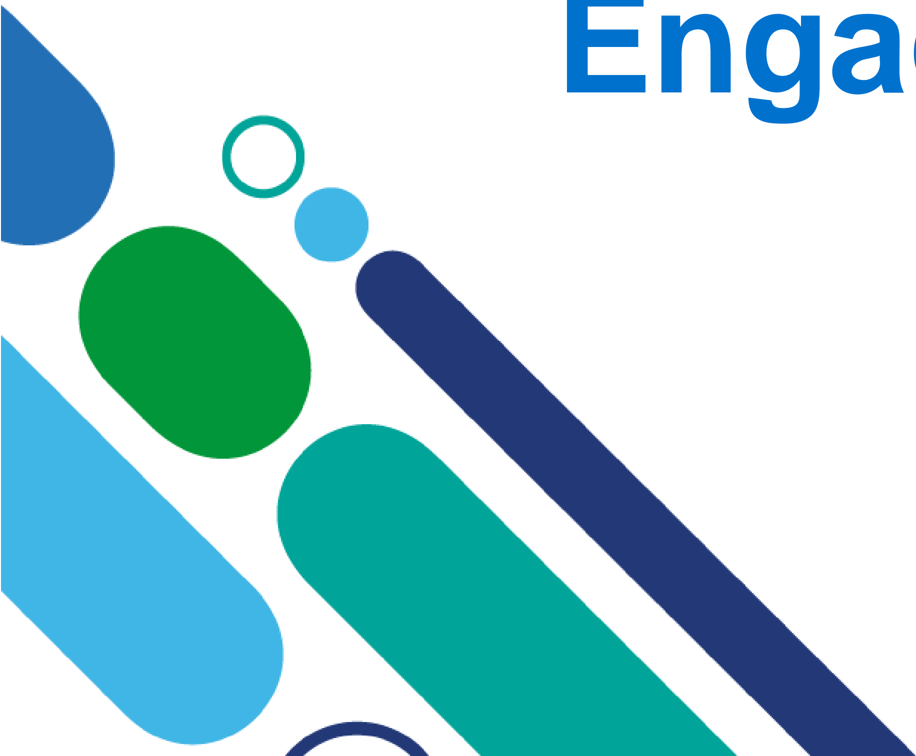
NHS
South West London

People and Communities Engagement Assurance Group

Engagement at Place

7 June 2023



Overview

NHS South West London

- These slides describe our engagement work at Place between January and March 2023 – Quarter 4
- These reports are also being reviewed and assured by each Place
- We group our engagement work at Place in these areas – as illustrated by the overview slide to follow:
  - Demand management and pressures
  - Infrastructure and relationships
  - Health inequalities and community outreach
  - Primary care and Primary Care Networks (PCNs)
  - Prevention and early intervention
  - Horizon scanning and issues management
  - Service improvement and change
- For each Place, these slides include:
  - An overview slide for each Place
  - Worked examples of Place based engagement work – demonstrating the impact and the difference made for local people and communities
  - A case study - a local example of our engagement work and its impact on services

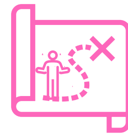
Members of the People and Communities Engagement Assurance Group are invited to:

- Review the content of this report and questions welcome.

South West London

NHS
South West London

Demand management and pressures



Getting people to the right place at the right time

- **Behaviour change** – communicating to support demand management
- **Reassurance and Confidence** – outlining the robust health and care system response to winter pressures

Infrastructure and relationships

Building trusted relationships with our people, partners and local communities.

- **Representation** at decision making forums e.g. Healthwatch, VCSE and patient or public partners (someone with lived experience).
- **Working with Healthwatch & VCSE** organisations to reach into communities
- **Supporting our teams** to work with people and communities in the design and delivery of local services.

Health inequalities and community outreach

Building trust and identifying health gaps sooner

- **Understanding our communities and potential barriers** – to access, we need a meaningful, ongoing conversation with communities we serve, in an appropriate way and in places familiar to them.
- **Building relationships, improve trust and increase health literacy** – to reduce the gaps we see amongst our population. We also collate insights, identify emerging themes to influence the way we provide services and ultimately reduce health inequalities.
- **Community led approaches** – by having a more regular presence in our communities e.g. led by our community connectors/champions.

Supporting primary care and PCNs

Being receptive to local needs

- **Primary care networks** – supporting primary care networks to hear from their patients and the wider communities they serve.

Prevention and early intervention

For longer, happier lives

- **Living longer and happier** – the NHS long term plan set out our responsibilities to not only treat people, but also prevent them from getting ill in the first place. This activity supports residents to live longer happier lives and allows us to treat avoidable illness early on.

Horizon scanning, issues and crisis management

Preparing, connecting and responding

- **Current issues** – staying aware of current issues to advise on and plan for media or stakeholder interest and management
- **Crisis** – working with senior leaders to manage the comms and engagement elements during issues and crisis management and link between SWL and place during incidents as part of ICB EPRR role
- **ICP Strategy**– Plan to collate and analyse insight from across South West London to influence the development and delivery of the ICS Strategy and its priorities
- **Joint Forward Plan -** forward planning engagement activities.

Service improvement and change

Meeting legal responsibilities

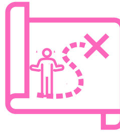
- **Legal duty to involve** – people where services or access to services change from the earliest stages
- **Understanding changes** – making sure that residents, external stakeholders and staff understand what the changes might involve, why we are making them and any potential implications

NHS South West London

Croydon engagement assurance report

Quarter 3: January to March 2023

Croydon



Demand management and pressures

Getting people to the right place at the right time

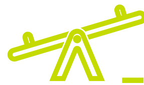
- **Behaviour change** – communicating to support demand management
- **Reassurance and Confidence** – outlining the robust health and care system response to winter pressures

Examples of current activity:

Mental health:

- Ethnic Minorities Health Improvement Project (EMHIP)
- Health and Wellbeing Space
- Be Well Hubs
- Community hubs

- **Pharmacy campaign**
- **Urgent and emergency care**
- **Virtual wards**: core narrative and staff and patient case studies to explain



Health inequalities and community outreach

Building trust and identifying health gaps sooner

- **Understanding our communities and potential barriers** – to access, we need a meaningful, ongoing conversation with communities we serve, in an appropriate way and in places familiar to them.
- **Building relationships, improve trust and increase health literacy** – to reduce the gaps we see amongst our population. We also collate insights, identify emerging themes to influence the way we provide services and ultimately reduce health inequalities.

Examples of current activity:

- **One Croydon:** strategic engagement approach followed by all partners and transformation teams – ensures engagement throughout service prioritisation, development and change; information and materials are accessible and translations available for key campaign messages and health access information
- **Community Champions:** recruitment, training and retention of community champions in health inequalities groups across the borough, in partnership with VCSE, hearing what they tell us, acting on it, feeding back and building trust
- **Croydon People's Panel:** Developing a joint health and care panel by going out into communities for recruitment, rather than those already engaged – drawing on this group of people with lived experience for specific task and finish groups as they arise

Infrastructure and relationships

Building trusted relationships with our people, partners and local communities.

Croydon South West London Integrated Care System

NHS South West London

Prevention and early intervention

Preparing, connecting and responding

- Working with senior leaders to manage the comms and engagement elements during issues and crisis management and link between SWL and place during incidents as part of ICB EPRR role
- Staying aware of current issues to advise on and plan for media or stakeholder interest and management

Horizon scanning, issues and crisis management

For longer, happier lives

The NHS long term plan set out our responsibilities to not only treat people, but also prevent them from getting ill in the first place. This activity supports Croydon residents to live longer happier lives and allows us to treat avoidable illness early on.

Examples of current activity:

- **Vaccines:** Covid-19, Flu, Polio
- **Cost of living** information and sign posting
- **Dementia Strategy**
- **Frailty Strategy**
- **Healthy weight –** tier 3 for both children and adults
- **ICS Strategy and Joint Forward Plan** – collating feedback from Croydon residents to influence the development and delivery of the ICS Strategy and Joint Forward plan
- Working with system partners and local residents to ensure the investment in **Family hubs** is co-designed to meet local need

Supporting primary care and PCNs

Being receptive to local needs

Supporting primary care networks to hear from their patients and the wider communities they serve.

Examples of current activity:

- **Enhanced access for primary care** following national change in provision – communications and engagement advice and framework development for local PCN engagement
- **Primary care** dashboard

Service improvement and change

Meeting legal responsibilities

- **Legal duty to involve** – people where services or access to services change from the earliest stages
- **Understanding changes** – making sure that residents, external stakeholders and staff understand what the changes might involve, why we are making them and any potential implications

Examples of current activity:

- **Community Diagnostic Centre** planning and development programme
- Planned **new estate facilities**
- **Urgent and Emergency Care** pathways and CUCA contract
- **Dementia and frailty strategy**: potential for service change – key to engage early

Croydon: Healthy Communities Together – Community Hubs

NHS South West London

Engagement Lead: Jo Austin, Senior Communications and Engagement Lead, Croydon

January to March 2023

Why did you seek the views of local people and or communities?

One Croydon Alliance (a partnership between NHS South West London ICB, Croydon Council, NHS Croydon Health Services, Croydon GP Collaborative, and One Croydon's Alliance of Voluntary and Community Sector organisations) was awarded £500,000 by the National Lottery over 4 years to support local partnership working to improve the health and wellbeing of Croydon's local communities.

Six Local Community Partnerships (LCPs) have been implemented covering the whole of Croydon. Each LCP has two volunteer Co-Chairs, who were elected by the LCP, bringing greater local ownership, collective voice and leadership.

Following feedback from Local Community Partnerships, during 2022-3, we have established three fully operational community hubs to help ease social isolation and allow more local access to community led support. We aim to have community hubs in all six localities by the end of 2023. The themes of community led support and community resilience are more important than ever. As the cost of living is rising, community hubs are starting to see increased attendance from those who have been marginalised.

What activities did you do?

New Addington Community Hub is open once per week and included visits from health and social care workers from the ICN+ team and representatives from the Safer Neighbourhoods Team (part of metropolitan police).

Fieldway Community Hub launched in January at the Family Centre and is open fortnightly. The Centre is a trusted charity that has been carrying out work with Croydon families for more than 20 years. The Family Centre hosted a range of professionals and volunteers from MENCAP, ClearCommunityWeb and Age UK Croydon.

Brigstock Road Community Hub is open once per week and highlights from this period include a talk session from a voluntary sector group called JigSaw4U explaining how their service support families and offering some training for volunteer opportunities. These talk sessions have been very popular and it has been agreed that they will be held once a month, with a more regular attendance from ClearCommunityWeb and the Healthy Homes team.

