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South West London People and Communities Engagement Strategy

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1.1 Summary

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This document explains our approach to making sure that the voice of people and communities is heard and influences how we plan and deliver health and care services in south west London. It shows: the principles that we can be held to; the ways we involve people; the processes in place to ensure that their views influence decision making and the systems in place to provide assurance that this happens.

By working more closely with each ICS partner, we can better understand people's needs and hopes, provide more responsive, safe and effective services and support local people to access the services they need, at the right time and in the right place.

We know this will take time to get right. However, we have strong relationships and practise to build on. Our approach will be strengthened by bringing together engagement and insight from across all partners, to help achieve equity and improve the quality of health and care services for local people.

1.2 The vision for what we want to achieve

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We aim to:

- Ensure the **voice of people and communities is central** to all levels of our work – and that we have inclusive ways of reaching and listening to our diverse populations
- **Reduce health inequalities** by better understanding the needs and aspirations of our local people and communities, and responding to them in how we plan and deliver services
- **Develop a culture** where talking and engaging with local people and communities is embraced as part of **everyone's role**.
- **Plan** how we listen to local people and communities at the beginning of any project that might change how services are delivered to ensure it is **well resourced and appropriately delivered**
- **Invest in community led engagement** that will strengthen our understanding of our communities and their experiences
- **Build on the strong communications and engagement** delivered across our partnership over the last 4 years and review resource to support each element of the new system
- Continue to **review and adapt** our approach as our system matures and evolves. This strategy is just the start…

1.3 Understanding South West London

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- South West London covers 296 square kilometres and six London boroughs; Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.
- The resident population of South West London is 1,505,000 people – a population density of 5,050 people per square kilometre, although this ranges widely across the area from 3,430 people per km2 in Richmond to 9,528 people per km2 in Wandsworth. Although the resident population is under 1.5 million the NHS in South West London treats many more people than this.
- A fifth (21%) of the population were under the age of 16. Just over a tenth (13%) of the population were aged 65 or above. The population is projected to grow by 10% over the next ten years (by 2029) and a further 6% in the ten years after that resulting in a population of 1,774,270 in 2039.
- The younger population is increasing at the slowest rate, with the number of those aged under 16 estimated to grow by 3% and make up 18% of the total population in 2039.
- The older population is increasing at a faster rate, with the number of those aged 65 and above increasing 59% over the next twenty years and estimated to make up 17% of the population in 2039.
- In 2019, an estimated 35% of the population were from a Black, Asian or Minority Ethnic group (BAME). This community is also projected to increase considerably, increasing 29% over the next twenty years and estimated to make up 39% of the population in 2039.

1.4 Understanding our South West London ICS

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Our SWL ISC is made up of 3 parts: SWL ICS Places; SWL ICS Provider Collaboratives; and ICS SWL Level

South West London ICS Place

Within South West London ICS Places there are six Places: Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth. These six Places are co-terminus with our six Local Authority boroughs. The purpose of our places is to:

- **support and develop primary care networks** (PCNs) which join up primary and community services across local neighbourhoods.
- **simplify, modernise and join up health and care** (including through technology and by joining up primary and secondary care where appropriate).
- **understand and identify** – using population health management techniques and other intelligence – **people and families at risk of being left behind** and to organise proactive support for them; and
- **coordinate the local contribution to health, social and economic development** to prevent future risks to ill-health within different population groups.

South West London ICS Provider Collaboratives

There are three Provider Collaboratives in South West London:

- **South London Mental Health Partnership** - comprising Oxleas NHS Foundation Trust, South London and Maudsley NHS Trust and South West London and St. George's NHS Trust.
- The **Acute Provider Collaborative** - comprising Croydon Health Services NHS Trust, Epsom and St. Helier University Hospitals NHS Trust, Kingston Hospital NHS Foundation Trust, St. George's University Hospitals NHS Foundation Trust.
- **Royal Marsden Partners** - all South West London and North West London Acute Trusts providing cancer services.
- The purpose of provider collaboratives is to better enable their members to work together to continuously improve quality, efficiency and outcomes, including proactively addressing unwarranted variation and inequalities in access and experience across different providers. They are expected to enable trusts to collaboratively lead the transformation of services and the recovery from the pandemic, ensuring shared ownership of objectives and plans across all parties.

ICS South West London

The role of the ICS SWL London is to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

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2. Developing our people and communities engagement strategy

2.1 How we developed this strategy

2.2 How it has been built on what we have learned from engaging with our communities

2.1 How we developed this strategy

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To shape our approach to developing the people and communities engagement strategy, we discussed it with 40 groups and over 500 people including:

- Community Engagement Steering Group (Healthwatch, VCSE and PPE leads from each borough)
- Communications and engagement colleagues – SWL NHS Providers and Local Authorities & Borough Communication & Engagement Groups
- Borough patient engagement groups in each borough
- Place Leaders Group
- Borough Transition Teams
- ICS Delivery Group
- Chief nurse meeting and trust patient experience leads and directors of quality
- NHS Provider Chief Execs and NHS Provider Chairs
- Collaborative Leadership Group

We developed the strategy over two phases.

During phase 1 we: tested our vision for what it should be; sought views on the companion documents and asked for feedback on key governance questions including assurance, resourcing and delivery. We also mapped how engagement works at place and within provider collaboratives.

During phase 2 we went back to review the themes that came out of phase 1, and which informed our aims, and discussed our recommendations about assurance, resourcing and delivery.

Lessons learned about engagement

There was positive support for ensuring that this strategy is informed by the lessons learned from engaging with local people over the last 18-24 months. We discussed these lessons during phase 1, adding and amending them so they reflect what we learned across the system. These can be seen in the next slide.

2.2 What we have learned about engagement

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BE CREATIVE

Use local champions

Use creative methods to extend reach particularly to communities experiencing health inequalities and poorer health outcomes
e.g. work with community champions, influencers and faith leaders, use films, media and social media

BE CONNECTED

Find community leaders

Work with trusted leaders to speak with local people and communities

BE PROACTIVE

Make the first move

Go to local communities – rather than expecting them to come to you – provide translations and interpreters

BE OPEN

Listen and understand

Develop ongoing conversations and sustainable relationships and build on those established relationships

BE BOLD

Go beyond traditional boundaries

Work across borough boundaries to engage with particular communities

BE INFORMED

Gather data and insight

Use population health data and insight to inform, adapt and shape our approach

BE RESPONSIVE

Community first

Be led by the community and their needs – ask and respond to how they would like to be engaged/involved

BE PROUD

Reflect and share

Celebrate success and feedback – show the impact of everyone's contributions

BE COLLABORATIVE

Work with VCSEs

Work closely with and invest in the VCSE sector to strengthen their capacity and extend our reach

BE PURPOSEFUL

Join forces

Build collaborative and resilient network of communications and engagement professionals to deliver common goals

BE REPRESENTATIVE

Reflect the population

Co-deliver engagement sessions with clinicians that reflect local populations

BE INCLUSIVE

Create maximum impact

Co-design messages/adapt and iterate with local people to have maximum impact

BE RESOURCEFUL

Use partners' networks

Continue close partnership working with LA and NHS – share resources and contacts – coordinate not duplicate to maximise reach

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3. Ten principles for how we work with people and communities

3. Ten principles for how we work with people and communities

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1. Put the **voices** of people and communities at the **centre of decision-making** and governance, at every level of the ICS.
2. **Start engagement early** when developing plans **and feed back** to people and communities how their engagement has influenced activities and decisions.
3. **Understand your communities:** their relevant social histories, their experiences and their aspirations for health and care. Engage to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those **affected by inequalities**.
5. Work with **Healthwatch and the voluntary**, community and social enterprise (VCSE) sector as key partners
6. Provide **clear and accessible public information** about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that **empower people and communities**, making connections to social action (bottom up) – what local people determine are community priorities.
8. Use **co-production, insight** and engagement to achieve **accountable health and care services.** By working jointly with people – accountable to local people.
9. Co-produce and redesign services and **tackle system priorities** in partnership with people and communities (top down)
10. Learn from what works and **build on the assets of all ICS partners** – networks, relationships, activity in local places.

