note the report and the current and future work being undertaken to improve the way in which residents are and will be involved in the shaping of services.

3. The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan

3a. Slough Joint Wellbeing Strategy Priorities

The strategy states that “the Board is committed to being able to give the public a voice in shaping health and wellbeing services in Slough. Over the year ahead we will look for ways in which we can build on how we currently engage with people as individual agencies and look for opportunities to coordinate this.”

One of the five principles behind the strategy is “Engage in an on-going dialogue with our residents, communities and patients.”

3b. Five Year Plan Outcomes

Resident involvement in shaping social care services will help to deliver outcome two of the Five year Plan:

- Our people will become healthier and will manage their own health, care and support needs.

Importantly this also reflects the statement of how we will achieve the outcomes in the Five Year Plan:

- We will listen to and work with our communities, customers and partners.

Listening actively and working with the people who use social care services is at the centre of how we plan to develop and deliver services in the future.

4. **Other Implications**

(a) **Financial**

There are no financial implications

(b) **Risk Management**

The immediate activity is the review of our engagement arrangements, which has a low risk.

Risk Area	Risk/Threat/Opportunity	Mitigation(s)
User Experience	The opportunity to benefit from user experience in service design and delivery	Peer Mentoring, user involvement in service reviews.
Prioritisation	Capturing the residents voice in strategic planning	Consultation and user involvement in strategic planning
Addressing concerns	Concerns of residents relating to service delivery not addressed	Surveys and discussions with users as part of contract monitoring
Personalisation	The opportunity to create service that address individual needs	Increased use of direct payments and asset based approach to social care

(c) **Human Rights Act and Other Legal Implications**

The Care and Support Statutory Guidance states: “Engagement with people needing care and support, people likely to need care and support, carers, independent advocates, families and friends, should emphasise understanding the needs of individuals and specific communities, what aspirations people have, what outcomes they would like to achieve, their views on existing services and how they would like services to be delivered in the future. It should also seek to identify the types of support and resources or facilities available in the local community which may be relevant for meeting care and support needs, to help understand and build community capacity to reinforce the more formal, regulated provider market.”