On 23 January, we held a 'one year review' workshop to look at all elements of the Healthy Community Together programme, facilitated by the Kings Fund. This included a deep dive on the value of the Community hubs to local people, and how they work alongside statutory services such as the housing and benefits service.

Who did you speak to and why?

We have been able to offer advice, information and signposting to housing and benefits advice, learning disability services and cost of living.

Around 150 people from a range of backgrounds, all local to the areas surrounding the hubs have attended.

We want to be able to speak to people about matters that are important to them and help bring advice and other statutory services to the hubs.

What were the key themes that people raised?

People reported that they found it difficult to access good quality information and advice and this was affecting their quality of life. The most common themes raised include (in descending order):

- Benefits advice
- Social isolation
- Housing
- Community assets
- Mental health needs
- Social care
- Employment
- Managing long term conditions
- Fuel poverty/advice
- Support for carers

During the one year review, it was established the hubs are popular and clearly building on the positive partner relationships, linking up with mental health personal independent coordinators, GP social prescribers as well as being clearly evidenced that people were opting to go to a community hub rather than an alternative such as the Council front door. The hubs have also recruited volunteers for peer support and a need for training was identified in order to retain and make the most of their input.

What difference has this feedback made?

A resident who sits on the tenancy and caretaking panel at the council also attended to gather feedback from local residents to take to the next meeting.

A volunteer from Croydon BME Forum attended to offer health checks while encouraging people to participate in conversation about topics relating to health including managing and preventing long term conditions.

The Community hub team of residents and paid workers have signposted to:

- Local assets for cost of living support (The Family Centre, Salvation Army etc.)
- Local active residents to discuss housing issues
- Local representation to council panels e.g. Voice of the Resident
- Local Community Safety meetings and police teams have met to advise people on staying safe, a key priority for people living in parts of Croydon.

We have agreed that we will have a deep dive involving all partners to review activity and plan next steps for the hubs.

Are you planning any further engagement work on this programme or a related programme?

Central East
It was agreed at the LCP meeting in January 2023 that Woodside Baptist Church would be the first Croydon Central East Community Hub.

South West
We have identified a potential venue for a hub in the South West of the borough, pending further discussions.

Across Croydon
We will be holding a Community Hubs workshop for everyone involved in making this workstream a success to evaluation what has worked well and how we want to progress this work

We are in the early stages of planning a campaign to encourage participation from a wider range of people, identifying groups that are not currently represented and the possible reasons why, making adjustments to the format if needed.

Croydon: Mental Health Transformation – dementia strategy

NHS South West London

Engagement Lead: Jo Austin, Senior Communications and Engagement Lead, Croydon

January to March 2023

Why did you seek the views of local people and or communities?

In Croydon there are 2692 people aged over 65 who have received a dementia diagnosis and an estimated 3,597 are currently living with dementia. A predicted 5471 people will be living with dementia by 2030.

The Croydon Dementia Action Alliance is the vehicle through which local organisations, businesses, groups and individuals across multiple sectors are committed to enabling people with dementia and their carers to live well. The work is facilitated by a Community Coordinator.

The Croydon Dementia Steering Group brings together senior representatives from both planning and provider organisations, including those in the VCSE sector such as Alzheimer's UK, Age UK Croydon, Croydon BME Forum and Asian Resource Centre of Croydon to drive strategic change and improvements for those living with dementia and their carers.

In 2022/3, we have been working together to develop a robust dementia strategy for Croydon Place.

What activities did you do?

We have sought the views and experiences of people affected by dementia in Croydon through face-to-face conversations, online survey and focus groups. Healthwatch Croydon conducted three surveys to see:

- How people experienced receiving a diagnosis
- Whether they feel supported to manage their dementia
- What could be improved to make Croydon a good place to live with dementia.

Who did you speak to and why?

We spoke to 138 people with a dementia diagnosis, their carer or friends and family.

Most patients were aged over 65, whilst carers ranged in age from 25-85.

There was an even spread of male and females in the group, with a slight increase in male patients and an increase of female carers.

Patients were registered at Thornton Road Surgery, East Croydon Medical Practice, Keston Medical Practice, Mersham Medical Practice, Norbury Health Centre, Shirley Medical Centre, Stovel House, Selsdon Park, Thornton Health Medical Centre, Woodcote Medical Centre and Upper Norwood Group Practice. One carer was registerd out of borough but looked after someone resident in Croydon.

What were the key themes that people raised?

- There is a need for more understanding of services and activities appropriate to patient needs with increase co-production of services with patients, carers and family.
- Carers expressed a need for better communication and increased awareness of the support services available to them.
- Low uptake in re-assessments of dementia to monitor progression of the condition.
- Need for improved support when leaving hospital – home care support can be variable.
- Carers would like time for a break.
- Some concerns about sheltered accommodation and care homes – patients feel they will be restrictive, perceived loss of freedom, being far from home
- Concerns about going into hospital for planned/emergency care. Need to ensure dementia patients have a dedicated pathway with support they need with carers acting as advocates.

What difference has this feedback made?

A draft strategy has been shared with partners and is due to go through place based governance with anticipated publication for summer 2023.
The strategy uses insight from patients and carers as well as best practice to identify actions for preventing well; diagnosing well, supporting well, living well and ending life well.

The proposals we have co-produced describe how we will work together; developing local services together; upskill staff in dementia awareness; measure the impact of our plans on people; update our key stakeholders on the implementation of the strategy.

Are you planning any further engagement work on this programme or a related programme?

The high level strategy will be turned into a focused delivery plan where actions and action owners will be outlined with clear timelines and measures of success.

The Croydon Dementia Steering group commits to continue to 'listen well' as the plan is implemented over the next three years. People living with dementia and their families will be involved in helping us to achieve the aspirations set out in the strategy and we will continue to check that the ambitions set out at the rights ones for Croydon.

We are currently testing the draft strategy with key stakeholders ahead of publication to make sure we have captured what's most important to people living with dementia and their families.

Croydon: Winter Community Outreach

NHS
South West London

Engagement Lead: Jo Austin, Senior Communications and Engagement Lead, Croydon

January to March 2023

Why did you seek the views of local people and or communities?

To help people stay healthy and well this winter and to help ease winter pressure

- Build relationships with groups we already have and with groups we have not worked with before - providing inroads to other communities
- Gather insights to share with programme/operational leads and inform our communications and feed into future engagement.
- Raise awareness of how to stay safe and well over the winter period; signposting to local initiatives and mental health programmes
- Raise awareness of what immunisations are currently available and how to access them
- Raise awareness of local vaccination pop up clinics and opportunities to vaccinate, contributing to an increase in uptake levels within target groups

What activities did you do?

We offered grants of up to £500 to local organisations focusing on our work on vaccinations, as well as our wider winter to run and activity or event which supports their community to stay healthy and well.

Groups were encouraged to share key messages around accessing health services, Covid-19, flu and, mental health and signpost to local services.

Activities included yoga sessions, mental health workshops, safeguarding workshops, coffee mornings, events specifically for asylum seekers and young people,

We attended almost all sessions to hear from communities directly.

The Croydon Voluntary Action (CVA) ask me team worked on street engagement sharing translated materials, key messages and signposting people to events

Who did you speak to and why?

Target audiences including families and parents of children under 12, groups over 65 years, people from at risk populations focusing on those in our Core20+5 areas

In Croydon, there were 24 successful applicants including yoga and chat sessions for older people, food banks, support and workshops for older people focusing on mental health, the Ukrainian Community Centre, The Lois Project, Women's Empowerment network, Croydon Vision, Croydon Mencap, Acts Christian Church, London Skills and Development Network, CVA, and a children's holiday club.

In total, we spoke to more than 600 people including those most at risk from harm over the winter period.

What were the key themes that people raised?

Emerging themes included:

- **Vaccines** – preference to rely on their own immune system, belief that vaccines can make you ill, the vaccine isn't important or doesn't provide protection for long enough, the NHS is not perceived to be transparent when things go wrong.
- **Access to health services** – NHS 111 experiences can be hit and miss, positive experiences of using pharmacies, but people weren't always aware of the full range of services provided, long wait times for GP appointments. People told us that not speaking English as a first language could be a real barrier with clinicians.
- **Cost of living** – had a big impact on almost everyone we spoke to. More awareness of where to get mental health support outside of hospital needed

What difference has this feedback made?

We have built relationships with new groups which has allowed us to reach deeper into communities with messages such as Industrial Action.

We have already started to produce materials that are more accessible and appealing to people living in Croydon.

We have started a mental health campaign throughout Croydon to raise awareness of where to go for help.

Are you planning any further engagement work on this programme or a related programme?

We are currently evaluating this programme and will use the learning from this year to plan our Winter engagement programme for next year.

Feedback from Place Based Committee

NHS South West London

Tuesday 7 February 2023

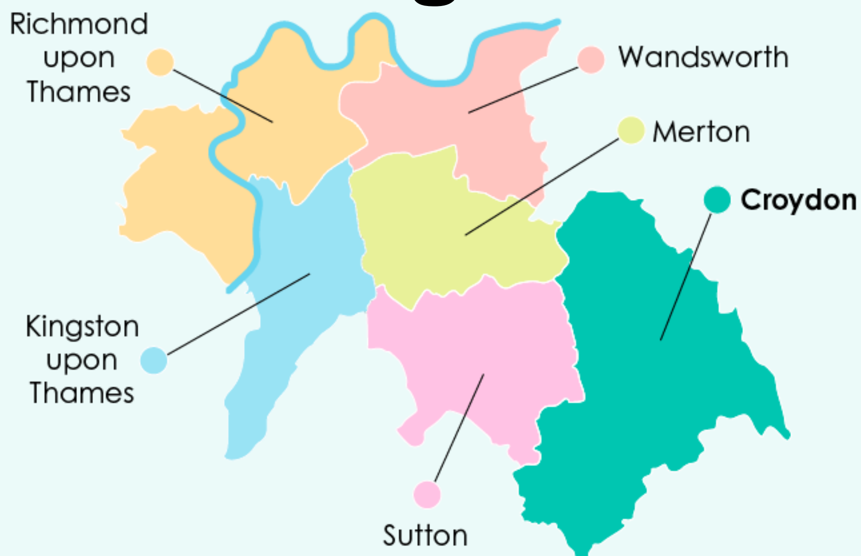
- This style of reporting is really helpful in terms of our decision making.
- Good to see the range of different types of engagement happening at Place.
- Encouraged by the collaborative way of Communications and Engagement work that happens across the borough and linked into both local and South West London assurance mechanisms to really make sure patient voice is making a difference.
- It would be helpful for programme leads to get a better understanding of good practice co-production for transformation projects.
- Would welcome further collaboration with QI data and patient experience at the Trust
- The Board approved the paper and asked for quarterly reporting in line with the NHS South West London ICB People and Communities Engagement Assurance Group (PCEAG).