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4. People & communities in ICB governance & work-streams

4.1 System wide approach for engagement in governance

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4.5 Summary of insight and feedback infrastructure and approaches across the system inform priorities and improve services

4.1 System-wide approach for engagement in governance

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Summary of how the voice of people and communities will be a core part of our ICS governance.

- We will produce regular engagement reports which will be reviewed by our 'People and Communities Engagement Group' (PCEG) and taken to ICB and ICP by our Executive Director of Stakeholder & Partnership Engagement and Communications.
- As the ICB holds formal responsibility for ensuring legal and mandatory guidance is adhered to, our intention is for the Chair of the People and Communities Engagement Group to be an ICB NEM, in addition to the meetings being attended by the executive director for communications and engagement and programme director for Quality.
- We have developed a model for engagement in our formal subcommittees which ensures each relevant sub-committee has a champion for the voice of local people and communities
- We have recommended that board report cover sheets include a section on the involvement of people and communities to ensure it is considered within each programme of work.
- We will support our SWL work streams look at opportunities to elevate the voice of people with lived experience within their meetings and have developed a programme of support and training to ensure individuals are able to meaningfully participate. Bespoke support will be given to individuals being asked to conduct specific pieces of work – such as linking in with other people with lived experience.

4.2 How the ICB will assure itself that its legal duty to involve the public is being met

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Summary of ways the ICB will be assured that the duty to involve has been met:

- The People and Communities Engagement Group will have a key role in providing assurance to the ICB, via the executive director, that the duty to involve has been met.
- Assurance for Place based public involvement, including work that is centrally coordinated and locally delivered, will be done by the place based committee
- Each Trust has a dedicated Patient Experience Committee responsible for reviewing and gaining assurance of how patient experience data and insight is acted on through Trust improvement and transformation initiatives. Oversight is provided through Trust governance systems, including internal assurance, Non-Executive Director led committees and Board.
- Place leaders and the Provider Collaborative leaders will be represented on the ICB.

4.3 How the voice of people and communities can be championed in relevant sub-committees

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- Each relevant formal subcommittee will have a champion for the voice of people and communities.

Their role is to:

  - flag opportunities for where further engagement could enhance the work
  - escalate issues to C&E team if changes are more significant
  - speak up for or represent patient/public views in relevant discussions

- Options (to be agreed by each sub-committee) -champions will come from one or more of the following:
  - existing member of the committee to have a role in raising patient voice issues for consideration (minimum)
  - openly recruited member of the public with relevant experience/interest (particularly relevant for service specific programmes & workstreams)
  - VCSE alliance member and or Healthwatch organisation, with relevant experience/interest (capacity permitting)
- Training or support provided for all options to support people to fulfil their role

4.4 Draft Terms of Reference for the People and Communities Engagement Group

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Purpose

- Provide advice and assurance to the ICB, ICP and the south west London (SWL) health and care system on best practice evidence based engagement and supporting organisations to ensure that the legal duty to involve the public in decision making has been comprehensively considered.
- Bring together key leaders from across the SWL health and care system to make connections, learn from each other, share community insight and best practice.
- Elevate the voices of people and communities to codesign our strategic approach to communications and engagement for SWL programmes.
- Work together to make sure that place, SWL and provider collaboratives champion the 10 principles for working with people and communities in their engagement activities

Responsibilities

- Review the engagement reports from Place, SWL and Provider Collaboratives and make recommendations for partnership work.
- Suggest or lead topics for thematic discussions and share best practice for collaborative partnership working.
- Review and advise on the implementation of the SWL people and communities engagement strategy.
- Review and advise on future plans for engagement and ensure alignment to strategic priorities.
- Review and advise on annual engagement submissions to NHS E/I

Proposed membership

Group/organisation	Proposed representative
VCSE sector	1 – Member of SWL VCSE alliance
Healthwatch	1 – SWL Healthwatch role
Health inequalities	1 – TBC Chair of health inequalities group
ICS Communications and Engagement Team	2 – SWL Executive director and Head of Engagement for SWL
Quality	1 – Member of system quality group
Clinical	1 – Exec medical director or nominee
Acute Provider Collaborative	2 – APC programme director AND NED or service user/lived experience
Mental Health Collaborative	2 Collaborative director AND NED or service user/lived experience
Primary Care	2 – Primary Care rep AND service user/lived experience
Cancer collaborative	2 – Collab director AND NED or service user/lived experience
Local Authority	1 – nominated rep TBC
Total number of members	16

4.5 Summary of insight and feedback mechanisms across the system to inform priorities and improve services

Place	SWL	Acute Provider Collaborative	South London Partnership (Mental Health Collaborative)
• Local priorities will be set by the place committee. The borough communications and engagement groups will coordinate and manage the delivery of local engagement activities. Each borough uses a wide range of engagement mechanisms to reach their diverse communities. These include: • **Broad community engagement** - working with the voluntary and community sector to hold 'community conversations', to hear and respond to feedback, answer questions and gather insight. • **Community champions and influencers** - Work with key local influencers (faith leaders, community champions, health care professionals, GPs and their practices) to lead and host conversations, building trust and confidence within our diverse communities • **Grassroots grants programme** – centrally funded and locally delivered, each borough has been delivering a grants programme to improve our reach into health inclusion communities • **Targeted focus groups and one-to-one interviews** - focus groups and one to one interviews (for those who are digitally excluded) to understand people's experiences and improve the quality of services such as pathway redesign work	• System wide priorities are agreed by our ICB and ICP • Our SWL communications and engagement team discuss how best to resource and deliver the activities, and this approach is taken to the People and Communities Engagement Assurance Group for review. • Engagement will either be centrally coordinated and conducted at a borough level (using the methodologies outlined in the place column), or **specialist organisations are commissioned** to deliver on behalf of SWL. • A key mechanism that is used to inform deeper dives into particular topics, is our **people's panel**. Through this virtual group of 3,000 people, who broadly reflect the population of south west London, we run questionnaires and surveys.	• Transformation work and priorities are informed by insight gathered through **national surveys.** • This is complemented by a range of other approaches for listening to patient voices – these include Patient Experience, Engagement and Involvement Groups, and patient staff improvement forums. These forums increase involvement and inform decision making in service changes or developments • **'People's reader panels'** are used across the Trusts to support the co-production of patient facing information, policies and strategies and user testing of patient information • **Dedicated Patient Experience** teams that support Trusts to gather data, gain insight and use this to improve services. These include: operational delivery of the FFT system; Coordination of national surveys and Trust level responses to the findings of these; Involvement in Trust level strategy, policy and transformation to ensure patient voice insights are fully embedded in our approaches; Leading on work to involve Patient Partners in our governance and safety structures – through the national Patient Safety Partner programme; Patient feedback or complaints sent to the Complaints/Compliments service;	• The SLP has established process for having service users and carers in each **programme partnership group** • The SLP works with each partners service users and reference group to understand and shape priorities • Each of the partnership committees includes a **real patient story** which shapes the agenda and discussion and forms the basis of improvement actions • Existing engagement groups across each Trust (e.g. Patient and Carers Forums) are maintained, and linked in with SLP structures • **Working groups** are developed as required with membership drawn from relevant partners' service user groups • Programme dashboards such as Complex Care feature outcome measures that ensure the experience of people using the services are reported

