

Introduction

An engagement process took place between February and April 2021 to inform the recommissioning of Neighbourhood Network Scheme [NNS], due to start from April 2022. The commissioning team set out to engage as many stakeholders as possible to test out proposals and listen to ideas. Over 500 people from a wide range of backgrounds and perspectives were invited to participate with 339 actively responding.

Stakeholders included current NNS providers, social work staff, health professionals, housing and other public sector staff, as well as voluntary sector stakeholders. There was a mix of people already engaged with an NNS and some stakeholders who were new to it. Citizens with relevant lived experience were also engaged [approx. 35], this was done by attending existing forums; there was a mix of people already volunteering with an NNS and those who did not know about it. Due to the pandemic it was harder to engage some groups of citizens because they were not attending physical meetings or were unable to access technology for example, those with a learning disability and Autism. All Councillors were invited to join a discussion in their local NNS steering group meeting; eight Councillors were able to participate.

Most stakeholders were invited to a meeting, arranged by commissioning, at which a presentation was given explaining the NNS and then each of the 6 codesign questions were discussed. For others the commissioning team attended existing externally arranged meetings, the same format of a presentation followed by discussion of the 6 codesign questions was followed. Feedback was recorded by the commissioning team as summary of responses for each meeting. Alongside this the codesign questions and supporting information were uploaded to Be-heard and the link shared widely. We received 18 completed questionnaires.

A summary of the meetings, numbers and designations of respondents can be seen in the table at the end of this report.

Summary of responses to the codesign questions

Q. 1 - *Currently the NNS is focused on developing local communities to enable people over 50 to stay independent; do you agree that we should expand this to all adults that might (at some point) have care and support needs?*

A large majority of stakeholders [over 90%] agreed that we should extend to disabled adults over 18; but with some reservations. In support of including younger disabled adults in the NNS the following are typical of the feedback we received:

- Birmingham a young city therefore there is a strong case to extend, “everyone eventually gets to be older so start on prevention earlier.”
- It would be discriminatory for disabled people under 50 not to benefit from the NNS.
“I am and remain a strong believer that all people (children, young people and adults) with a learning disability and/or autism who display behaviour that challenges, including those with a mental health condition, have the right to the same opportunities as anyone else to live satisfying and valued lives and, to be treated with the same dignity and respect. All people should 'have a home' within their community, be able to develop and maintain relationships and get the support they need to live a healthy, safe and fulfilling life.”
- Social Workers strongly supported expanding; it would align better with 3C’s approach as well as other prevention and early intervention services. There was a particular emphasis on need for those with Learning Disabilities to benefit as well as how the NNS could support hospital discharge services.
- Feedback from Citizens was strongly in support of a fairness and equalities argument for extending to younger disabled adults.
- One Citizen said: “some younger adults are living with a profound disability and don’t have many opportunities”.
- Citizens were also positive about possibilities for improving intergenerational relationships and partnerships

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- Citizens working with Ageing Better felt that when the Ageing Better programme ends in 2022, the NNS is well placed to continue their capacity building work.
- A Be-heard respondent said –
“The work of NNS so far has been brilliant, there is nothing like it for 'working age' adults. I hear often that it is really challenging for people to connect with local opportunities and to find out what is available. In particular I hear that people are looking for groups that are accessible for people with a learning disability/ autism and relevant to the interests of younger adults.”

Reservations about extending were mainly about how ASC manages this development, the timing of extending, and a need for caution. Understandably existing NNS lead facilitators and steering group members gave the more comprehensive responses which are summarised below:

- Concern that NNS extension would increase demand on voluntary sector without the investment to develop capacity – sector already stretched and “battered by the pandemic”
- Concern about diluting and weakening a model that works – “don’t move away from a model that works”.
- Concern NNS leads lack specialist skills in specific disabilities like Autism and some felt that NNS capacity building work for younger disabled adults might be more complex than it is for older people.
- Several NNS leads stated that key they work with existing orgs that have expertise / specialist knowledge in relation to specific conditions.
- People wanted to see that the Council was reinvesting savings made so far from prevention services to expand NNS to younger adults with a long-term disability
- GP’s now have Social prescribers in post, and they work well with the NNS, but there is a concern that they are not backed by any investment in the sector. There may be a danger of high demand, across a wider age/ disability range, for community support watering down the NNS scheme.
- Need to make sure community assets not stretched into supporting citizens with needs that are too complex for small groups and service
- Concern that citizens with high levels of need still get support via ASC directly provided services or direct payments, rather than inappropriately ‘pushing them’ towards community assets.