- Date of next meeting: 6th June 2023.

- Potential future engagement projects identified by the Board: Organ donation; sharing messages other than winter; deeper understanding; Did Not Attend data; navigating the health and care system

Croydon increasing uptake for cancer screening

South West London Integrated Care System



Proud to be working together to create healthier communities

Partners involved

NHS South West London
RM Partners
Croydon BME Forum
Asian Resource Centre of Croydon

Find out more
Learn more about our work and get involved at www.southwestlondonics.org.uk

How we're making a difference

With large gaps between ethnic groups when it comes to screening uptake, addressing health inequalities when it comes to early detection of cancer is a priority in Croydon.

Data highlights north Croydon as an area with very low screening uptake, particularly among Black communities, resulting in cancers identified at a later stage and worse outcomes for people when diagnosed.

We know from previous insight work that trust in the NHS is low in this area and we wanted a new approach. A partnership between Croydon BME Forum, the Asian Resource Centre of Croydon and RM Partners launched a cancer awareness programme, which aims to educate people about cancer and the importance of early detection. It also aims to increase uptake of screening and create a trusted environment for residents to engage with health professionals.

Our cancer awareness programme offers social events, focus groups and virtual workshops hosted by clinicians and the voluntary sector, to help us understand people's attitude towards screening. Using this knowledge, we develop workshops which respond to queries and provide accurate and culturally sensitive information in a relaxed environment.

We know that peer support can also have a positive impact, so we have trained local volunteers to become cancer health champions.

Locality partnership working has improved the connections between our clinical teams, our community assets and community organisations. It's empowered people to improve their quality of life.

Lynda Graham
Social Prescribing Link Worker-Team Leader

Kingston engagement assurance report

Quarter 4: January to March 2023

Kingston

Kingston South West London Integrated Care System

NHS South West London

Demand management and pressures

Getting people to the right place at the right time

- **Behaviour change** – communicating to support demand management
- **Reassurance and Confidence** – outlining the robust health and care system response to winter pressures

Examples of current activity:

- **Mental health:**
  - New online directory of MH services for CYP in K&R
  - Promoting local MH services through winter outreach with VCSE groups
- **Pharmacy campaign**
- **Urgent and emergency care**

Health inequalities and community outreach

Building trust and identifying health gaps sooner

- **Understanding our communities and potential barriers** – to access, we need a meaningful, ongoing conversation with communities we serve, in an appropriate way and in places familiar to them.
- **Building relationships, improve trust and increase health literacy** – to reduce the gaps we see amongst our population. We also collate insights, identify emerging themes to influence the way we provide services and ultimately reduce health inequalities.

Examples of current activity:

- **Community Champions/Core Connectors:** recruitment, training and retention of community champions in health inequalities groups across the borough, in partnership with Richmond Council and Kingston Voluntary Action, hearing what they tell us, acting on it, feeding back and building trust
- **Community led health & wellbeing project (LTCs):** recruitment and training of volunteer community health coaches who will be empowered to work within their communities completing health checks and promoting health lifestyles
- **Community Voice Groups:** To hear from those experiencing health inequalities and bringing together and sharing what local people are telling us, we launched our community voice groups in February 2023 for each Place

Infrastructure and relationships

Building trusted relationships with our people, partners and local communities.

KINGSTON

Place–based communication and engagement

Prevention and early intervention

Preparing, connecting and responding

- Working with senior leaders to manage the comms and engagement elements during issues and crisis management and link between SWL and place during incidents as part of ICB EPRR role
- Staying aware of current issues to advise on and plan for media or stakeholder interest and management

Horizon scanning, issues and crisis management

For longer, happier lives

The NHS long term plan set out our responsibilities to not only treat people, but also prevent them from getting ill in the first place. This activity supports Kingston residents to live longer happier lives and allows us to treat avoidable illness early on.

Examples of current activity:

- **Vaccines:** Covid-19, flu, childhood immunisation
- **Cost of living** information and sign posting
- **Thriving Transformation Programme 2023 - 2028**
- **Health Inequalities & PHM**
- **ICS Strategy** – collating feedback from Kingston & Richmond residents to influence the development and delivery of the ICS Strategy and **priorities** .
- **SWL NHS Joint Forward Plan - Focus groups to be delivered to engage on mental health, and learning disabilities and autism.**
- **Closing feedback loop by updating partners at community voice forum with the progress of the ICP strategy and Joint Forward Plan engagement.**

Supporting primary care and PCNs

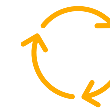
Being receptive to local needs

Supporting primary care networks to hear from their patients and the wider communities they serve.

Examples of current activity:

- **Supporting PCNs** to engage with local communities eg New Malden & Worcester Park PCN with carers event

Service improvement and change



Meeting legal responsibilities

- **Legal duty to involve** – people where services or access to services change from the earliest stages
- **Understanding changes** – making sure that residents, external stakeholders and staff understand what the changes might involve, why we are making them and any potential implications

Examples of current activity:

- **Proactive and Anticipatory Care Model**

Kingston: Winter Outreach Programme

Engagement Lead: Hannah Keates, Engagement Manager, Kingston and Richmond

January to March 2023

Why did you seek the views of local people and or communities?

Winter outreach programme – focusing on our core 20 communities in areas of high deprivation and health inequalities:

- Cambridge Road estate
- Beverley (New Malden)
- Berrylands (Alpha Rd estate)
- Korean community
- Asian women (Kingston mosque)
- Black African community

To ensure people understand and know how to access local support during the winter.

To gain insight on local health services to feed back into operational plans.

What activities did you do?

We reached out to local community and voluntary groups by email and telephone calls offering to talk to their communities and clients.

9 events with nearly 100 people directly spoken to providing feedback on winter messaging and experiences of local health services.

Who did you speak to and why?

We spoke to:

- A men's football team for those experiencing mental health issues
- A mental health drop in café for the Korean community
- Those with complex physical / mental health issues through a community choir
- People living in areas of deprivation: Cambridge Road Estate
- Carers and those they care for
- People with diabetes
- Women from Asian community
- Young people

What were the key themes that people raised?

Main themes:

- People rely on the organisations and groups that support them for trusted health advice and information.
- All groups feedback on GP practices - online triage systems are a barrier to those who don't speak English as a first language, difficulties in getting urgent appointments and variation in how practices work across Kingston.
- Impact of rising cost of living, particularly those in areas of deprivation
- Covid vaccination – hesitancy to get boosters due to previous side effects
- Long wait times for hospital appointments and routine outpatients appointments being cancelled
- Young people struggling to access mental health services

What difference has this feedback made?

Through our networks of voluntary groups and strong community links we were able to provide information on health services and information to residents through trusted voices.

We changed our local winter messaging, e.g. our local signposting leaflet now includes Connected Kingston as a direct result to local issues/concerns.

Feedback is shared with Place Quality Delivery Group and Place Committee, with a view this will start to influence and shape operational plans for local health services.

Are you planning any further engagement work on this programme or a related programme?

The Winter Engagement Fund ended at the end of March 2023. We have an ongoing borough programme of outreach and are planning our spring/summer 2023 programme to strengthen the links we have made with communities.

Kingston: Community Voices Kingston

Engagement Lead: Hannah Keates, Engagement Manager, Kingston and Richmond

January to March 2023

Why did you seek the views of local people and or communities?

Place engagement approach – We reported last quarter on how we were setting up our Kingston place engagement infrastructure so it is inclusive of the populations we serve, taking account of the views of VCS organisations who often have a greater reach into our communities and can represent views not often heard.
We held our first Community Voices Kingston in February 2023 where the group discussed:

- Winter outreach programme – to feedback what we have heard, and to hear their views on how we did our engagement
- ICP 5 year strategy engagement
- Discussion on community voices itself

What activities did you do?

Held our first Community Voices Kingston meeting in February 2023, online and in the evening.

We invited VCS organisations who represent the communities of Kingston to be part of the group and promoted it through:

- Place committee and system leaders
- Borough communications and engagement group
- Direct contact with specific groups to engage with them and ask if they would like to join

Who did you speak to and why?

Healthwatch Kingston and Kingston Voluntary Action (KVA) as key organisations that have the reach with our diverse communities.

Smaller grassroots VCS organisations to understand if they would like to be part of community voices

Groups that attended community voices including:

- Healthwatch Kingston
- Kingston Eco-op
- Refugee Action Kingston
- PPG rep
- Residents association Alpha Road Estate
- Kingston Mental Health Carers Forum

What were the key themes that people raised?

Feedback was:

- Winter outreach programme well received and an invitation to visit Searchlight Youth & Community centre as part of the ongoing Place outreach programme
- Offer from Healthwatch Kingston and Kingston Voluntary Action to work in partnership to engage Kingston's communities through community voice slot at HW open meetings and VCSE forum.
- Engage children and young people through Achieving for Children youth parliament and via Youth Workers, and HWK Youth Out Loud forum.
- Consider how Primary Care Networks (PCNs) / Patient Participant Groups (PPGs) can be linked in

What difference has this feedback made?

We want to gather insight on experiences of health and care services with a hope to improving local services and hear from those most likely to experience health inequalities and the worst health outcomes. By joining up with HW and KVA we will hear from these communities.

By joining up with HWK and KVA to engage our local communities this will avoid groups and organisations having to attend multiple meetings and forums, and we will be tapping into existing ones, aiming to further the reach of Community Voices Kingston.
Community Voices Kingston will have a regular slot at Healthwatch Kingston's open meetings, as well as at KVA's Health & Wellbeing Network and/or VCSE Forum

Are you planning any further engagement work on this programme or a related programme?

Once the new partnership approach with KVA and HWK starts in April, we will review in three months to check in with people and communities involved to find out how they feel it is going and adapt the approach as appropriate.

Kingston: Core20 PLUS Connectors

Engagement Lead: Hannah Keates, Engagement Manager, Kingston and Richmond

October 2022 to March 2023

Why did you seek the views of local people and or communities?

Kingston Voluntary Action (KVA) run the SWL ICS funded Core20 PLUS programme in Kingston and have been engaging with local communities in the most deprived parts of the borough with a focus on areas of high health inequalities – Cambridge Road estate, Beverly (New Malden) and Berrylands (Alpha Road estate), Koreans and women attending Kingston Mosque.

What activities did you do?

They are providing skills and knowledge to 14 local volunteers to become core connectors and health coaches, to support people to better manage their long term conditions.