Summary of how we reach people experiencing health inequalities

Place	SWL	Provider Collaboratives	South London Partnership (Mental Health Collaborative)
• All boroughs have worked across the local partnerships to develop a shared understanding of communities experiencing health inequalities. Data from JSNA, Business Intelligence, Indices of Multiple Deprivation and ongoing engagement have informed the development of local maps which highlight those groups who live in areas of multiple deprivation and identify communities of focus who experience health inequalities. • Health inequalities has also been prioritised within local health and care plans and other work programmes • Engagement is done alongside teams and groups/individuals who have trusted relationships with communities and population groups; using diverse methodologies including – health and community champions, local influencers, partnership with VCSE. • Where possible, Place will invest in community capacity to deliver	• Much engagement on SWL priorities is done through Place. • Where work is commissioned at a SWL level we work with specialist organisations who have experience of reaching our target groups. • To ensure we speak to people who reflect our diverse communities and experience health inequalities, we use incentives to encourage people to attend focus groups, promoting them through culturally appropriate channels and contacts, and via paid media. • We conduct on street recruitment when holding large scale events, to ensure we speak to reflective samples of our local populations.	• Close work with borough communications and engagement to share insights, channels and plan activity at a place and provider level to reach and involve diverse communities (eg COVID vaccine) • Linked with place engagement to build relationships and widen reach with community leaders / groups in local neighbourhoods and established outreach work (ie Council and CCG community networks) • Systems for collecting patient experience insights are inclusive (offering access to people with a range of accessibility needs). • Trusts' Patient Experience Teams offer a range of tools and approaches to support specialities and departments to hear their patients' voice (e.g. via local surveys, support for engagement events or focus	• Across south London, the SLP's mental health trusts have led South London Listens - a community engagement programme which has sought feedback from around 6000 members of the community. The community's 'asks' are shaping much of our work around health inequalities. • Each partner has a number workstreams looking at health inequalities including Ethnicity and Mental Health Improvement Project (EMHIP) • Well established links with community organisations, healthwatch and VCO groups through regular engagement forums shape our work on this. • The SLP Forensic Programme has appointed a specific Equalities Lead to support the development of new community-based services as an alternative to inpatient care. This model of improving health inequalities is being evaluated and is likely to be shared further.

Summary of how these mechanisms, for patient voice, connect into governance and decision making

Place	SWL	Provider Collaboratives	South London Partnership (Mental Health Collaborative)
• Sources of local insight, from across all mechanisms, will feed into the borough communications and engagement groups • The chair of the borough C&E group (place lead for communications and engagement) will sit on the place committee to ensure that the work of the group informs decision making. • Questions about what engagement and quality/equality impact assessments have been undertaken and how they have informed decision making are included in all governance papers. • Healthwatch and VCSE are represented on place committee/leaders group and on Health and Wellbeing Boards – feeding into priority setting and decision making. • Community voice and lived experience built into work programmes.	• Regular engagement reports detailing the engagement activities across the system, and their impact are reviewed by the People and Communities Engagement Assurance group before being submitted to the ICP and ICP. • Each formal sub-committee has a champion for community engagement and whose role includes ensuring that the committee consider relevant insight work when taking decisions.	• Through service transformation groups, informing priorities, decisions and delivery • Oversight through Trust governance systems, including internal assurance, Non-Executive Director led committees and Board • Each Trust has a dedicated Patient Experience Committee dedicated to reviewing and gaining assurance of how patient experience data and insight is acted on through Trust improvement and transformation initiatives. • Feedback from patient surveys, complaints and PALS are collated and analysed by the patient experience and quality teams, and reported to the Board.	• Under SLP the Head of Quality is responsible for all quality governance including patient experience. Each Programme (via PPG) receives quality reports and feedback from service users. • Programme partnership groups are part of the formal SLP governance – to Portfolio Board and on to Partnership Committees. • Programme Partnership Groups have representatives from SW and SE London CCGs • The SLP Partnership Committee consists of non-executive and executive members with input from service user and carers groups • The value of beginning SLP Partnership Committee with a patient story has enabled real experiences to be prioritised and led to ‘you said we did’ improvements

Summary of how we work at neighbourhood level

How Place connects with Primary Care Networks, PPGs and neighbourhood teams to: work with people and communities to strengthen health prevention and treatment and to understand needs and design solutions	Each place has developed strong connections to primary care networks and PPGs, strengthening local work around prevention and understanding of need by: • Developing strong community led engagement channels and activities by working in partnership with local councils and VCSE. • Linking in with PPGs and regularly attending PRG meetings • Working closely with social prescribers • Building on networks of community/health champions to reach more deeply into local communities
How Place creates the right conditions for volunteering and social action that support health and wellbeing	• Local investment in VCSE – through community grants and other initiatives • Funding to local CVSs to enable them to release capacity to further work to establish the SWL VCSE alliance • Look to collaborate on funding/grants to community and voluntary sector across health and LA • Ensure partners support collaborative spaces for open dialogue, social investment, and action and build upon current programmes in progress

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5. Achieving health equity

6.1 Approach to supporting narrowing health inequalities with engagement
6.2 Our commitment to tackling Health Inequalities

5.1 Approach to narrowing health inequalities with engagement

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We know there are unjustifiable differences in outcomes for people who experience health inequalities. Our Core20plus5 work has supported our understanding of people we need to reach in order to progress our work to achieving health equity. We will actively seek out affected communities and understand their current situation and past histories.

Slide 19 details how, as a system, we identify and engage with people who experience health inequalities. Further details about which communities are most affected in each borough, and how we reach them can be found in the appendices.

As set out in the ICS implementation guidance for working with people and communities, we will do the following to narrow the health inequalities across SWL.

