NHS
South West London

Working with people and communities

ANNUAL REPORT

1 July 2022 – 31 March 2023

Contents

Foreword

Welcome to our annual report on how we have worked with our diverse people and communities in South West London.

This is our first report since we became a new organisation, NHS South West London, part of the wider Integrated Care System. The activities covered in this report took place between 1 July 2022 and 31 March 2023.

We are here to improve the health and wellbeing of the 1.5 million people living in our six boroughs – Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth.

We will only know if what we are delivering is meeting the real needs of our local population by hearing the voice of our people and communities. What we do and how we do it has to be aligned to what matters most to our residents.

The key reason for the change in how the NHS was organised in July was to help people live healthier, happier lives and reduce health inequalities – unfair differences in health in different groups because of social circumstances.

Together with our people and communities, we shape local health services and the care that we provide. We are clear we must do this in partnership with our communities, as it is essential that local people are at the centre of every decision we take.

The pandemic clearly showed us the huge value and reach that our voluntary and community sector partners can bring in supporting us to work together with local people. Building trust is essential in reducing health inequalities. Our voluntary and community partners hold the key to supporting us to deliver more community-led approaches and to build trust through continuous conversations.

We have always worked closely with our six Healthwatch bodies, and the new Integrated Care System further elevates their place as local health and social care champions. As an independent statutory body, they help us hear people's feedback and improve standards of care. As you will read throughout this report, their insight from people and communities has influenced what we do.

Without the efforts of our local Healthwatch and voluntary and community sector partners this year, our reach would be narrower and insights less rich. Recognising the importance of both their roles, we have invested in creating two new posts which support collaborative working across our six boroughs.

Throughout this report you can read about how we have involved people and communities as partners in making decisions and developing services. There are lots of examples and stories about the inspiring people who live in South West London.

We'd like to take this opportunity to thank our local people, for sharing their lived experiences, wisdom and expertise. There is a lot to do in the years ahead, but we are listening and know that together we are making a difference.

Sarah Blow
Chief Executive Officer
NHS South West London Integrated Care Board
South West London Integrated Care System

Mercy Jeyasingham
Non Executive Member
NHS South West London Integrated Care Board

Introduction

This document is a report on the engagement activities carried out by NHS South West London, working with our wider Integrated Care System partners, during the previous financial year. The activities covered in this report took place between 1 July 2022, when the Integrated Care Board was formed, and 31 March 2023.

Working collaboratively with people and communities is at the heart of everything we do in South West London. We take our legal duty to involve the public very seriously. Listening to feedback and codesigning our projects not only makes us more accountable for the services we provide, but also ensures people have opportunities to shape and improve them.

Understanding the needs of our diverse communities, the context and social histories of people's lives, as well as people's experience of the care we offer, is essential if we're going to improve health and wellbeing. This is particularly important where we know there are unjustifiable differences in health for people.

Every Integrated Care Board has a legal duty to produce an annual report on how it has discharged its functions. The minimum contents of the annual report are prescribed by the National Health Service Act 2006 (NHS Act 2006) as amended.

This standalone document explains how we have discharged our legal duties on public involvement and consultation, as required by Section 14Z58 of the Act. You can read our full annual report on our website.

Alyssa Chase-Vilchez, Executive Officer, Healthwatch representative to the South West London Integrated Care System

"Healthwatch organisations play a key role in engagement across South West London. Six independent Healthwatch organisations (Healthwatch Croydon, Kingston upon Thames, Merton, Richmond upon Thames, Sutton, and Wandsworth) are located within the borders of the South West London Integrated Care System (ICS).

The ICS Patient and Public Engagement team have provided valuable pathways for South West London Healthwatch – and thus the patients and carers who provide us with their insights – to influence decision-making at the ICS level. These include funding for my position as South West London Healthwatch Executive Officer to facilitate joint working where feasible among the six Healthwatch organisations and to help ensure that an independent perspective on patient and carer experience is embedded into ICS decision-making.