Upskilling health coaches from Cambridge Rd estate, Korean community and Kingston Mosque through training (peer support, ABCD training) and running events to engage with local people;

Cambridge Rd estate – monthly health and wellbeing drop in events including health checks, drug & alcohol support, mental health support, housing, benefits advice, food bank and vaccinations. Adapted in response to resident needs.

Korean community – in partnership with local Primary Care Networks holding regular health and wellbeing drop in events doing health checks and vaccinations.in a local church hall in New Malden.

Kingston mosque women – health checks, and a need for mental health support working closely with Kingston Adult Education accessing mental health courses free.

Who did you speak to and why?

Over 500 people in these communities have been engaged between October 2022 to March 2023 with 70 health checks completed.

These are residents from our most deprived areas and communities who have the greatest health inequalities and worst health outcomes in the borough. Speaking to them and engaging them in the Core20 PLUS programme identifies what support they need to improve their health and wellbeing and this is then provided through the services attending health and wellbeing events.

As part of the events we speak to people to get their insight on experiences of local health services.

What were the key themes that people raised?

Across all communities support for mental health and accessing services is a common theme – long waiting times and confusion on how to access services.

Cost of living and the impact it has on people's ability to pay for food, heating and lighting and other activities.

Needing support and advice around stopping smoking, alcohol and drug dependence.

Information about vaccinations.

What difference has this feedback made?

The health and wellbeing events have been adapted to cover the support residents have identified including mental health services, drug and alcohol support, benefits advice, roving vaccinations team and cost of living support from Kingston Council.

Are you planning any further engagement work on this programme or a related programme?

Core20 PLUS programme will continue to engage with these communities on an ongoing basis, also a target to engage Kingston's black African community going forward.

Feedback from Kingston Place Based Committee

The **Kingston** Place Committee welcomed the report, speaking positively about the layout and format.

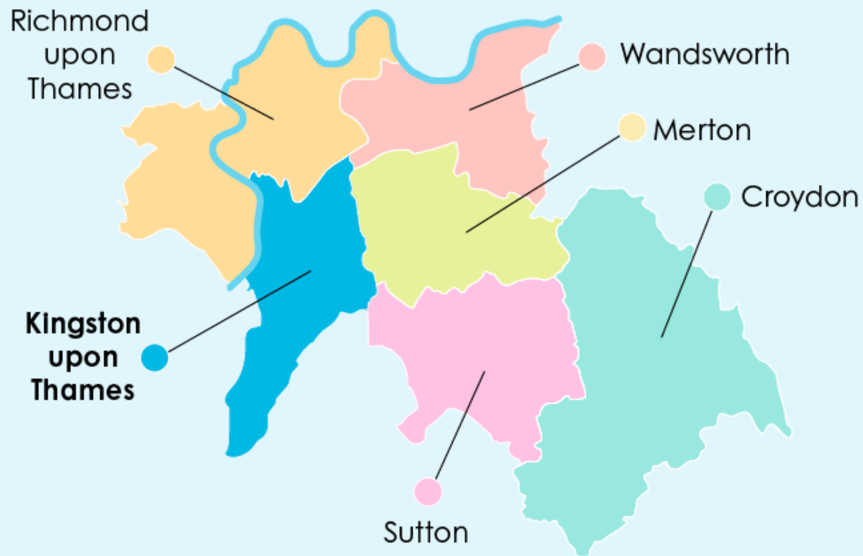
They said:

- the impact section was particularly interesting
- they would like to see further information on how we measure engagement – the 'so what?'
- it was good to see what the NHS has been engaging on and how this is linked in with local authority engagement activities
- they would like to see a forward plan for engagement
- that the report should be shared widely with stakeholders, suggesting the Health Overview Committee as a good starting point
- it is a challenge to make engagement on SWL wide strategies relevant locally
- The end of life engagement in particular, was an excellent piece of work.

- Date of next meeting: 20th June 2023.

Supporting local people through loss in Kingston

South West London Integrated Care System



Proud to be working together to create healthier communities

Partners involved

NHS South West London
Kingston Healthwatch
Kingston Council
Kingston Voluntary Action

Find out more

Learn more about our work and get involved at www.swlondon.nhs.uk

How we're making a difference

We commissioned Healthwatch Kingston and Kingston Voluntary Action to find out about people's experiences of bereavement services in the borough. Through community engagement, they explored the lived experience of those accessing services/support, what mattered most when grieving and the intersection with culture, faith and language barriers.

In spring 2022, we published three online surveys, which were translated into different languages. A number of small community groups were awarded a £500 grant each to be part of this research and arrange community focus groups either virtually or face to face. One to one case studies were collected, and feedback shared at Healthwatch Kingston open meetings. In total nearly 350 people responded.

Read the full report at www.healthwatchkingston.org.uk/report/2022-07-13/bereavement-services-and-support-kingston-community-engagement-report

As a result of the report, services have been collated on www.connectedkingston.uk

> Based on findings from this community engagement new resources, including information for bereaved people and the staff who work with them have been sent to GP practices. Bereavement guidance for residents has been gathered together by Kingston Council and added to a central, accessible drive.

Richmond engagement assurance report

Quarter 4: January to March 2023

Richmond

Demand management and pressures

Getting people to the right place at the right time

- **Behaviour change** – communicating to support demand management
- **Reassurance and Confidence** – outlining the robust health and care system response to winter pressures

Examples of current activity:

- **Mental health:**
  - New online directory of MH services for CYP in K&R
  - Promoting local MH services through winter outreach with VCSE groups
- **Pharmacy campaign**
- **Urgent and emergency care**

Health inequalities and community outreach

Building trust and identifying health gaps sooner

- **Understanding our communities and potential barriers** – to access, we need a meaningful, ongoing conversation with communities we serve, in an appropriate way and in places familiar to them.
- **Building relationships, improve trust and increase health literacy** – to reduce the gaps we see amongst our population. We also collate insights, identify emerging themes to influence the way we provide services and ultimately reduce health inequalities.

Examples of current activity:

- **Community Champions/Core Connectors:** recruitment, training and retention of community champions in health inequalities groups across the borough, in partnership with Richmond Council and Kingston Voluntary Action, hearing what they tell us, acting on it, feeding back and building trust
- **Community led health & wellbeing project (LTCs):** recruitment and training of volunteer community health coaches who will be empowered to work within their communities completing health checks and promoting health lifestyles
- **Community Voice Groups:** To hear from those experiencing health inequalities and bringing together and sharing what local people are telling us, we launched our community voice groups in February 2023 for each Place

Infrastructure and relationships

Building trusted relationships with our people, partners and local communities.

Supporting primary care and PCNs

Being receptive to local needs

Supporting primary care networks to hear from their patients and the wider communities they serve.

Examples of current activity:

- **Health in your hands project**

Richmond South West London Integrated Care System

NHS South West London

Prevention and early intervention

Preparing, connecting and responding

- Working with senior leaders to manage the comms and engagement elements during issues and crisis management and link between SWL and place during incidents as part of ICB EPRR role
- Staying aware of current issues to advise on and plan for media or stakeholder interest and management

Horizon scanning, issues and crisis management

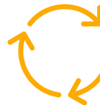
For longer, happier lives

The NHS long term plan set out our responsibilities to not only treat people, but also prevent them from getting ill in the first place. This activity supports Kingston & Richmond residents to live longer happier lives and allows us to treat avoidable illness early on.

Examples of current activity:

- **Vaccines:** Covid-19, Flu, childhood immunisation
- **Cost of living** information and sign posting
- **Long term conditions**
- **Thriving Transformation Programme 2023 - 2028**
- **ICS Strategy** – collating feedback from Kingston & Richmond residents to influence the development and delivery of the ICS Strategy and priorities
- **SWL NHS Joint Forward Plan** – Closing feedback **loop** by updating partners at community voice forum with the progress of the ICP strategy and Joint Forward Plan engagement – Focus groups to be delivered to engage on mental health, and learning disabilities and autism.

Service improvement and change



Meeting legal responsibilities

- **Legal duty to involve** – people where services or access to services change from the earliest stages
- **Understanding changes** – making sure that residents, external stakeholders and staff understand what the changes might involve, why we are making them and any potential implications

Examples of current activity:

- **Proactive and Anticipatory Care Model**
- **Health Inequalities and Public Health Management (PHM)**

Richmond: Winter Outreach Programme

Engagement Lead: Hannah Keates, Engagement Manager, Kingston and Richmond

October 2022 to January 2023

Why did you seek the views of local people and or communities?

Winter outreach programme – focusing on our core 20 communities in areas of high deprivation and health inequalities:

- Hampton North
- Ham
- Heathfield & Whitton

To ensure people understand and know how to access local support during the winter.

To gain insight on local health services to feed back into operational plans.

What activities did you do?

We reached out to local community and voluntary groups by email and telephone calls offering to talk to their communities and clients.

6 events and over 45 people directly spoken to providing feedback on winter messaging and experiences of local health services.

Who did you speak to and why?

We spoke to:

- Carers
- Health champions
- People with mental health conditions
- People with cancer and those affected by it
- Older people
- People with dementia

What were the key themes that people raised?

Main themes:

- People rely on the organisations and groups that support them for trusted health advice and information.
- All groups feedback on GP practices - difficulties getting an appointment, variation in how practices work across Richmond
- Impact of rising cost of living - cost of medication, heating and food all impacting.
- Increasing feedback that people are now using food banks and warm spaces in all communities
- Concern about lack of mental health support for carers

What difference has this feedback made?

Through our networks of voluntary groups and strong community links we were able to provide information on health services and information to residents through trusted voices, for example through workers at Whitton Community Centre.

Feedback is shared with Place Quality Delivery Group and Place Committee, with a view this will start to influence and shape operational plans for local health services.

Are you planning any further engagement work on this programme or a related programme?

The Winter Engagement Fund ended at the end of March 2023. We have an ongoing borough programme of outreach and are planning our spring/summer 2023 programme to strengthen the links we have made with communities.

Richmond: Community Voices Richmond

Engagement Lead: Hannah Keates, Engagement Manager, Kingston and Richmond

January to March 2023

Why did you seek the views of local people and or communities?

Place engagement approach – We reported last quarter on how we were setting up our Richmond place engagement infrastructure so it is inclusive of the populations we serve, taking account of the views of VCS organisations who often have a greater reach into our communities and can represent views not often heard.
We held our first Community Voices Richmond in March 2023 where the group discussed:

- Winter outreach programme – to feedback what we have heard, and to hear their views on how we did our engagement
- ICP 5 year strategy engagement
- Discussion on community voices itself

What activities did you do?