Q.2 - *If you agree that we should expand NNS to all adults that may at some point have care and support needs, is there anything we need to consider to ensure this expansion is successful?*

The existing lead facilitators and steering group members had the most to say on this question:

- Make sure the learning from the pilots is used to inform the extension to younger adults
- Must ensure adequate **additional resources** for expansion. Support for these groups is more specialised/resource intensive. Concern that it will need more specialist staff in the NNS.
- Most leads felt it better to keep the younger adult work separate but linked to main NNS work, need to prevent diluting older adults work.
- Need to make sure community support developed in a sustainable way and is good quality – caution needed in how assets expanded to support younger disabled adults.
- Concern that larger provider organisations might dominate community activity (e.g. take most of grant funding), this may result in the role of community assets being diminished."
- Need for the NNS to stop providing a Covid19 emergency response and return to its prevention and community capacity building focus. A danger that the NNS get entrenched in emergency response mode.
- But be careful not to duplicate and make sure each NNS develops right partnerships with other organisations who are running services in the different disability groups.
- More work needed on gap analysis to include more diverse communities. Need more awareness of what languages are spoken, ensure services are accessible to people who don’t speak or read English. Need to look at more trust issues, unemployment levels and newly arrived communities.

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- Race and ethnicity. You must provide activities that are relevant and respectful of an individual's background and culture. There is no point setting up a choir for lung health in Balsall Health if you omit kwali, Ghazals and Bollywood music. Avoid the bland. Do not expect everyone to leap into activities unless you have asked them what they want first.
- Look at employing people from local area to build sustainability of community-based support.
- Specialist support organisation could help developing support and activities based on what younger disabled adults want. There should also be co-production with younger disabled adults about the support they want in their networks, neighbourhoods and communities. There is a need to make coproduction more creative so people can actively take part in engagements.
- NNS staff will need training in specific issues or conditions. For example, mental health issues, the social communication and environmental needs of autistic people. Likewise need to look at development needs of existing assets to support disabled adults
- Developing community-based support for people with mental health needs should be a priority
- Need to build on an strengthen links with ASC social work teams and the new Community Network Support Officers etc. In some constituencies the partnership is not working as well as it should.
- Citizens within group should all be safe guarded with appropriate training provided to community assets.
- More work will be needed on improving the accessibility of venues and facilities. For example; for the Deaf community information being published will need to be in an accessible format (easy read, QR code, BSL). Also, transport is a big issue and the barrier for citizens using community-based activities. There needs to be funding to make venues and spaces accessible including outdoor spaces like allotments
- Data is crucial to any expansion. BCC has data on funded packages of care, but it does not have data on other activity e.g. external funded programmes, volunteer activity, faith group support etc.
- A refresh of the asset mapping will be needed to identify what we have and what is missing in terms of support for younger disabled adults.

Citizens made some specific points in relation to expanding the NNS:

- Citizens struggle to understand what the NNS is and how to engage with it, each of the 10 NNS has a different approach and style – there is a recommendation that we develop some communications that give an overview of the NNS for citizens and perhaps develop branding for the NNS. But all of this should link back to the local NNS's.
- There was a view that the NNS should have more of a focus on supporting carers – including funding carers to run peer support
- Citizens were also strongly in favour of developing mental health support, this might include peer led support.
- People with learning disability need to be part of the community, we don't always have the right spaces in communities. Day centres should share their spaces with different services and groups, the Council owned premises don't seem open to this.