- **Prioritise building relationships with people who are excluded from services** or for whom services are not meeting their care and support needs, and who have the poorest experience and outcomes. This will help counter the 'inverse care law' which highlights that disadvantaged populations need more healthcare than advantaged populations but tend to receive less.
- Take the opportunities presented by collaboration to **mobilise the strengths and experience of all partners**: build and strengthen relationships with people and communities who experience inequalities, and tackle agreed inequalities targets.
- **Involve people in agreeing targets for reducing health inequalities**, to help ensure that they are appropriate, and monitor and evaluate how we have achieved our intended purpose.
- **Work with the VCSE** sector as an essential partner in tackling inequalities.
- **Build trust with local communities** for local decision-making and local leadership through transparency supported by clear communications.
- **Keep developing our skills, channels and capabilities** for giving clear information and facts so our citizens can make informed decisions. Improving how we give particular communities bespoke information, and use different channels for different cohorts within communities.
- **Build on the community mobilisation and reciprocity demonstrated during COVID-19** in supporting vulnerable community members and increasing vaccine take-up. Transfer the learning to other priority areas, e.g. tackling the backlog of care or accelerating cancer diagnosis.
- Use **population health management approaches** to better understand local population needs and demonstrate how these impact on future commissioning and service delivery
- Audit, monitor, and – when necessary – **seek the participation of equalities protected groups** and groups and communities who experience inequalities, e.g. in events, surveys and formal governance roles.

5.2 Our commitment to tackling Health Inequalities

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ICB System Board & Delivery Group

We have developed and created a space that allows leaders and organisations from across our system to come together to focus on inequity *(using the learning from COVID-19)* and fighting for fairer health and care for all

Place based work

We have invested in a number of programmes led by the Community and Voluntary Care Sector that target our most deprived communities through proactive support, advocacy, prevention and community connections

Core20PLUS5 & its relationship with Population Health Management

We are working towards using data relating to health outcomes, plus local insight, to inform the allocation of resources to the areas of our population that have the greatest need. Starting with the CORE20PLUS5 programme

Asset Based Community Development

We use the ABCD methodology to educate and empower the most vulnerable people in our communities regarding their health. We co-produce and co-deliver culturally sensitive health checks and prevention programmes in local communities

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6. What we do to ensure the information we provide is accessible to all

6.1 Providing clear and accessible information
6.2 What we do to make sure our website is accessible

6.1 Providing clear and accessible information

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We believe that providing accessible information will help to improve access to services, promote social inclusion and enable people to make more informed choices about their care. Providing accessible information is one of the ways that we reduce health inequalities

How we **communicate in an clear and accessible way**:

- Always use plain English
- Co-design culturally appropriate messages with local people and communities
- Use different ways to speak to people: in person; via social media; in newsletters; via direct email; through text messages
- Provide translations and alternative formats, including Easy Read, for specific audiences
- Always offer to provide information in alternative formats
- Offer and provide interpreters, language and BSL, for face to face or virtual engagement sessions

Plain English training and accessibility training are part of core modules provided to our communications and engagement team

How we keep local people, communities and stakeholders **regularly informed** about our work:

- SWL message to SWL staff, partners and, stakeholders and PPE contacts
- Borough stakeholder updates from Place Based Leaders for Health to borough staff, partners, stakeholders and PPE contacts
- From 1 July 2022, meetings of the ICP and ICB will both be available to view on MS Teams, papers and meeting dates will be available in advance
- We issue regular media releases and work with local media that can be found on our NHS South West London website
- Local people can also follow our social media channels to be kept up to date with developments

6.2 What we do to make sure our website is accessible

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- Current accessibility regulations say that public sector websites must meet at least level AA of the Web Content Accessibility Guidelines (WCAG 2.1) - and aim for AAA where possible
- All content must be accessible to everyone who needs it – if it isn't we may be breaking the 2010 Equality Act
- Everything we publish must be in a format that the public, and in particular people with low health literacy, can access and understand easily. This means we:
    - Use plain English and do research to find out which words work best for our audience.
    - Aim for a reading age of 9 to 11 years old or, when it comes to medical information, 11 to 14 years old.
    - Avoid medical jargon and technical terms – or explain them in simple terms if we have to use them.
    - Use the same style for all our audiences, including specialist audiences like health professionals.
    - Organise content based around the information needs of the user, not the structure of our organisations.
    - Avoid using PDFs – which aren't accessible to everyone – and publish information in HTML webpages instead.
    - Manually check our content regularly using the most common accessibility checkers.
    - Make sure our content works on the most commonly used assistive technologies - including screen magnifiers.
    - Design our websites and content for mobile devices first – the most common device people use to access our content.
    - Use a high contrast colour palette in our design to make sure people can read what's on the screen.
    - Only use images where it helps someone to understand the information – not for decorative purposes - and always include 'alt tags' - a text description of the image - so that those using text readers are read the description of what a viewer sees
- We follow the principles and guidance published in the NHS Digital Service Manual, published to ensure that all NHS organisations build consistent, usable services that put people first.
- We're using a design framework that has been developed to meet the latest accessibility guidance, and accessibility testing is embedded in the development cycle.

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7. How we will work with Healthwatch and VCSE sector

7. How we work with Healthwatch and VCSE sector

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Healthwatch and the VCSE sector are valued partners in our system. Below provides an overview of how we work together to make sure local people have access to the best health and care possible:

Governance and influence

- Healthwatch and the VCSE sector (including the SWL VCSE alliance) have a seat on key governance groups at Place and SWL levels – including the ICP. To further support this we are finalising what funding can be given to the VCSE sector and Healthwatch to enable working and collaborating together at SWL level as we are aware their focus is primarily, and rightly, at Place level.

Assurance and 'critical friend' challenge

- Healthwatch and the VCSE sector are key members of our assurance groups and mechanisms at SWL and Place levels– providing 'critical friend' challenge to our plans and activities

Two way communication

- We will ensure that we have regular meetings with Healthwatch colleagues and the VCSE, in addition to meetings at Place, to provide two way communication between the ICS and their work and to give early sight of key programmes of work and upcoming priorities – enabling due consideration and input.

Reach and insight

- Recognising their skills and significant reach into local communities, we will look for opportunities to commission local Healthwatch organisations to conduct specific pieces of engagement work to support our ICB and ICP priorities, subject to their priorities and capacity
- We will seek opportunities to invest in community led approaches to engagement that benefit from the evidenced and extensive reach that our VCSE has with local people and communities, including those who experience health inequalities.

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8. Monitoring and evaluating the strategy

8. Monitoring and evaluating the strategy

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We will put in place the following measures to monitor and help evaluate whether we are delivering against what is set out in this strategy.

We will:

- Systematically produce engagement reports that detail engagement activities across the ICS. These will be reviewed by our People and Communities Engagement Group and submitted to our ICB and ICP on a regular basis
- Evaluate the success and impact of our engagement activities by using our evaluation framework (evolution of CCG framework)
- Seek feedback from people and communities about our engagement activities using different evaluation methodologies (e.g. real time polls, survey work)
- Produce regular You Said, We Did reports and ensure we feedback to the people who shared their views with us – these will be published on our website as well as directly communicated to those involved
- Include questions around engagement in our perception audits for stakeholders
- Be assessed by the ICB and NHS England in the annual compliance report

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Appendices

1. Core20 populations for South West London
2. What do we mean by ‘insight from local people and communities’
3. How we engage with communities that experience health inequalities in each borough

Where are our Core20 population of 340k located?