Held our first Community Voices Kingston meeting online in March 2023.

We invited VCS organisations who represent the communities of Richmond to be part of the group and promoted it through:

- Place committee and system leaders
- Borough communications and engagement group
- Direct contact with specific groups to engage with them and ask if they would like to join
- Richmond Equalities Stakeholder Scrutiny Group (ESSR)
- Invited reps from the Richmond PPG Network

Who did you speak to and why?

Healthwatch Richmond and Richmond CVS (RCVS) as key organisations that have the reach with our local communities.

Smaller grassroots VCS organisations to understand if they would like to be part of community voices

Groups that attended community voices including:

- Healthwatch Richmond
- Richmond CVS
- Richmond Aid
- RUILS
- Richmond Carers Centre
- Integrated Neuro Services
- Two Patient Participation Group (PPG) reps

What were the key themes that people raised?

Feedback was:

- People felt the winter outreach supported them with advice and information about how to stay well during the winter.
- PPGs are now starting to meet at a PCN level which gives more capacity to link in with place engagement structures.

What difference has this feedback made?

Engagement will ensure an inclusive approach by setting up these new structures we will enable people and communities voices to be represented in the local Place infrastructure.

We changed the time proposed for community voices Richmond meetings from the evening to the daytime following feedback.

Are you planning any further engagement work on this programme or a related programme?

We will review in three months to check in with people and communities involved to find out how they feel it is going and adapt the approach as appropriate.

Richmond: RUILS Core20 PLUS Core Connectors

Engagement Lead: Hannah Keates, Engagement Manager, Kingston and Richmond

January to March 2023

Why did you seek the views of local people and or communities?

RUILS Independent Living run the SWL ICS funded Core20 PLUS programme in Richmond and started their engagement work in January 2023, focusing on the most deprived parts of the borough – Ham, Heathfield and Whitton and Hampton North. They focus identifying and supporting residents living with hypertension, diabetes, depression, impacted by the cost of living crisis and the isolated and lonely. They engage with local people in these areas to identify barriers and provide solutions for better health.

What activities did you do?

Organised 3 health and wellbeing events, bringing in partner organisations to provide information and advice. To attract attendees they offered raffle prizes, healthy cooking information, dance fitness, mindfulness session and a free hot lunch.

- Fulmer Close, Hampton North
- Great Mental Health day, Whitton Community Centre
- Hampton Community Health fair, Hampton
- Ham Youth Centre, Multicultural Richmond event

Spoken to 79 residents through the health and wellbeing events:

- 26 health checks completed
- 6 referred to GP for high blood pressure
- 18 referred to a support service
- 21 given health and wellbeing advice
- 24 surveys completed

Where people have asked, RUILS have provided follow up services such as Health In Your Hands, befriending and community activities to support people to live independent and fulfilling lives as possible.

Who did you speak to and why?

RUILS have so far recruited 3 Core Connectors (1 paid, 2 volunteers). They will extend the project's outreach into the communities of focus to speak with people at other events, with resident groups and other community champions to broaden their engagement.

What were the key themes that people raised?

- Lack of trust and engagement with the NHS
- People not aware of what support and benefits they are entitled to, or not getting what they are entitled to for example housing benefit and debt advice, financial support towards energy costs
- Several people knew they had hypertension but hadn't been called for a review by their GP in some cases for up to 2 years – put off contacting GP practice but happy to have a health check at this event in their community
- Asked for information about healthy cooking classes and exercise classes locally

What difference has this feedback made?

This is the first quarter RUILS have been running the Core 20 programme in Richmond. Through this engagement people have been referred to their GP and given health advice which will make a real difference to their lives.

Feedback on the project approach means they have made changes to their engagement – offering incentives such as raffle prizes to encourage attendance. Providing hooks to attract people is effective and will be continued moving forward.

Volunteer connectors carry out leaflet drops in roads at the heart of target areas and the paid connector made phone calls to clients in Hampton, on the back of learning from the Whitton event that just asking someone to come for a free health check isn't enough. Also greater use of social media for the Hampton event.

Are you planning any further engagement work on this programme or a related programme?

Core20 PLUS programme will continue to engage with these communities.

Feedback from Place Based Committee

The **Richmond** Place Committee welcomed the report, speaking positively about the layout and format.

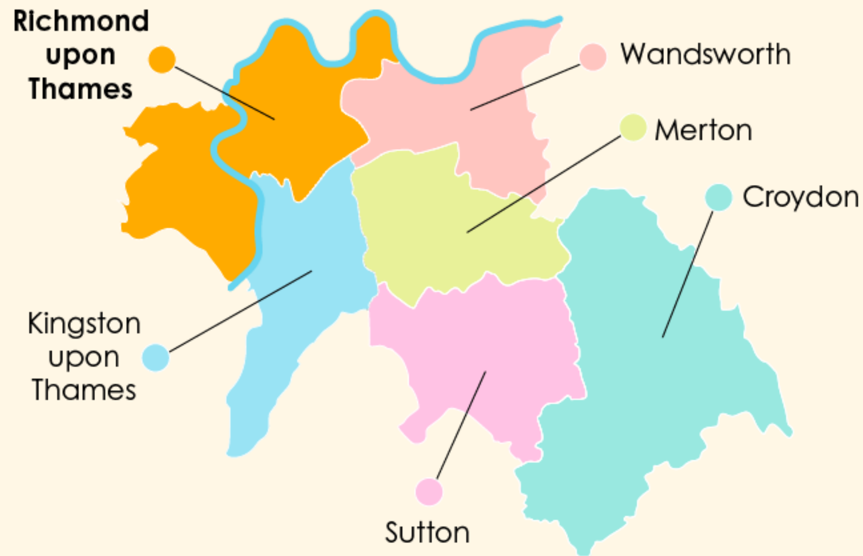
They said:

- it is useful for the committee to see this and to hear the insight on a quarterly basis
- it is clear that a lot of work is involved
- this helps the committee to 'join the dots' showing where engagement work fits together across place
- it would be good if a forward plan could be included in this work.

- Date of next meeting: 21st June 2023.

Tackling health inequalities with Ruils

South West London Integrated Care System



Proud to be working together to create healthier communities

Partners involved

NHS South West London
Ruils

Find out more

Learn more about our work and get involved at www.swlondon.nhs.uk

How we're making a difference

Richmond charity, Ruils, has identified three Core20PLUS areas in the borough where health inequality is most pronounced. South West London ICB and Ruils are working together to advise and support residents with a particular focus on those living with hypertension, diabetes, depression, impacted by the cost of living crisis and the isolated and lonely.

Ruils has organised health and wellbeing events and Ruils Connectors are carrying out basic health checks and surveys with residents to better understand how they view their health, how they engage with primary care, how the cost of living crisis is impacting their health and wellbeing and their levels of regular physical and nutritional intake.

Wellbeing Coordinators aim to meet members of the community in a variety of ways, from visiting local community centres, organising health fairs and meeting people in public spaces not linked with GP surgeries and knocking on doors.

www.ruils.co.uk/news/community-conversations

So far, Ruils has carried out 26 health checks, referred 10 people to other services, issued health and wellbeing advice to 21people and supported 24 residents in filling out surveys around their health and wellbeing.

Sutton engagement and assurance report

Quarter 4: January to March

Sutton

Demand management and pressures

Getting people to the right place at the right time

- **Behaviour change** – communicating to support demand management
- **Reassurance and Confidence** – outlining the robust health and care system response to winter pressures

Examples of current activity:

- **Mental health:**
  - Ethnic Minorities Health Ethnic Minorities Health
  - Stay Warm and Well Hubs
  - Sutton Crisis Café
  - Housing estate health
- **Pharmacy campaign**
- **Urgent and emergency care**
- **Healthier Together website**
- **Virtual wards:** core narrative and staff and patient case studies to explain

Health inequalities and community outreach

Building trust and identifying health gaps sooner

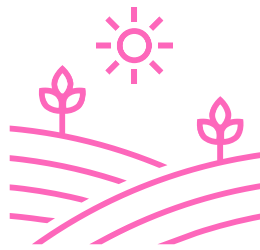
- **Understanding our communities and potential barriers** – to access, we need a meaningful, ongoing conversation with communities we serve, in an appropriate way and in places familiar to them.
- **Building relationships, improve trust and increase health literacy** – to reduce the gaps we see amongst our population. We also collate insights, identify emerging themes to influence the way we provide services and ultimately reduce health inequalities.

Examples of current activity:

- **Core 20 connectors:** working with voluntary community connectors in deprived communities to reach those residents who experience health and inequality within their community.
- **Partnership working:** Delivering health and wellbeing talks including health checks alongside primary care colleagues including social prescribers and health coaches. Also working closely with housing managers to reach those most in need and ensure they have available resources and information to help address their health and social care needs.
- **Housing estate community outreach events:** 'delivering health and wellbeing events to deprived communities as identified wards as per Core 20 data
- **Community Voice:** A group of voluntary organisations representing residents with protected characteristics

Infrastructure and relationships

Building trusted relationships with our people, partners and local communities.



SUTTON

Place–based communication and engagement

Sutton

South West London Integrated Care System

NHS South West London

Prevention and early intervention

Preparing, connecting and responding

- Working with senior leaders to manage the comms and engagement elements during issues and crisis management and link between SWL and place during incidents as part of ICB EPRR role
- Staying aware of current issues to advise on and plan for media or stakeholder interest and management

Horizon scanning, issues and crisis management

For longer, happier lives

The NHS long term plan set out our responsibilities to not only treat people, but also prevent them from getting ill in the first place. This activity supports Sutton residents to live longer happier lives and allows us to treat avoidable illness early on.

Examples of current activity:

- **Vaccines:** Covid-19, Flu, Polio
- **Cost of living information and sign posting**
- **Family Hubs**
- **SEND strategy**
- **ICS Strategy** – collating feedback from Sutton residents to influence the development and delivery of the ICS Strategy and priorities
- **Closing feedback loop** by updating partners at community voice forums with the progress of the ICP strategy and JFP.
- **JFP strategy -** Forward planning engagement and focus groups on older people and health inclusion groups.

Supporting primary care and PCNs

Being receptive to local needs

Supporting primary care networks to hear from their patients and the wider communities they serve.