Social workers raised the following:

- Priority to develop support for those with learning disabilities especially in terms of social interaction and skills development
- The Out of Hours service respond to lots of MH issues and would like to understand how they can work with the NNS

Q.3 – *Reviewing each of the 10 NNS building blocks: a.) What should we keep and build upon? b.) What needs to be adapted or expanded? c.) Are there any aspects of the NNS we should stop doing?*

Across stakeholder groups, both those currently involved and those that were new to the NNS, there was a strong sense that the ‘building blocks’ of the NNS work well and should be retained and refined, rather than any being removed or added. The exception was a citywide element to the NNS which is covered in question 4 below.

One Be-heard respondent, in relation to the question about what would improve the building blocks of the NNS said; *“I can't think of anything. The NNS teams I have worked with to put together applications and support us in developing projects, have been brilliant.”*

From a citizen perspective there is a need to improve information, advice and guidance in relation to community assets and preventative support. This is not one of the NNS building blocks although they do contribute to this via publish asset mapping and support to professionals. **Should other parts of the Health and Social Care System do more, or is it a matter of better joining up the IAG we already have in the Health and Social Care System?**

There were general points made by some of the NNS leads about learning from the work of other parts of the Council, *“its important to learn from neighbourhood working and localisation across BCC rather than reinvent the wheel within Adults”*. Also, *“In terms of informing and enabling some of that strategic alignment, there's a real opportunity for the NNS to shape how a lot of BCC strategic work across the city is aligned.”* Another NNS lead stated that we need to consider the social justice agenda and how NNS's are addressing and building that into the future workstreams.

Asset Mapping – more resources need to be put into this. NNS will need to do have a renewed focus on asset mapping especially if extension to younger disabled adults takes place. Connect to Support is a good resource but need to be promote more so it gets the use it deserves. A Be-heard respondent stated that Connect to support is not an easy to use or upload information to and therefore it isn't used by smaller community organisations. There is also confusion between this and Routes to Wellbeing and other directories held by NNS lead organisations. Also feedback about people finding the post code search problematic [*this has recently been improved*]. Social workers acknowledged they needed to be more effective at increasing usage of Connect to Support and awareness, some don't know it exists or has been updated. Also, helps that NNS leads sending SW teams regarding monthly updates on assets.

Coproduction [citizens with lived experience] - Need to look at how coproduction can work more effectively and what parts of the NNS it should focus on. The pandemic has held back plans to develop coproduction for many of the leads due to difficulties recruiting citizens and need to do everything online. The citizens spoken to were keen to share their lived experience by helping with things like gap analysis and grants panels. One be-heard response stated it would be good to see the scheme helping people with disabilities to start their own groups and be actively engaged with leading the local work. A recommendation that community organisations who are planning a project pass ideas through a community citizens panel in each area - before getting to grant stage.

Partnership with Social worker [and other professionals] – This is not consistent, some NNS's feel constituency SW Teams are not engaged enough and not always actively participating in steering groups and gap analysis work. More ownership of the partnership needed by social workers. Social workers and social prescribers should be more widely engaged with citizens, not just those with care and support needs, this can't be left to community organisations solely. Post Pandemic work needed to get social workers back out in the community, it feels like this has gone backwards. Social workers acknowledge that after the pandemic – *“Work needs to be done in getting social workers back out in the Community.”*

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Some good engagement from social prescribers in NNS and with local assets, but this is not working in some areas. One suggestion that social prescribers should bring their own budget to invest. Overall leads consistently say there is a need to develop the relationship with PCNs and GP's – social prescribers often feel marginalised by GP's.

Networking events – the feedback is that everyone finds these very helpful and they have been missed in the Pandemic. *"I like 'check in, networking' events - where you can pop in and remind yourself what assets are doing. We get really busy with our own programmes that having the NNS to bring us together - is very useful!"*

Steering Groups – in the Be-heard responses there is some criticism of how the steering groups operate, it is likely that some are working better than others. "it is not a participatory process it is an arm's length City provision with very little input in planning and development by community organisations and limited understanding of community provision." Another person said; "Our steering group influences nothing, we just receive reports. There has been a digital inclusion subgroup but little else. Councillors don't attend and in speaking to some of them, don't understand the relevance of the group."