We are also very pleased that the ICS has provided an opportunity for us to bring together learnings from over 100 South West London Healthwatch patient engagement reports, representing the voices of thousands across the six boroughs, to inform the writing of its Joint Forward Plan and Integrated Care Strategy. This means that many of the patients and carers who have taken the time to share their views with us since autumn 2021 have directly influenced the priorities of key ICS programme leads over the next five years! The work involved in synthesising these views also demonstrates that the ICS and South West London Healthwatch share a commitment to putting the people of South West London at the centre of health and care, and this early win makes us optimistic about what South West London Healthwatch and the ICS will accomplish together in the future to drive improvements across the region."

Sara Milocco, South West London VCSE Alliance Director

"The Voluntary, Community and Enterprise sector (VCSE) needs to be a key strategic partner in the Integrated Care System with an important contribution to make in shaping, improving and delivering services, and developing and implementing plans to tackle the wider determinants of health. During the last year VCSE infrastructure organisations across South West London have worked closely with the Integrated Care System to develop a robust partnership that will be able to work alongside and influence all levels of the new health and social care structures. A mechanism that can allow the voluntary sector to be that key partner to co-produce and deliver innovative health solutions to tackle health inequalities.

Merton Connected, Croydon Voluntary Action, Kingston Voluntary Action, Richmond CVS, Wandsworth Care Alliance and Community Action Sutton regularly meet with Integrated Care System leads to build the foundations of a South West London Alliance and make sure it is resourced. The initial VCSE Leadership Group commissioned a rapid review of VCSE networks and structures across South West London, which revealed some areas for development but also a great deal of existing good practice at place level. Each partner has delivered a borough wide event for the sector, gathering feedback from the local organisations they represent on how the sector can engage. A South West London Alliance Director has now been appointed to progress this ambition.

We know that, as a sector, we have depth of knowledge, insight, reach into communities and the ability to innovate. We look forward to working closely with our partners to co-design service delivery, be involved in governance structures and influence development plans to find new patients' pathways and improve the quality of health and social car in South West London."

Our people and communities strategy

Our people and communities strategy supports us to put people and communities at the heart of everything we do. We aim to:

- **Ensure the voice of people and communities is central to all levels of our work** – and that we have inclusive ways of reaching and listening to our diverse populations.
- **Reduce health inequalities by better understanding the needs and aspirations of local people and communities** and responding to them in how we plan and deliver services.
- **Plan how local people and communities will be involved early** - at the start of any work looking to change how services are delivered.
- **Invest in community-led engagement** that will strengthen our understanding of our communities and their experiences.

Our agreed 10 principles for engagement

We engaged on these 10 principles with our partners, stakeholders and communities as part of our engagement on our people and communities strategy. They set out how we work with people and communities across our Integrated Care System. Read our full strategy on our website.

Put voices of people at the centre of decision-making and governance

Start engagement early when developing plans

Understand community's needs, experiences and aspirations

Build relationships with excluded groups, especially those affected by inequalities

Work with Healthwatch and VCSE sector as key partners

Provide clear and accessible public information about vision and plans

Use community development approaches that empower people

Use co-production, insight and engagement

Tackle system priorities in partnership with people and communities

Learn from what works and build on the assets of all ICS partners

Our legal duty to involve

The NHS has legal duties to make arrangements to involve the public in its decision making, set out in the Health and Care Act 2022.

We are required to make arrangements to involve patients and the public in planning services, developing and considering proposals for changes in the way services are provided and decisions to be made that affect how those services operate. This can be achieved by consulting people, providing people with information, or in other ways.

Building relationships with communities and talking with them openly about service changes ensures we meet our legal duties and that the voices of patients remain central to everything we do. Understanding people's experiences is vital to designing care which meets people's needs. The level of engagement we carry out is based on the scale of any proposed change, and how significant it is likely to be.

We work closely with Health Overview and Scrutiny Committees in our borough councils to plan engagement activities. They have the opportunity to challenge our engagement work and findings to ensure local people's needs are central to decision making.

What we've learned

During the pandemic and the Covid-19 vaccination programme, we worked with our community partners, local authorities and voluntary sector far more closely than ever before.