Examples of current activity:

- Enhanced access for primary care following national change in provision – communications and engagement advice and framework development for local PCN engagement
- Community Ward based in St Helier Hospital providing support who are being discharged into the community
- Community health and inequality team supporting the engagement outreach events in derived areas

Service improvement and change

Meeting legal responsibilities

- **Legal duty to involve** – people where services or access to services change from the earliest stages
- **Understanding changes** – making sure that residents, external stakeholders and staff understand what the changes might involve, why we are making them and any potential implications

Examples of current activity:

- Model of care for Lifestyle and Wellbeing pilot for people with musculoskeletal conditions with obesity, hypertension or depression
- Planned Sutton Place review of contract portfolio
- Planned implementation of Sutton Place Frailty Model

Sutton: Learning Disabilities

Engagement Lead: Nadine Wyatt, Sutton Place Engagement Senior Manager

January to March 2023

Why did you seek the views of local people or communities?

To outline the progress achieved to date on Sutton's 5 year Learning Disability (LD) Strategy- 2022/27.

To seek views on proposed next priorities for 23/34.

To collectively discuss broad proposed direction.
To agree on next steps

As part of Sutton's LD Strategy, to hear about people's experiences of going about their everyday life in Sutton - what works well, what the challenges / barriers are and to have a positive conversation about how to spread good practice and overcome the challenges / barriers.

This will feed into how we take forward the LD strategy.

What activities did you do?

On 28 March 2023, 65 people attended Sutton's Learning Disabilities Conference: Action Together, Making it Happen.

Co-produced the LD event with voluntary, community and social enterprise (VCSE) sector, Carers and people with lived experience.

Co-produced the LD event with VCSE, Carers and people.
Co-Chaired the LD event with VCSE, Carers and people.

Within the event we engaged in:

Group presentations, group discussion on identified areas.

Parking Board for comments that were outside the remit of the day and would be answered following the conference

Who did you speak to and why?

The Learning Disabilities Conference was jointly organised with people with learning disabilities, family and carer representatives. A range of professionals from different sectors attended to hear from adults and young people with learning disabilities, families and carers about what life is really like for them in Sutton and to discuss suggestions and ideas on how to make improvements.

To provide information as well as engage on further areas of focus within the borough such as:

1. Jobs
2. Housing
3. Health
4. Regeneration
5. Leisure & Culture
6. Social Care

What were the key themes that people raised?

People with learning disabilities, families and carers shared the challenges they face in the borough and what works and doesn't work for them. People discussed the positives, negatives and ideas for improvement in transport, access to health, social care, housing, leisure & culture, town centres and work.

Themes raised on the day were:

- Access to GP appointments
- A&E long waiting time, uncomfortable
- No ramps and poor conditions of pavements
- More easy read transport information
- Not enough good quality housing
- Housing staff need to understand and respect privacy at home
- Not enough choice for leisure activities for young people
- Important to get feedback on job interviews and how improvements can be made

What difference has this feedback made?

The Conference enabled people with learning disabilities, families and carers to share their experiences about what works well and not so well when going about their everyday lives in Sutton. In response to feedback, organisations made promises about what they will do differently.

The Learning Disabilities Programme Board will monitor progress against the promises and support partners to ensure they are further improving lives for people with learning disabilities, families and carers. We will collate the feedback and ensure our plans are accurate to the needs identified.

Are you planning any further engagement work on this programme or a related programme?

Yes – a post conference report was shared with everyone who attended.

An update on progress against the promises will be shared in September. Short films have been produced on issues including annual health checks and employment support, which will be used to engage a wider audience.

The promises will feed into the current 5 year strategy and ensure continuous engagement with the Action groups.

Sutton: Reducing Emergency Department Attendances 19-35 years old

Engagement Lead: Nadine Wyatt, Sutton Place Engagement Senior Manager

January to March 2023

Why did you seek the views of local people and or communities?

Following Epsom & St Helier front door audit in Accident & Emergency department (A&E), analysis revealed that a large percentage of attendees were 19-35 years old age group and where English is not their first language.

Deep dive activity was planned with Sutton College to get a better understanding why this particular age cohort is attending A&E so frequently and not attending their own GP surgery or pharmacies in their local area.

What activities did you do?

Held workshops in Sutton College with over 100 ESOL students to discuss with the students where else would they go rather than A&E.

Gathered insight via Q&A session, have a set of questions e.g. if you had symptoms where would you go? Are you registered with a GP etc.

Who did you speak to and why?

Spoke to over 100 students whose English is not their first language to get better understanding of their knowledge of other services apart from emergency care.

What were the key themes that people raised?

Further education awareness was required on the use of pharmacies and 111 services due to English not being their first language

Training required on the use of the NHS app

- Over 30% are registered with CASS or Central Sutton GP surgeries
- Top 5 languages spoken are English, Cantonese, Chinese, Portuguese and Spanish
- Over 37% would like to receive training on the NHS App
- Highest health and wellbeing concerns were focused on physical health, followed by money worries, mental health, housing and employment
- Further information required focused on nutrition, eye sight tests and dentists

What difference has this feedback made?

Survey developed and sent to all students to get better insight into the barriers to access to care. Had a 45% response rate which helped inform next steps.

Easy to read leaflet was co-designed with the students to increase understanding of what health services are available currently in Sutton

NHS App training sessions organised for the month of June on a 1:1 basis and group sessions

Are you planning any further engagement work on this programme or a related programme?

Further work is planned for summer/autumn to measure the effectiveness of the leaflet designed.

Leaflet shared wider with other groups who network with 19-35 years old to widen engagement opportunities.

A follow on audit will take place in St Helier to compare the data for this particular cohort.

Sutton: Social Prescribing Work Across Sutton

Engagement Lead: Nadine Wyatt, Sutton Place Engagement Senior Manager

January to March 2023

Why did you seek the views of local people and or communities?

As part of community development approach in Sutton, the Social Prescribing service (SPS) focuses on Sutton's Core 20 health inequalities communities including Shanklin, Benhill, Roundshaw and St Helier estates. We also wanted to hear from people from Black, Asian and Minority Ethnic backgrounds, as well as health inclusion groups to ensure this service is meeting their needs, e.g. deaf, homeless communities.

This has involved engaging with deprived communities to help provide advice and information about the service at wellbeing events, festivals and fayres.

What activities did you do?

- Weekly and monthly attendance at sessions on housing estates, e.g. focusing an a topic relevant to local residents. For example a nutrition session has been set up and designed in collaboration with the community in St Helier and Shanklin estates.

- **Wider outreach**: SPS have been invited to attend Health and Wellbeing events organised in the borough to further promote and connect with residents regarding their needs.

- **Targeted outreach:** Engagement with independent living schemes, Family Hubs and in partnership with SWL covid roving team with a view to collate feedback to help further shape the SPS.

Who did you speak to and why?

- SPS service engages with residents in deprived communities as part o of weekly and monthly attendance at sessions on housing estates focusing on topics requested by the residents such as nutrition and wellbeing sessions. These sessions are designed in collaboration with the community

- In order to connect with the wider population who form part of health inclusion groups, SPS tare invited to take part in Health and Wellbeing events organised by voluntary organisations such as Sutton Vision to ensure reach to these groups.

What were the key themes that people raised?

Some key themes that people with SPS outreach work:

- Support to fil out forms, e.g. housing, carer support
- Unsure where and how to access help and support in the community and the need for better signposting
- Clearer communication from GP practices about their offer for blood pressure checks, flu vaccine
- Cost of living crisis having an impact on healthy choices
- Lack of mental health support around anxiety and depression

.

What difference has this feedback made?

More residents are aware of SPS at the housing estates and residents that previously did not receive support are doing so now.

Building sustainable trusted relationships between the local communities and their dedicated primary care network SPS link worker.

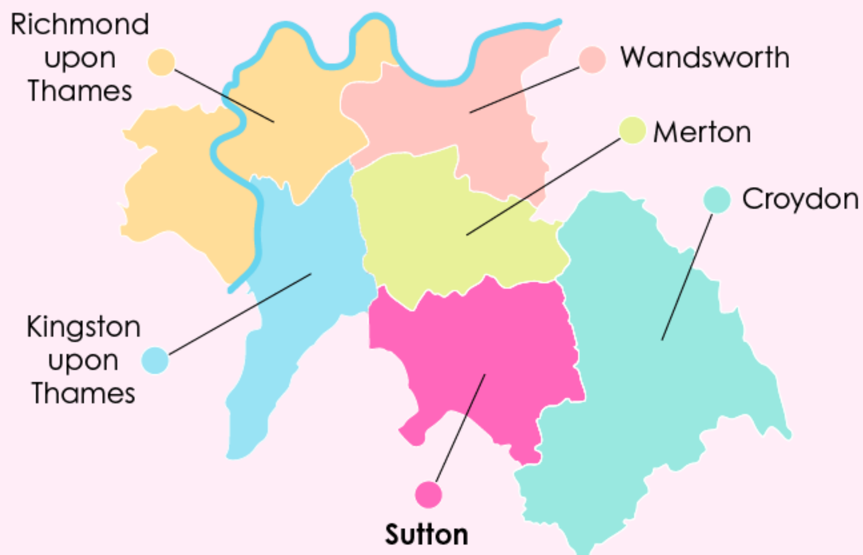
Are you planning any further engagement work on this programme or a related programme?

Yes engagement will be ongoing as part of the health and inequality bid recently awarded to Sutton to help increase education awareness on health issues that affect people's health and wellbeing.

The Health and Inequalities project uses the Asset Based Community Development (ABCD) approach, of which the SPS plays an integral part and to develop community led responses and shape ideas into deliverable projects requires time, trust and expertise. Social prescribers play an integral role in helping communities develop those ideas.

Learning Disabilities Conference

South West London Integrated Care System



Proud to be working together to create healthier communities

Partners involved

Sutton Learning Disabilities Team
Speak Up Sutton
Sutton Mencap
Sutton Parent Carer Forum

Find out more

Learn more about our work and get involved at www.swlondon.nhs.uk

How we're making a difference

A range of professionals from different sectors attended to hear from adults and young people with learning disabilities, families and carers about what life is really like for them in Sutton and to discuss suggestions and ideas on how to make improvements.

The Conference enabled people with learning disabilities, families and carers to share the challenges they face in the borough and what works and doesn't work for them by focusing on particular areas that impact their quality of life, such as employment, health, housing etc.

In response to feedback, organisations made promises about what they will do differently. The Learning Disabilities Programme Board will monitor progress against the promises and support partners to ensure they are further improving lives for people with learning disabilities, families and carers.

A post conference event is scheduled for September 2023 to report on progress made against the promises.