Capacity Building & Gap Analysis - Need to develop capacity building offer to enable more 1-1 support and guidance for assets in terms of governance and business development. It would be good if we had more resource within the NNS team to offer this level of support because it is very time intensive and we only have small teams. Better communication channels are needed with minority communities in Birmingham. Don't make the mistake of amalgamating 'BAME' people together to make it easier for organisation to provide support; we still need to respond to those individual and cultural needs. We need more support/awareness work to encourage smaller community groups to get involved in the NNS. Social workers acknowledge the importance of their contribution to gap analysis; "...lot of work needs to be done there and SW need to be feeding in what they learn from discussions with citizens." Another social worker comments that, "Citizens are telling us things that they want; they could be part of fun ways of interacting and learning from each other like the speed networking events. This allows for great ideas to go into the planning."

Grants Schemes – This works well locally, and the model of local panels is good. A standardised grant form and process would be useful for consistency and would feed into a central grant panel more easily. A specific question from citizens was whether enough small local organisations were accessing the grants?

NNS Support and Develop from BVSC – Some leads felt BVSC should provide a more localised approach that incorporates individual review meetings with each NNS. This would be helpful in terms of sharing local and City-wide intelligence and insight. Other suggestions were to provide more of a developmental role in terms of upskilling NNS teams. One lead commented that they were not convinced about BVSC's role; "I've had nothing from them and need more transparency about what they can offer". One Be-heard responded suggested BVSC's role should be externally evaluated for its effectiveness.

Q. 4 - *Do we need to add a 'City-wide' NNS to the model for 'communities of interest' that are not linked to any neighbourhood? For example, we are wondering if this might improve the support for citizens from the LGBTQ+ community or Deaf Community etc. Or ethnic minority*

- Most stakeholders, include social workers, supported adding a city-wide NNS; *"I strongly support this, we have communities that are not geographically based, this is a brilliant idea."*
- A citywide element to NNS will cater for smaller groups dispersed across the City have insufficient numbers in an individual constituency for them to be identified as a gap
- In some instances, its best to develop community assets to support a 'community of interest'. Some examples might be the LGBTQ+ community, some faith communities or ethnic minority communities that are fragmented across the City.

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- An NNS lead commented that the Somali community recently shared that they don't feel included and would welcome more interaction and opportunity – a city-wide approach would work for them.
- People don't live according to organisational and ward boundaries.
- A citywide NNS would need a mechanism to ensure people are linked back to their local NNS and for City -wide and local NNS to work closely together.
- Citywide would work better for some grant applications for preventative support.

What needs to be considered to make this work?

- Any citywide element but needs to be an integral part of overall NNS model.
- Both citywide perspective and local focus are important – needs to be balanced without one dominating.
- The citywide structure needs to have a separate budget
- Could work for tackling big trends Cross cutting themes and solutions can be shared across city and will save resources
- Would be useful to include a lot of the partnerships that are present at the Steering groups to inform decisions at citywide level – they have a rich background of citywide issues.
- Need to decide what data is used to priorities the gap in analysis.
- Need a city-wide NNS strategy to address the cross-cutting issues
- We need to identify the 'big ticket' priorities which are citywide and then make a case based on a need's analysis (to the Council and other stakeholders) for financial resources to tackle these priorities.
- Some suggested priorities were digital inclusion, mental health support, jobs & skills, poverty, domestic violence.

Concerns –

- Not convinced BCC has the ability or the infrastructure to develop and implement a cross city strategy
- Maybe you don't need a citywide structure, just the option to do one grant application instead of 10 different NNS schemes - each one contributing bit of their grant funding
- Need a mechanism to engage people with local NNSs and vice versa.
- A specialist vol. organisation commented that they weren't sure the deaf community would benefit from citywide.
- Don't take funding away from constituencies, have a central budget for citywide services.

Q. 5 - So far, the NNS has been driven by Adult Social Care and our Voluntary Sector partners; but which other parts of the public sector should be part of this?

Stakeholders gave a long list of public sector organisations which they consider should play a more active role in their constituency NNS.