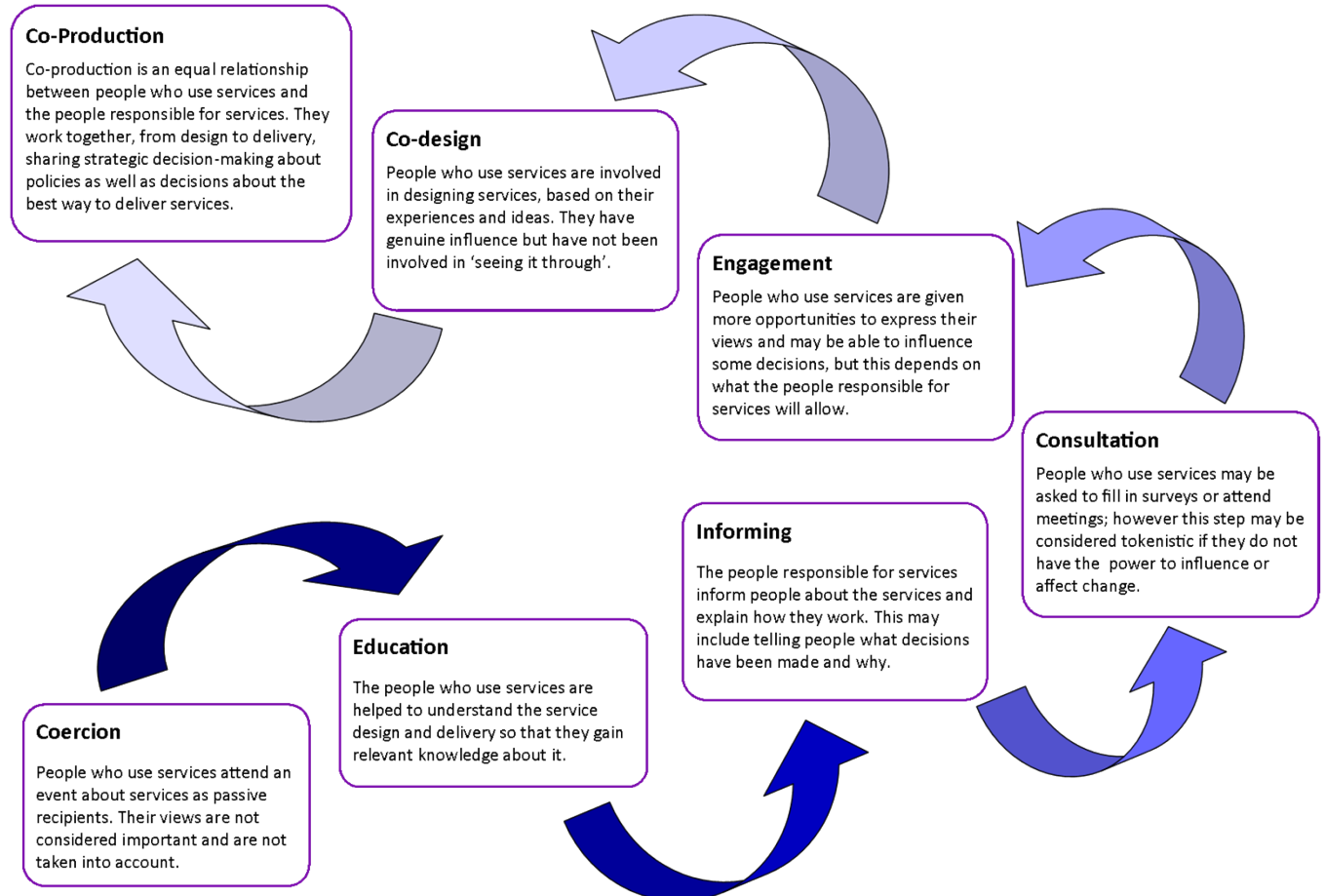
(d) **Equalities Impact Assessment**

Resident engagement, to be successful must be open to all sections of the community.

5. **Supporting Information**

5.1 Involving residents in shaping services is increasingly becoming an integral part of the social care system and is important in supporting the strength based approach to social care adopted in Slough and in many other authorities. There is no set model, with each authority developing its own approaches based on the specific characteristics of the area and the requirements of the specific services being developed. Approaches can range from simple consultation at one end of the spectrum, to the community led commissioning approach being developed by some other authorities.

- 5.2 Underpinning all the approaches is the desire to achieve some degree of co-production. Co-production as described in the guidance in the Care Act 2014 “is when an individual influences the support and services received, or when groups of people get together to influence the way that services are designed, commissioned and delivered. Such interventions can contribute to developing individual resilience and help promote self-reliance and independence, as well as ensuring that services reflect what the people who use them want.” It can also mean developing new models of service delivery which incorporate a degree of user control, or supporting the strength based approach by “encouraging people to use their gifts and strengths in a community setting, which could involve developing residents’ groups and appropriate training to support people in developing their skills.” The guidance also refers to people building on their “cultural and spiritual networks”.
- 5.3 Slough has a good track record in involving residents through formal networks. Since 2002 it has had a number of strong Partnership Boards, including Learning Disabilities, Carers, Autism, Mental Health and Older People. The Boards vary in the way they function, but broadly bring together residents who use social care services and carers with partners from statutory and voluntary services and organisations.
- 5.4 We are now looking to change this, to create a stronger more inclusive network which taps into a wider number of people, and operates in a way that goes beyond attending formal Board meetings and makes the involvement of residents more meaningful. The tool we are using is called the ladder of participation which is set out in the diagram below. This maps the different levels of engagement that organisations use.