NHS
South West London

Croydon

- Croydon North (89K) School and working aged population. Significantly more Black & Asian ethnicities. Barriers to housing.
- Addington (24k) High school aged population. Very high deprivation driven by income, employment, education and barriers to housing. Significantly White British and Black African
- Fairfield (21k) Young adult to working age (15-44), adversity in living environment, housing & crime. Significant Indian ethnicities.

Kingston

- Beverley (2K) More school and young working aged population. More of the Asian & Mixed ethnicities.
- Berrylands (2K) More young working age population. More of the Arab/Middle Eastern ethnicities.

Merton

- East Merton (29K) Deprivation in housing and environment. Significant school aged and older working age (44-64) population. Ethnically diverse.

Richmond

- Ham, Petersham and Richmond Riverside (2K) Older population. Significant White British population.

Sutton

- St Helier & Wandle Valley (14K) More school & retirement aged population. Significantly more White British and Eastern European ethnicities.
- Sutton Central (6K) Significant school aged population. Deprivation in housing, income & environment. Significantly more South Asian & Chinese ethnicities.

Wandsworth

- Queenstown (9K) Young adult to working age population (15-44). Significantly more Black & Chinese ethnicities. Barriers to housing and living environments
- Latchmere (14K) Younger working age population. More Black ethnicities. Barriers to housing

Appendix 2 – what do we mean by ‘insight from local people and communities’

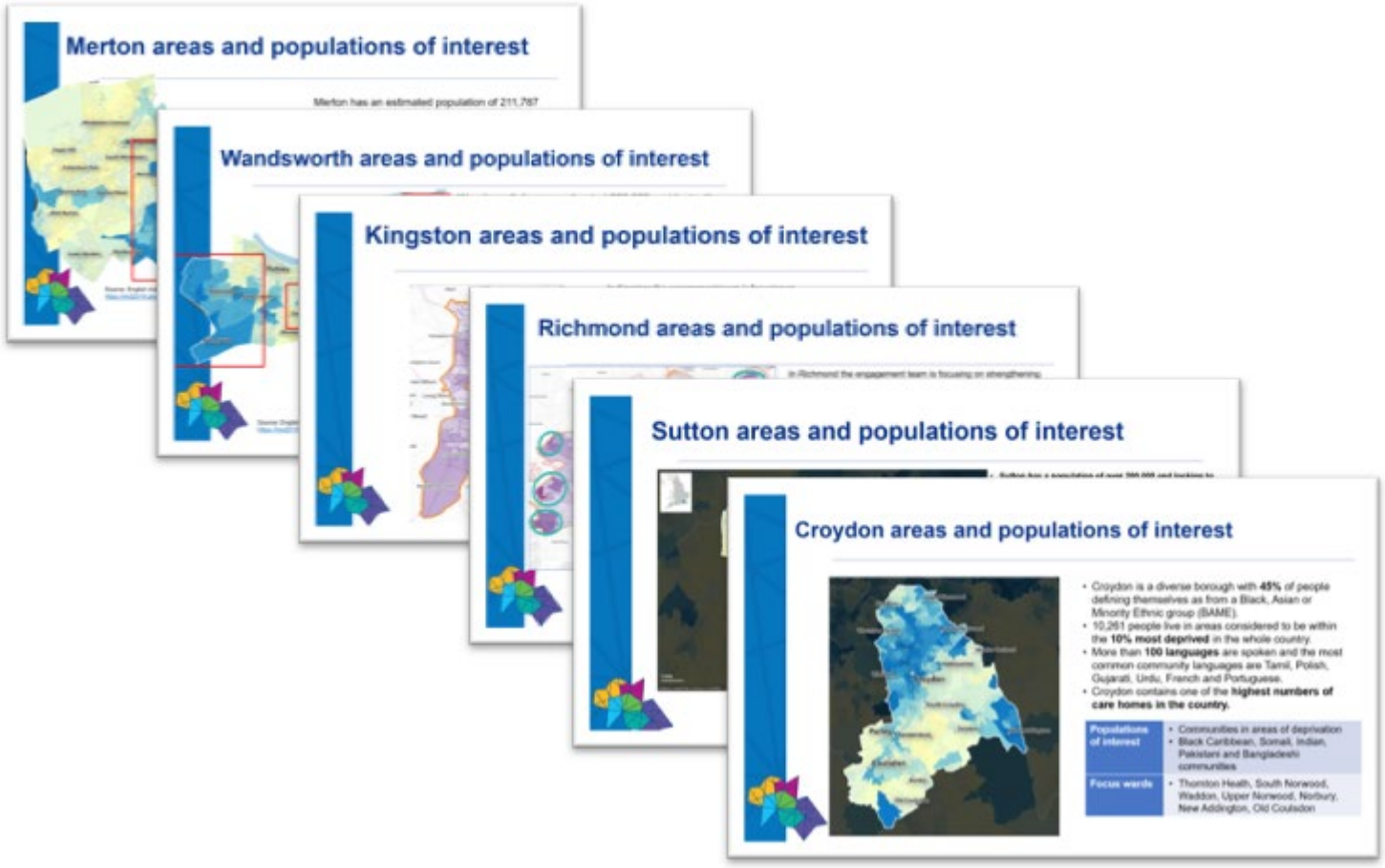
NHS South West London

Sources of feedback from people and communities include:

- Borough patient engagement groups e.g. Thinking Partners, Community Involvement Group, Patient Engagement Group
- SWL Citizen’s panel
- Business intelligence data
- Primary care - Patient participation groups and patient reference groups, GP surveys
- NHS Providers - Patient experience data, PALS, Friends and Family, complaints etc
- Voluntary community social enterprise sector - Insight and feedback
- Continuous outreach with local communities
- Healthwatch Reports, Surveys Feedback
- Local authority - Citizen forums and feedback
- Media and social media - Twitter feeds Facebook groups etc local and national coverage
- Public representatives - dialogue with councillors and MPs
- Staff feedback including provider, local authorities, primary care and trade unions
- Project specific engagement work e.g. CDH, Renal
- FT Governors, NEDs, Lay Members

Appendix 3 – understanding our communities that experience health inequalities in each borough

NHS
South West London



Successful engagement is dependent on understanding our diverse populations.