Health / NHS organisations

Whilst there are good partnerships with Social Prescribers, but this does not follow through into the rest of the Health Service. The Pandemic has drastically reduced the capacity of Health professional to engage with the NNS; however, existing NNS leads have consistently said that there was a lack of engagement before the Pandemic started. Some NNS's had GP surgeries engaged prior to the Pandemic but this stopped and currently it's very difficult to get engagement. The majority of Social Prescribers are managed by the voluntary sector and several are also NNS leads so it is not surprise that they have engaged well with the NNS. Stakeholders suggested the following parts of the NHS should engage:

- GP's / Primary Care Networks
- NHS Community / primary care services
- Hospital discharge teams.
- Community mental health professionals

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- The IHub is key link with health for hospital and community bed-based discharges. The integrated hub is a service that monitors and supports activity across the whole hospital discharge area

Children's / Early Help

The partnership with Children's Partnership Board in relation to their Early Help work should be developed. There is some existing partnership work and some of the NNS providers are also delivering Early Help but there was a feeling this need further development.

Other parts of Birmingham City Council + Housing Associations

- The City Council's NDSU were also keen to point out that two of the NNS's are facilitated by them.
- Suggestions included BCC Equalities and Community Safety participating in the NNS
- BCC Housing Officers as well as external Housing associations who deal with people either in supported housing or general needs housing, those who are flagged up within their system as lonely, isolated. A lot of progress has been made on the partnership with BCC Housing but clearly more can be done.
- A suggestion of linking with Conrad Parke who runs Birmingham Anchor Network
- Cascade knowledge of the NNS other BCC funded projects e.g. Vulnerable Adults; PURE 2 employment support.

West Midlands Police

- Build on partnership with the Police – currently most steering groups have Police involvement
- Include the substance misuse providers Working with the Police on a "Connected Communities" project
[Note substance misuse not included in work of NNS]

Care Home Providers - Social Care

- Care Homes activity workers could play a role in NNS
- Engaging with care homes to support resident to reconnected to their communities.

Museums sector

- They do great work with older people; Birmingham Museums Trust could apply for grant funding and they would deliver fantastic work

Other suggestions for Public Sector involvement -

- Department of Work and Pensions in relations to their Benefits work in Birmingham
- A link with Education and schools to connect children and young people's voice to the NNS work. Also to get the voices of young people in relation to developing NNS for younger disabled adults.
- Green spaces and parks – improve links to work in this area including the "Future Parks Accelerator Project"
- Tapping in with universities and colleges as they will have some new ideas.

Q.6 - *Is there anything we need to consider so that the NNS can work well with the Children's Partnership Board's 'early help' offer / contribute to developing a 'whole life course approach'?*

- For Early Help the default option should be local third sector providers with minimal statutory input, only as needed/specialist roles.
- Agree in principle with the whole life course approach but is it realistic with resource cuts?
- We need a focus group for whole life course which includes Preparation for Adulthood, Early Help and NNS.
- Make sure knowledge of Early Help offer/other initiatives is shared widely with partners; groups and assets

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- Mirror the 'Right help, right time' guidance i.e. levels of early help can be identified, and certain help is provided at certain level. If there was a similar model for adults, staff would know when and where to link adult and children services. For example; there would be no gaps in service with domestic abuse situations.
- The ideas being used by the children's trust where early identification and intervention officers are being used as facilitators and convene meeting. They will lead and steer the support offered to families. This would be a good model to adopt.
- Feedback from social workers suggests there is desire to join things up – *“Within Adults we are a little bit disjointed still from Children’s, but I know there’s a lot of areas where we’re trying to rectify that. E.g. - preparation for adulthood and family group conferencing teams.”*
- Community network support officers are also going to be working with children and the whole life course approach so this should help integration.
- Work on the link with Preparation for Adulthood Team, this should form a natural part of NNS partnerships (particularly if extension NNS to younger disabled adults goes ahead)