- 5.5 Moving to a co-production approach would require a change to our whole approach towards service delivery when thinking about the people who use services and we need to strengthen our current work with residents to get ideas and input into the way forward.
- 5.6 In order to do this we are reviewing the engagement methods that already exist; primarily the Partnership Boards. Partnership Boards have been seen as a best practice approach to working with partners, stakeholders and people who use services for a number of years. However, the existing Partnership Boards vary in their functionality, with understanding of the purpose of the Board often unclear to its membership.
- 5.7 The Boards all offer a good method of sharing information, both from the local authority and between organisations. The members who use services and carers can use the Board as an opportunity to feedback on personal experiences and issues to get a direct response or action; this is of benefit to individuals but does not necessarily reflect the wider experiences of the community. This means that using the membership of the Partnership Boards as a focus for consultations can miss opportunities to involve different members of the community.
- 5.8 But, there is more to our resident engagement than the Boards, although some of the work is led by them. Examples are as follows:
- Asset mapping: The strengths based approach to social care requires a greater knowledge of the different groups, activities and organisations that exist within the Borough that can provide support to people at a local level. A project was undertaken in 2016/17 to attempt to map local activity in one particular area – Langleigh. The Community Development Team, Neighbourhood Services, and Langleigh Library staff were all involved and the work began with meetings with identified groups and individuals including faith leaders, community associations and forums, and local Councillors. The range of contacts widened and it was agreed that the map should take the form of a directory, which will be maintained by the community groups themselves. A learning paper has been produced to support an expansion of the work.
 - Speak-up: The Learning Disabilities Board co-produced the Learning Disabilities Plan for the Borough, with service users, and in the process the need to train staff to develop their understanding of the issue was identified. A training course, called “Speak-up” was subsequently developed and delivered by people with learning disabilities themselves, along with their carers, and with support from Council staff. This included training materials and a video. Trainers were given train-the-trainers training from a self advocacy group and the course was delivered to staff from SBC and Slough Children’s Services Trust and people from community groups. Responsibility for the programme now sits with the Council’s Employ-Ability Service.
 - Procurement: The Council has worked with service users in its tender evaluation process, specifically in the awarding of the contract to the new advocacy service where a user panel contributed to the overall scoring.
 - Contract management: Surveys and face to face discussions both form part of regular contract monitoring. For some services there is a specific

outcome based approach where people are specifically asked how the service has impacted on the planned outcomes. In mental health for example, the Warwick-Edinburgh Mental Well-being Scale is used to measure the value of the service to those who receive it.

- Personalisation: Each person with care needs who has a strength based/asset based assessment/conversation has the option of designing their own care support to meet their needs with a personal budget and/or direct payment. The Council has been steadily increasing the number of people in receipt of a direct payment with an 80% increase in the last 18 months. The total number currently stands at 246.
- Peer Mentoring: There is a strong focus in many services on reducing social exclusion and the building of positive links with family, friends and the local community. Peer Mentors (volunteers with lived experience service user needs health needs) provide support in our drug and alcohol service, and in mental health. CMHT's Recovery Team consists of mental health professionals and volunteer peer mentors.
- Engagement Toolkit: ASC is also developing an engagement toolkit to be used by staff to assist them in new commissioning initiatives. It is being co-designed for health and social care professionals as a guide to how best to consult, engage, co-design and co-produce service design and delivery with people who use social care services and their carers. The project group consists of people who use services, Healthwatch, carers and health and social care professionals. This is expected to be completed early in the new year.

- 5.9 The current review of the engagement arrangements began with a workshop with all of the Partnership Board members and other voluntary and community groups, residents and carers. The workshop developed two alternative models which are now being consulted on through the Board and networks.

The agreed objectives for the new arrangements were as follows:

- Working with a more co-productive approach
- Helping to inform strategic commissioning and change arrangements
- Enabling a stronger stakeholder voice
- Improving community resilience
- Increasing opportunities for innovation
- Sustainability
- Meeting the identified gaps in current arrangements.

- 5.10 Some of the weaknesses identified in the current arrangements were identified as being an inconsistency of influence between the Boards, duplication of activity in relation to cross-cutting themes, gaps relating to some client groups, and varied ability of the Boards to hear a wider variety of voices.

- 5.11 Both the proposed models involve broader community conferences and task and finish groups around specific initiatives that could come from the Council or the community itself. Which model will be adopted in the future will be based on the consensus from the Board members and networks.

6. **Conclusion**

- 6.1 The Council has a well established resident engagement approach but this is now being reviewed and developed to meet changing requirements, the new asset based approach and changes in user expectation. People involved in the new post –Board arrangements will themselves take responsibility for developing our approach further.

7. **Background Papers**

1. <https://www.scie.org.uk/Co-Production>

8. **Appendices**

None.