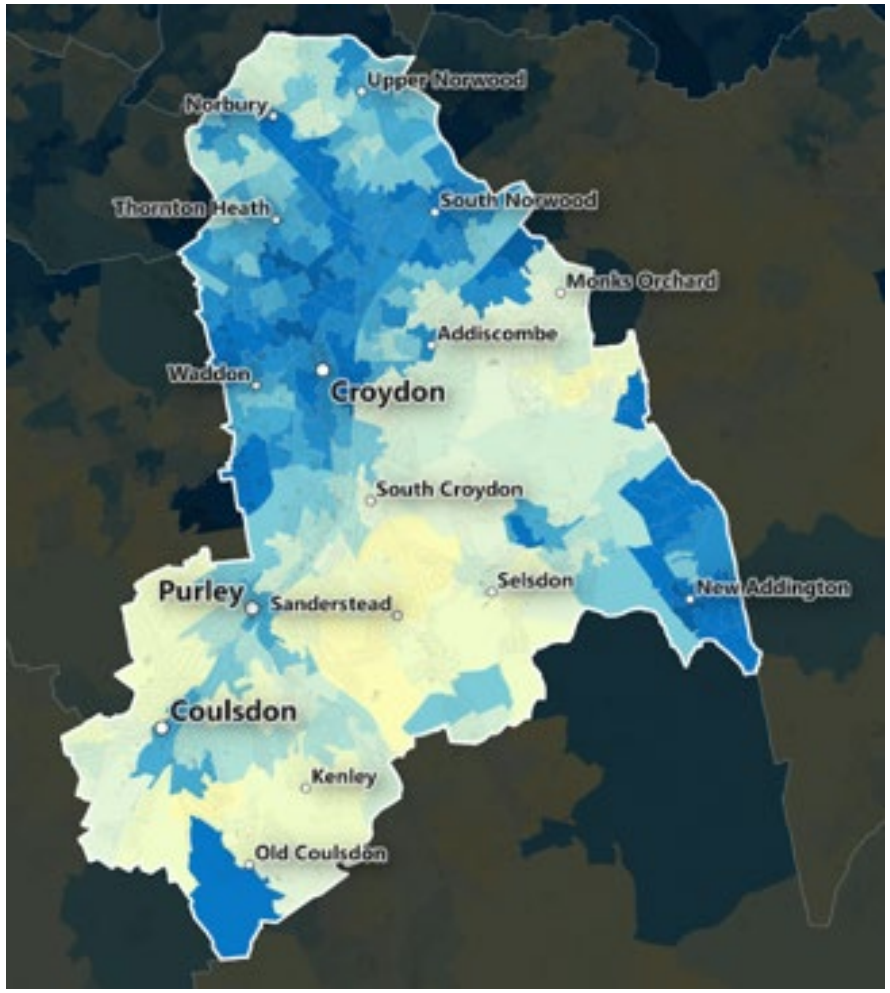
We prioritise holding conversations with communities who experience health inequalities and have worse health outcomes.

Informed by EHIAs, JSNAs and local insight, each borough has worked with local authority leads and VCSE partners to develop a map of key areas/communities to focus on.

IMD data was overlaid with information about health inequalities including identifying communities from Black, Asian and Minority Ethnic backgrounds.

Croydon areas and populations of interest

South West London

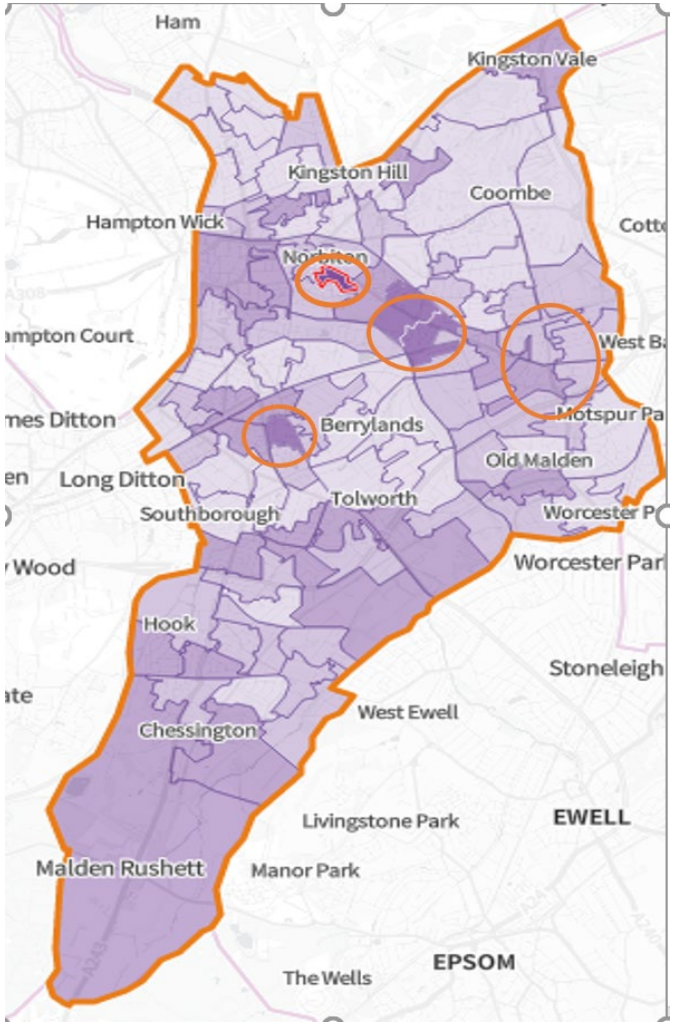


- Croydon is a diverse borough with **45%** of people defining themselves as from a Black, Asian or Minority Ethnic group (BAME).
- 10,261 people live in areas considered to be within the **10% most deprived** in the whole country.
- More than **100 languages** are spoken and the most common community languages are Tamil, Polish, Gujarati, Urdu, French and Portuguese.
- Croydon contains one of the **highest numbers of care homes in the country.**

	Detail
Populations of interest	• Communities in areas of deprivation • Black Caribbean, Somali, Indian, Pakistani and Bangladeshi communities
Focus wards	• Thornton Heath, South Norwood, Waddon, Upper Norwood, Norbury, New Addington, Old Coulsdon