Summary of meetings, numbers and designations of respondents

Date/s	Type	Number	Who was Represented?
9/03/2021, 10/03/2021 11/03/2021, 16/03/2021,	4 Stakeholders events – presentation & discussion: 1 for Constituency SW Teams and 1 for citywide & specialist Teams 2 events for general stakeholders	76	BCC HoS, BCC Commissioning Managers, SW HoS, TM's, SCPs, SW, NNS, Forward Carers, LGBT, Mencap, BVSC, Arts Group, forward Carers, Head of Community Partnerships, Healthwatch, St Giles Hospice, CCG, Birmingham Community, BCC Head of Business Improvement, Education & skills, Public Health, Community Catalysts, Groundworks, Gateway Family Support, Inclusive Growth, Housing, Neighbourhoods, NHS, Birmingham Older Peoples Programme Board
18/03/2021	Stakeholders (information sent via Email e.g. presentation & links)	195	BCC HoS, BCC Commissioning Managers, SW HoS, TM's, SCPs, SW, NNS, Forward Carers, LGBT, Mencap, BVSC, Arts Group, forward Carers, Head of Community Partnerships, Healthwatch, St Giles Hospice, CCG, Birmingham Community, BCC Head of Business Improvement, Education & skills, Public Health, Community Catalysts, Groundworks, Gateway Family Support, Inclusive Growth, Housing, Neighbourhoods, NHS, Birmingham Older Peoples Programme Board
09/03/2021	BCC SW TMs small group	5	Community Partnership Worker Role + Northfield & Edgbaston TM's
28/01/2021	Local assets - Northfield Community Partnership	11	NNS funded / supported assets
03/02/2021	DRC Yardley - NNS Leads	7	NNS Contracted lead facilitator
15/02/2021	Erdington - NNS Leads	4	NNS Contracted lead facilitator
17/02/2021	Ladywood NNS partners	6	
19/02/2021	Hodge Hill NNS Leads	6	NNS Contracted lead facilitator
25/02/2021	Hall Green NNS Leads	5	NNS Contracted lead facilitator
03/03/2021	Yardley NNS Steering Group	17	Incl. Cllr Marje Bridle, 2 TAWS and 1 resident (Stechford Forum) also 3 NNS funded projects
25/02/2021	Focus Birmingham – visual	5	Citizens with visual impairment

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	impairment service user group		
24/03/2021	BSMHFT - MH coproduction group	9	Citizens – 8 with experience of MH issues
16/04/2021	Age of experience	8	Citizens
02/02/2021	People for Public Services	10	Citizens
17/03/2021	People for Public Services	6	Citizens
TBC	Cllr Locke Meeting	1	Emil met with Cllr Locke
12/03/2021	Edgbaston Leads [Age UK]	3	NNS Contracted lead facilitator
19/04/2021	Northfield NNS Lead	3	NNS Contracted lead facilitator
08/04/2021	Perry Barr NNS Steering Group	25	Incl. Cllr Hamilton and Cllr Narinder Kooner
08/04/2021	Hodge Hill NNS Steering Group	17	Councillors were invited, but did not attend
14/04/2021	Hall Green NNS Steering Group	25	Councillors were invited, but did not attend
12/04/2021	South - Edgbaston & Northfield NNS steering Group	16	3 Cllr's attended that don't normally - Cllr. Kate Booth, Cllr. Simon Morrall, Cllr. Julie Johnson
22/04/2021	Selly Oak NNS Steering Group	18	Incl. Cllr Karen McCarthy
10/02/2021	P&C Grants Provider Forum	25	P&C Grant's Providers
TBC	Emil met Steven Raybould	1	BVSC leadership
14/04/2021	Erdington NNS assets and interested parties	5	
13/04/2021	Ladywood NNS assets	8	
28/01/2021	P&C Provider 1-1	1	Arts provider - BCAT
29/04/2021	Be-heard Online Survey (to be updated 7-5-21)	18	Community Catalysts Woolly Mammoth Stitch Works CIC RnR Organisation Hip Hop H.E.A.L.S. Handsworth Association of Schools Aesop UCAN Birmingham Black Country and West Birmingham Clinical Commissioning Group Athac Stechford Village Neighbourhood Forum Local Ward Councillor Druids Heath & Monyhull Birmingham Centre for Arts Therapy Brandwood Community Centre
		Total 534 engaged Responses from 339	