"This conference was a breath of fresh air, my family member contributed and felt properly included. The reporting back on the promises gives us a way to find out what the different organisations are actually doing."
Family carer

Feedback from Sutton Quality Committee

- Excellent report, very comprehensive.
- Good to bring back those services to future QA meetings to measure progress. Develop a forward plan.
- Great to see examples where the public have an opportunity to hold services to account.
- Impact of the engagement work, both for individuals' and 'the system' needs to be strengthened.
- Useful in our future engagement approach to identify carers and ensure their needs are being met.
- Good design of the events to meet the information needs of those attending so they can be supported to fully participate.
- Assured that both case studies have plans to revisit to share the 'so what'.
- Need greater engagement with Sutton system partners (and maybe wider across SWL) to support everyone's need to do engagement well, opportunities to work more collaboratively in the engagement space to see greater efficiencies and impact.
- Need to develop a way that all insight from engagement is captured and can feed into other areas of work e.g. engaging with group about X but they also have feedback about their experiences with Y and Z.
- Date of next meeting: 6th June 2023.

Wandsworth engagement and assurance report

Quarter 4: January to March 2023

Wandsworth

Infrastructure and relationships

Building trusted relationships with our people, partners and local communities.

Wandsworth Health and Care

NHS South West London

Demand management and pressures

Getting people to the right place at the right time

- **Behaviour change** – communicating to support demand management
- **Reassurance and Confidence** – outlining the robust health and care system response to winter pressures

Examples of current activity:

- Ethnic Minorities Health Improvement Project (EMHIP) – developing a campaign to promote community led hubs
- Supporting local Council-led cost of living campaigns
- Support SWL wide campaigns – MH crisis line, vaccination

Prevention and early intervention

Preparing, connecting and responding

- Working with senior leaders to manage the comms and engagement elements during issues and crisis management and link between SWL and place during incidents as part of ICB EPRR role
- Staying aware of current issues to advise on and plan for media or stakeholder interest and management

Horizon scanning, issues and crisis management

For longer, happier lives

The NHS long term plan set out our responsibilities to not only treat people, but also prevent them from getting ill in the first place. This activity supports Wandsworth residents to live longer happier lives and allows us to treat avoidable illness early on.

Examples of current activity:

- **Winter engagement events**
- **Vaccines:** Covid-19, Flu, Polio
- **Signposting to Mental Health Crisis line**

- **ICS Strategy** – collating feedback from Wandsworth communities to influence the development and delivery of the ICS Strategy and priorities
- **Closing feedback loop** by updating partners at community voice forums with the progress of the ICP strategy and JFP.
- **JFP strategy -** Forward planning engagement and focus groups on Urgent and care, primary care and experiences of LGBTQIA+ accessing health.

Health inequalities and community outreach

Building trust and identifying health gaps sooner

- **Understanding our communities and potential barriers** – to access, we need a meaningful, ongoing conversation with communities we serve, in an appropriate way and in places familiar to them.
- **Building relationships, improve trust and increase health literacy** – to reduce the gaps we see amongst our population. We also collate insights, identify emerging themes to influence the way we provide services and ultimately reduce health inequalities.

Examples of current activity:

- **Community Grants:** Building capacity of grassroots organisations to deliver health projects with the capability to reach deep into the local communities as trusted partners
- **Roehampton health Community Champions:** Joint funded project for to facilitate the recruitment , training of local health champions
- **Community voice forums:** Thinking Partners bi monthly forum to discuss community needs , support heath inequalities agenda and provide updates about projects programmes and developments across the system, opportunity for co production and involvement in service development
- Development of thematic insight collation

Supporting primary care and PCNs

Being receptive to local needs

Supporting primary care networks to hear from their patients and the wider communities they serve.

Examples of current activity:

- Building links with West Wandsworth PCN by extending invitation to Thinking Partners forum and discussing collaborations
- **Primary care** dashboard

Service improvement and change

Meeting legal responsibilities

- **Legal duty to involve** – people where services or access to services change from the earliest stages
- **Understanding changes** – making sure that residents, external stakeholders and staff understand what the changes might involve, why we are making them and any potential implications

Examples of current activity:

- Sleaford St health centre development – primary care service
- Supporting Trinity medical engagement

Wandsworth: Roehampton Health Champions & Wandsworth Community Empowerment Network

Engagement Lead: Nadra Gadeed, Engagement and Equalities Lead
February 2023

Why did you seek the views of local people and or communities?

Estate Art Ltd (voluntary sector organisation) were commissioned to develop, manage and train a network of dedicated Community Health Champions for Roehampton and Putney Heath.

Estate arts have collaborated with Wandsworth Community empower Network (WCEN) to deliver health events across Wandsworth.

Collaborating ensures that the organisation are reaching an even broader cross section of the population. They both have established relationships with the local Roehampton communities especially the Alton estate and WCEN have a deep reach into BAME across Wandsworth and Merton.

What activities did you do?

Project lead for Estate Arts set about liaising with GP practices across Roehampton to discuss running a series of heath events delivered by health champions in the community.

A heath awareness day with health checks was delivered by Health Champions trained by Estate arts and WCEN at Roehampton Sports centre.

The event was attended by West Wandsworth PCN and Fleur Anderson MP.

Who did you speak to and why?

Estate Arts and WCEN have been promoting their collaboration with their networks.

Local people from the Alton Estate and across Roehampton attended to access information on health and wellbeing

The Roehampton Health Champions have also been utilising the health inequalities survey developed by SWL Health Inequalities team to engage the local population. They have received over 200 responses.

What were the key themes that people raised?

Identified themes and insights including:

- The event raised awareness of health and wellbeing support in the community, such as health checks available in the community and at GP practices. Estate Arts planned the event around the needs of the community. There was information, support and advice on the following:
- Blood pressure checks
- Diabetes checks
- Food banks
- Healthy lifestyle advise smoking cessation and heathy eating
- Employment support for those out of work for long periods of time and identifying gaps in training needs.

What difference has this feedback made?

The event in February was a success and the local community felt empowered and engaged. This included measurable outcomes such as:

- Increased engagement with GP to follow up on heath check results provided at the event.
- The collaboration between Estate arts and WCEN has created further opportunities for joint events.

Are you planning any further engagement work on this programme or a related programme?

To follow up from insight gathered at the event and the health inequalities survey. Estate Arts plans to deliver the following health and wellbeing events :

- ‘Menopause and Me’ workshops exploring the availability of support and Hormone replacement Therapy (HRT)
- Workshops on violence against women and girls. The impact and support services available for families, victims and survivors of domestic abuse.

Wandsworth: Winter Engagement Events – Wandsworth Women Asian Association

Engagement Lead: Nadra Gadeed, Engagement and Equalities Lead
February 2023

Why did you seek the views of local people and or communities?

The winter engagement events were a series of local events to support community organisations with their planned events to deliver health, wellbeing and vaccine messaging during the winter months. Each organisations were funded £500.

What activities did you do?

One example of the commissioned event was delivered by the Wandsworth Women's Asian Association. The wellbeing event had:

- Presentation held for the women by the wellbeing team on Staying healthy and Mental Health Care.
- The winter vaccination programme was introduced highlighting the importance of Flu and Covid vaccination. The women were encouraged to seek further information from their GPs and provided information about vaccine clinics available in the community.
- There was a Jewellery making workshop delivered alongside the health event. This was an opportunity for the women to connect over an enjoyable joint interest.
- The were leaflets, 121 conversations and group discussions during the event

Who did you speak to and why?

42 women were engaged at the event

The event was aimed at young busy mothers who had numerous caring responsibilities and who found taking time out for their own health challenging due to time constrains.

There were some older women in attendance who also had caring responsibilities.

What were the key themes that people raised?

Women did not recognise symptoms and signs of depression or other mental health needs.

Lack of the awareness of the support and help available in the community

Lack of awareness of Winter vaccination (e.g. Covid and flu vaccination)

What difference has this feedback made?

The feedback from the participants included:

- The information provided at the event and presentation was excellent and as it was in both languages English and Urdu (main language of the women) it was appreciated and well understood.
- The women were empowered by the knowledge provided and felt they could recognise signs and symptoms of mental ill health.
- This was the first time that the women in the group had the opportunity to reflect on how life was impacting on their mental wellbeing.
- The women found the forum empowering because they were given an opportunity to talk about their personal experience in a safe space without feeling stigmatised.

Are you planning any further engagement work on this programme or a related programme?

The engagement team will continue to link in with the Wandsworth Women's Asian Association

- Link them into the Thinking Partners forum
- Sharing opportunities to partake in insight workshops and focus groups

Wandsworth: Wandsworth Community Grants Programme

Engagement Lead: February 2023

Nadra Gadeed, Engagement and Equalities Lead

Why did you seek the views of local people and or communities?

Wandsworth community Grants is about capacity building of the local community and voluntary sector to support long term community development and engagement with local communities. This year its eighth tranche was opened inviting bids to deliver small community projects addressing health inequalities and the cost of living challenges.

The overarching aim of this programme is to build the resilience and sustainability of local voluntary and community sector. To enable this with funding alongside a package of support. To help establish positive working relationship and building trust with the NHS and the VSCE more broadly. Wandsworth Care Alliance and SWL ICB Engagement team have managed and moderated the bid process in partnership and have awarded six organisations with funding of up to £2,500.

What activities did you do?

6 successful organisations are:

- **Furzedown project -** to deliver a swimming programme for older adults who find swimming/ exercise challenging - 'Swim buddy" provides peer support, a mini bus also takes the groups which would mitigate barriers to access due to travel.
- **Christ Church school -** Funded to run family cooking classes. Using ingredient grown in the school garden. To teach families how to cook nutritious, affordable meals
- **MindWorks -** Providing pilates to women with trained mental health facilitators to have therapeutic conversations.
- **A2ndVoice -** 3 hour workshops across 5 days delivering Autism training for families from BAME communities. Provides opportunities for knowledge and peer support for isolated families
- **SEN parenting -** Healthy lifestyle workshops for families and young people with SEN.
- **Share community -** Creative movement workshops exploring the links between mental and physical health

Who did you speak to and why?

Merton and Wandsworth Engagement Team have been working alongside Wandsworth Care Alliance, to deliver the grants programme building on the historical success and linking in with smaller local organisations with deep reach into the community to address health inequalities and the cost-of-living challenges faced by local people.

Wandsworth Care Alliance is an organisation supporting the voluntary sector to influence how services are planned and developed. They have an established infrastructure to support the growth and build the capacity of smaller organisation with a range of input such as advice on starting up a new organisation, governance, Support with funding and business planning and support with compliance/ policy development.

What were the key themes that people raised?

The opportunity to apply for the community grants has been regularly discussed at the Thinking partners forum. The forum noted the adverse impacts of cost of the cost of living crisis.

This feedback enabled the engagement team to develop the grants programme by providing opportunities for the local communities to outline how they could address the cost of living challenges with the funding through the bid process.

What difference has this feedback made?