Kingston areas and populations of interest

NHS
South West London

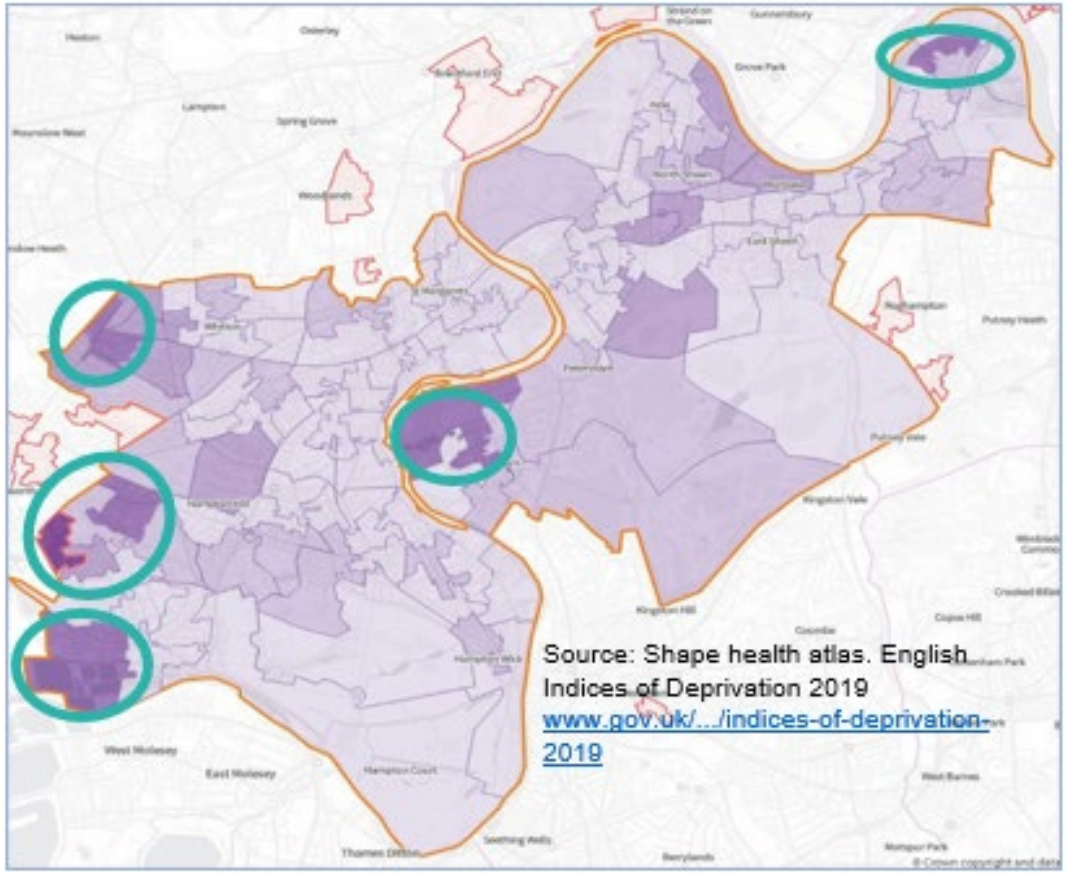


There are approximately 176,000 people living in Kingston – a relatively small population compared to other London boroughs. 69% of residents are white, 20% from an Asian background, 5% from a mixed ethic background, 3.1% from a black background.
Kingston has a relatively young population with a median age of 36.2 – however there are a considerable number of residents living into their 90s.
There are pockets of significant deprivation, as well as very affluent areas.

Highlighted populations of interest	• Those with the worst health outcomes/life expectancy e.g. learning disability and mental health • Communities in areas of deprivation • Korean community – New Malden • Travellers
Focus wards	Norbiton – Cambridge Road estate Beverley – Potters Grove/California Rd area Berrylands – Alpha Road estate

Richmond areas and populations of interest

NHS South West London

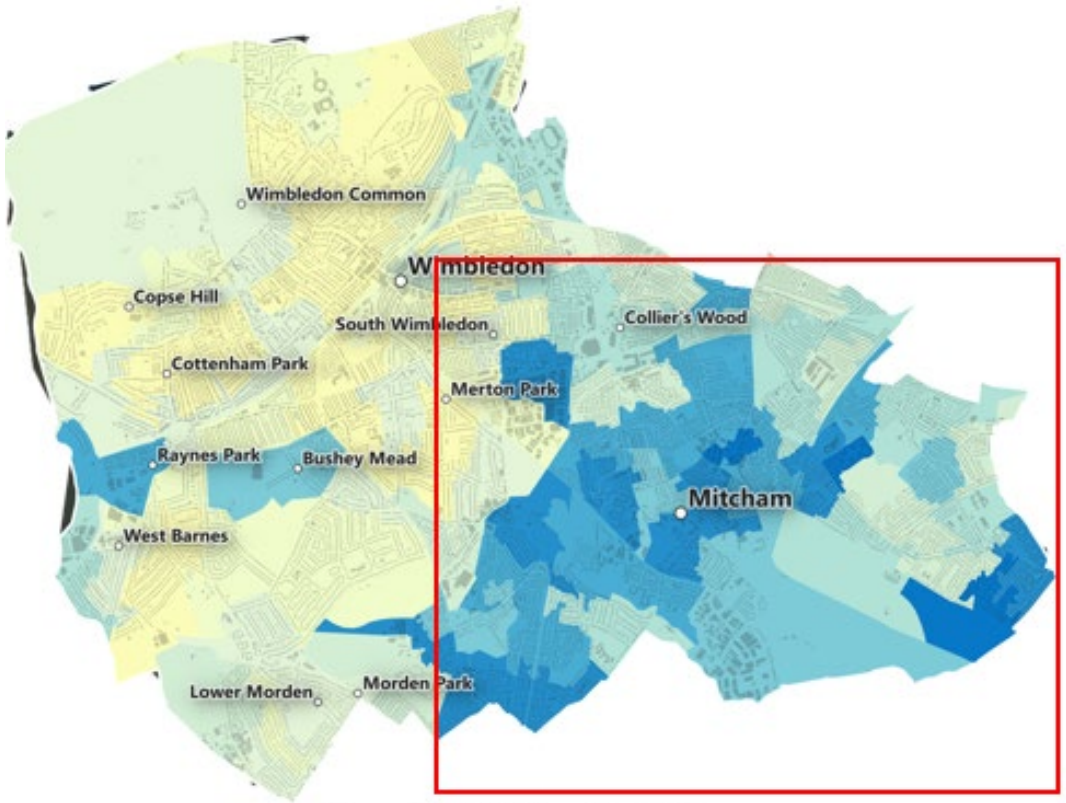


In Richmond the engagement team is focusing on strengthening connections with formal and informal leaders in our populations of interest.
Recently this outreach has included organising winter conversations in partnership with local clinicians, and community groups to talk to residents about what matters to them
Winter conversations are also providing support to NHS is Still Here for You, Flu, and Think 111 First campaigns and is gathering valuable insight to inform the COVID-19 vaccination campaign.

	Detail
Highlighted populations of interest	• Those with the worst health outcomes/life expectancy e.g. learning disability, mental health (and unpaid carers) • Communities in areas of relative deprivation • Polish, Punjabi and Farsi speaking communities and Gypsy, Roma & Traveller community
Areas of interest	Areas in Hampton North, Ham, Heathfield, Mortlake and Barnes Common, and Whitton

Merton areas and populations of interest

NHS
South West London



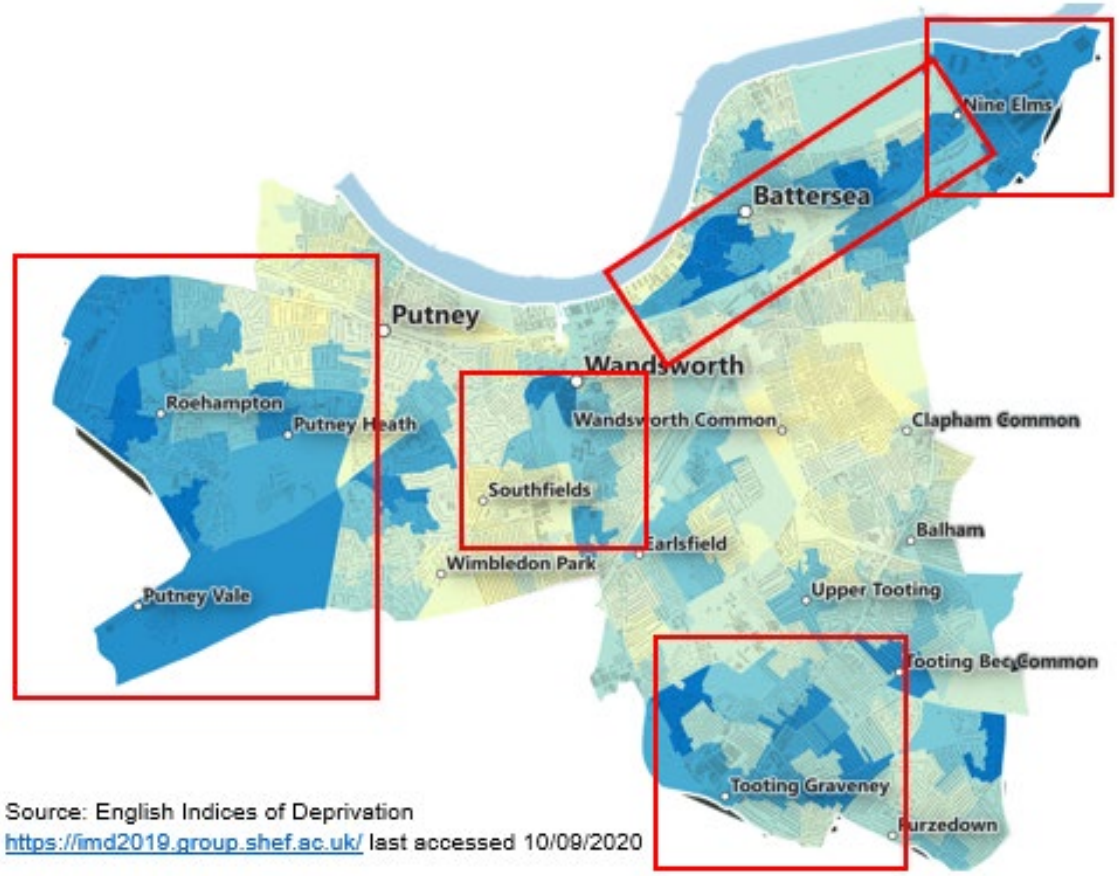
Source: English Indices of Deprivation
https://imd2019.group.shef.ac.uk/ last accessed 10/09/2020

Merton has an estimated population of 211,787 residents. Significant social inequalities exist within Merton. The eastern half has a younger, poorer and more ethnically mixed population, with more areas of high deprivation. The western half is whiter, older, and richer.

	Detail
Populations of interest	• Communities in areas of deprivation • Communities with Ghanaian, Polish, Somali, Tamil, Gypsy, Roma and Traveller backgrounds
Focus wards	• East Merton; esp. Figges Marsh, Pollards Hill, Lavender Fields, St Helier. • Gypsy, Roma and Traveller population in Wimbledon Park.

Wandsworth areas and populations of interest

NHS South West London



Source: English Indices of Deprivation
https://imd2019.group.shef.ac.uk/ last accessed 10/09/2020

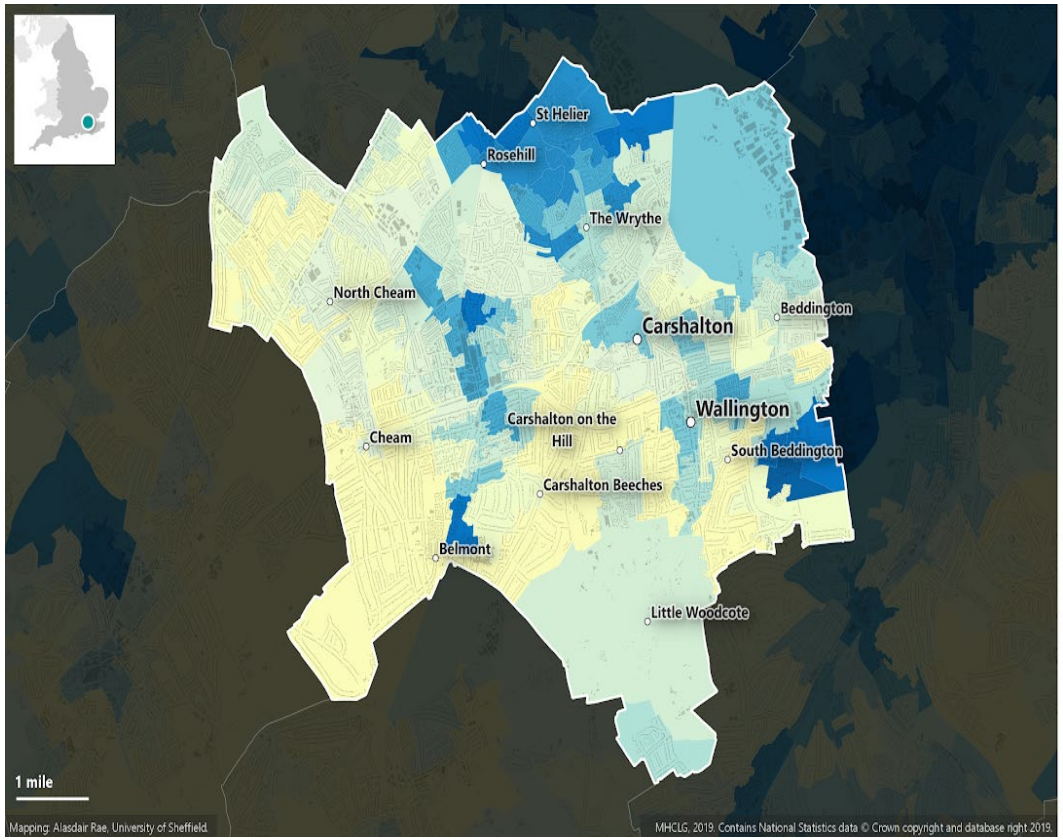
Wandsworth has an estimated 328,828 residents, the second highest in inner London, and a growing population. Nearly half of all people living in Wandsworth are aged between 25 and 44 years old.
There are significant social inequalities affecting young people and the elderly. 36% of children are living in poverty when housing costs are accounted for.

2016 research highlighted that a quarter of people over 60 were experiencing income deprivation.

	Detail
Populations of interest	• Communities in areas of deprivation • Communities with Caribbean, Indian, Pakistani, and Somali backgrounds
Focus wards	Roehampton and Putney Heath, Southfields, Graveney, Latchmere, Queenstown

Sutton areas and populations of interest

South West London



- **Sutton has a population of over 200,000 and looking to increase to around 233,300 by 2024**. Growth is expected in all age bracket especially working age population of 20 –64. Greatest change is expected in age band (75-84) followed by people aged 85 and over.
- **In Sutton, 2% of population accounts for people aged 85 and over** and working population 20–64 is projected to increase by 2024. Older people live in the more deprived
- **Sutton has become more ethnically diverse over the last decade**, with White 79%, 12% of people for Asian or Asian British ethnic groups and 9% Black or Black British from other ethnic group
- **Around 18,298 carers who live in Sutton** can be found in the most deprived wards–**St Helier, Wandle Valley and Wallington South**. Around 3,550 of carers can be classed as older carers with health conditions than majority of London Boroughs. **Sutton has the 26th highest out of 32 London Councils.**

	Detail
Populations of interest	• Communities in areas of deprivation • Communities with Black British African, Indian, Polish & Bulgarian, Somali, Tamil, Gypsy, Roma and Traveller backgrounds
Focus wards	• Beddington South (inc. Roundshaw), St Helier, The Wrythe, Wandle Valley, Sutton Central, Wallington South