The projects are in process and the grantees have been invited to a mid term review to discuss the initial findings, challenges and success. The event will also be an opportunity to network with others and there will be workshops to support writing bids and the fundamental aspects of running an organisation delivered by Wandsworth Care alliance

Are you planning any further engagement work on this programme or a related programme?

The successful organisation will join the local community voice forum, 'Thinking Partners' hosted by the ICB engagement team so they can network and build relationships with other organisation in Wandsworth. They will also showcase the outcomes and lessons learned from the delivery of the programme to the Thinking Partners forum.

The engagement team will seek Wandsworth Health and Care Partnership (committee) steer for evolving the community grants programme. We are proposing that the grants programme is joined with similar initiatives run by partners to enable the benefits of collaborative working

Feedback from Wandsworth Health and Care Committee and engagement sub committee

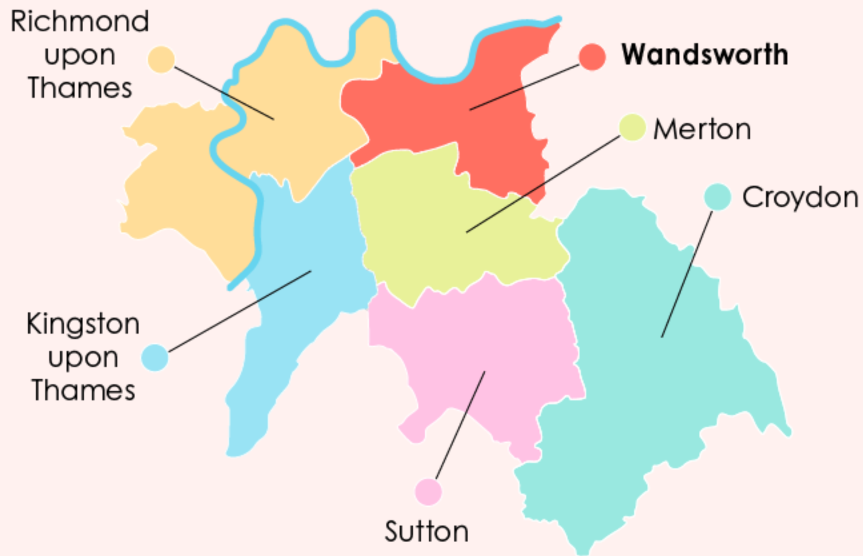
- We will share a forward planner with both committees outlining a thematic approach to insight collation for the next 6 months.

- There will be an opportunity for the VSCE to bid for funding to lead on collecting insight and engagement with local communities aligning with the topic areas agreed by the Thinking Partners forum, Engagement subcommittee and the Wandsworth Health and Care Committee.

- Date of next meeting: 7th June 2023.

Balloon art boosts mental health in Balham

South West London Integrated Care System



Proud to be working together to create healthier communities

Partners involved

NHS South West London
Balham and Tooting Community Sports Club

Find out more

Learn more about our work and get involved at www.swlondon.nhs.uk

How we're making a difference

Members of Balham and Tooting Community Sports Club for the over 60s learnt the art of balloon sculpture at one of their regular loneliness-busting get togethers.

Balloon crafting brings a range of health benefits, helping with concentration, movement, and breathing strength. As well as creating some spectacular flowers, the group found a supportive space where they could open up about loss, loneliness and a range of health issues.

Supported by the NHS South West London winter engagement fund, the session was one of a number of meetings, which included talks on bereavement, chronic pain, good sleep habits and vaccinations. Thanks to the grant, the club could meet in a warm space on chilly winter days and really talk.

After all the difficulties the pandemic brought, members said the sessions made it easier for them to share their worries – for the first time in some cases.

"We focus on the health and wellbeing of our club members. Many are living with the aftermath of Covid, after losing loved ones in the pandemic, and need the support and companionship of the club."

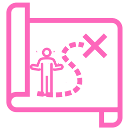
Olga Carnegie co-ordinator, Balham and Tooting Community Sports Club

Merton engagement and assurance report

Quarter 4: January to March 2023

Merton

Demand management and pressures



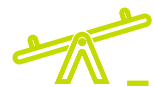
Getting people to the right place at the right time

- **Behaviour change** – communicating to support demand management
- **Reassurance and Confidence** – outlining the robust health and care system response to winter pressures

Examples of current activity:

- Supporting local Council-led cost of living campaigns
- Actively Merton –Physical and Social activity programme for people that live , work and study in Merton
- Merton link workers pilot campaign – working with Wide Way medical centre to promote online self-referral route
- Support SWL wide campaigns – MH crisis line, vaccination

Health inequalities and community outreach



Building trust and identifying health gaps sooner

- **Understanding our communities and potential barriers** – to access, we need a meaningful, ongoing conversation with communities we serve, in an appropriate way and in places familiar to them.
- **Building relationships, improve trust and increase health literacy** – to reduce the gaps we see amongst our population. We also collate insights, identify emerging themes to influence the way we provide services and ultimately reduce health inequalities.

Examples of current activity:

- **Community voice forums:** Merton health and care community voice bi monthly forum to discuss community needs , support heath inequalities agenda and provide updates about projects programmes and developments across the system, opportunity for co production and involvement in service development
- Development of thematic approach to insight collation

Infrastructure and relationships

Building trusted relationships with our people, partners and local communities.

Merton Health and Care Together

NHS South West London

Prevention and early intervention

Preparing, connecting and responding

- Working with senior leaders to manage the comms and engagement elements during issues and crisis management and link between SWL and place during incidents as part of ICB EPRR role
- Staying aware of current issues to advise on and plan for media or stakeholder interest and management

Horizon scanning, issues and crisis management

For longer, happier lives

The NHS long term plan set out our responsibilities to not only treat people, but also prevent them from getting ill in the first place. This activity supports Merton residents to live longer happier lives and allows us to treat avoidable illness early on.

Examples of current activity:

- **Winter engagement events**
- **Vaccines:** Covid-19, Flu, Polio
- **Signposting to Mental Health Crisis line**
- **ICS Strategy** – collating feedback from Merton communities to influence the development and delivery of the ICS Strategy and priorities
- **Closing feedback loop** by updating partners at community voice forums with the progress of the ICP strategy and JFP.
- **JFP strategy -** Forward planning engagement and focus groups on Urgent and Emergency Care, Primary Care and understanding the experiences of LGBTQIA+ communities accessing health services.

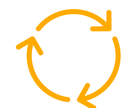
Supporting primary care and PCNs

Being receptive to local needs

Supporting primary care networks to hear from their patients and the wider communities they serve.

- **Primary care** dashboard

Service improvement and change



Meeting legal responsibilities

- **Legal duty to involve** – people where services or access to services change from the earliest stages
- **Understanding changes** – making sure that residents, external stakeholders and staff understand what the changes might involve, why we are making them and any potential implications

Examples of current activity:

- Wilson health and wellbeing hub development

Merton: Actively Merton - Beat The Street

Engagement Lead: Nadra Gadeed, Engagement and Equalities Lead

March 2023

Why did you seek the views of local people and or communities?

Actively Merton is a new programme in Merton with three core components which:

- aims to increase activity of walking and cycling through the 'gamification' of the local area.
- Improve connection by connecting residents to activities
- Increase awareness through an integrated communications and engagement plan of the programme.

Currently in phase 1 of the behaviour change programme and engagement with key partners.

What activities did you do?

The first phase of Actively Merton programme is:

- Gamification of the local area 'Beat the street' – sensors placed around the borough with people earning points as they travel to the beat boxes, leader boards for teams to win prizes. There are 220 beat boxes and 10 distribution points.
- A 12 month programme aimed at normalising physical activity by creating a social norm delivered through a six-week game phase. The participants will receive updates and opportunities to continue to be physical active by receiving newsletters and notifications over 12 months. This will be the legacy phase of the programme
- The ICB will working with partners to raise awareness of local opportunities, groups and spaces before, during and after the game.

.

Who did you speak to and why?

Over the course of 6 weeks 22,300 people have signed up (around 10% of Merton's population), with 46 Primary and Special educational Needs schools.

33 community teams

27% of players are from top 40% most deprived areas

38% of players registered as physically inactive

What were the key themes that people raised?

The engagement programme is evolving. Partners have been supportive of this local initiative and more engagement is planned in the next quarter. Including the delivery of a small grants programme for grassroots and VSCE organisations in collaboration with Merton Council as borough of sport.

What difference has this feedback made?

Beat the street has an embedded legacy phase where all the participants registered will receive ongoing updates about local opportunities for physical activity.

Building on the relationships already made to help them to maintain and build on new activity levels and social cohesion.

They will signpost members of the community to local initiatives as agreed by the Beat the street steering group, face to face and using social media, email, and the website.

Participants make small behaviour changes throughout the game phase which will help embed life long healthy habits.

Are you planning any further engagement work on this programme or a related programme?

Beat the street steering group will continue to meet over the legacy and sustain phase to

- Evaluating the impact that the game has had on individuals, communities, and organisations.
- Utilising insight gathered from the game phase to help inform local priorities.
- Continue to signpost participants to local activities, events, places, or services.
- Schools continue to promote activity.
- Community participation in east of Borough.

Merton Health and Care Together Committee - Feedback

- At the June meeting we will seek committee steer on potential areas for insight and engagement in Merton 2023-2024

- The Committee has a standing item on each agenda "The People We Serve" to hear about people's lived experience related to items on the agenda. The item will also be used going forward to share engagement insights, including hearing directly from local people and community leaders

- Date of next meeting: 13th June 2023.

A welcoming new space in east Merton

South West London Integrated Care System

Proud to be working together to create healthier communities

Partners involved

NHS South West London
The Wilson Wellbeing steering group
JIgsaw4U
NHS Property Services

Find out more

Learn more about our work and get involved at www.swlondon.nhs.uk

How we're making a difference

The Wilson Wellbeing centre is somewhere residents of east Merton can go for support, or to get together to learn new skills – boosting their mental and physical health and combating loneliness.

Since the middle of April, a programme of activities has been running Monday to Friday on the Wilson hospital site in Mitcham. They range from gardening, coffee mornings and book clubs, to wellbeing support for those affected by homelessness, and advice around domestic abuse.

A central drop-in area is a place for people to have a cup of tea and a chat or check in with staff and volunteers about their welfare. They can also find out about the many organisations in Merton that can help.

Outside, a community garden gives people all the health benefits of nurturing plants in the great outdoors. There is also a food and clothes bank for people who need this help.

"We know things are tough right now – people are struggling with their mental health, the cost of living, housing issues and many other things – which is why this space is needed more than ever."

Stephen Loizou, chief executive, Jigsaw4u