People and communities

Be Creative

Use local champions

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

Be Connected

Find community leaders

Work with trusted leaders to speak with local people and communities

Be Bold

Go beyond traditional boundaries

Work across borough boundaries to engage with particular communities

Be Proactive

Make the first move

Go to local communities - rather than expecting them to come to you - provide translations and interpretors

Be Informed

Gather data and insight

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

Be Open

Listen and understand

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

Be Equitable

Inclusive and innovative ways of reaching and listening to our diverse people and communities - and ways for them to get involved

We have learned from, and built on, these experiences and changed the way we work with local people, communities and our excluded groups, especially those affected by inequalities. We reviewed and discussed our approach with our partners and communities and describe our updated and responsive approach in this diagram.

Be Resourceful

Use partners' networks

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

Be Inclusive

Create maximum impact

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

Be Collaborative

Work with VCSEs

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

Be Representative

Reflect the population

Co-deliver engagement sessions with clinicians that reflect local populations

Be Proud

Reflect and share

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

Be Purposeful

Join forces

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

Be Responsive

Community First

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

The different ways we engage

We recognise people within our communities like to get involved and share their views in different ways. With this in mind, we aim to offer a wide range of engagement opportunities and activities to encourage greater participation.

The more diverse views and perspectives we hear, the more we are able to respond to and address people's needs. We go out into communities and actively seek views, gaining insights which influence plans at an early stage and ensure we're working in partnership with local people.

The majority of our engagement work can be sorted into the broad categories below. You can read more and see examples of our work in these areas in the following sections.

Community led approaches

We take a bottom-up approach to working with our communities, empowering local people from the outset. We work with local influencers, including faith leaders, community champions, health care professionals, GPs and their practices to lead and host conversations, building trust and confidence within our diverse communities. We tailor our approach to the specific needs of each community, ensuring long term sustainable networks between health, care and voluntary organisations, while supporting local people's health and wellbeing.

Working collaboratively with people, communities and our partners

The Integrated Care System brings health and care organisations closer together than ever before – so collective resources can be used to meet people's needs most effectively. The new Government legislation, which changed the way we are organised, makes it easier for GPs, hospitals, mental health and community services and social care to work together more closely. In particular, there is an even greater focus on working with voluntary and community organisations and our six Healthwatch organisations across South West London. We have a united ambition to foster our existing relationships with local people and work with our diverse people and communities across our six boroughs, so we can make a bigger collective impact by collaborating on projects of work.

Focus groups, interviews and events

We ask questions about health topics to inform our work and shape services. We do this in groups (focus groups or events) and on a one-to-one basis. We aim to speak to specific communities, based on what our local data and insight tells us about who is, or isn't, accessing services; people who have poorer experiences of services and those with poorer health and wellbeing – to make sure we hear from people who are representative of the population in South West London.

Digital and online engagement

We use a range of different digital methods and platforms to engage with South West London residents. We know these methods don't work for everyone, but they are important tools to enable us to reach a large audience, and people who might not attend in-person events. We use an online engagement platform to help conduct surveys to ask questions to local people, and digital marketing helps increase response rates. Our websites and monthly e-bulletins to residents and stakeholders help us advertise all upcoming engagement opportunities and share the impact of insights.

Community led approaches

We take a bottom-up approach to working with our communities, empowering local people from the outset. We work with local influencers including faith leaders, community champions, health care professionals, GPs and their practices to lead and host conversations. Through working in this way we aim to build trust and confidence within our diverse communities. We tailor our approach to the specific needs of each community we work with, ensuring long term sustainable networks between health, care and voluntary organisations whilst supporting local people's health and wellbeing.

A key element to enabling this way of working is maintaining our relationships and links to community leaders and community and voluntary sector organisations in borough through our local engagement leads.

Community outreach – by having a more regular presence in our communities, not just when we want to engage, we build trust and hear what's most important to residents.

Working through the reach of our voluntary, community and social enterprise (VCSE) organisations – we know that we gather richer insights and hear voices we wouldn't otherwise due to the reach our VCSE partners have with local people and communities.

Working with our champions – our champions foster engaging and trusted relationships with their communities and support often marginalised and underserved groups and individuals.

Community led – outreach

By having a more regular presence in our communities, not just when we want to engage, we build trust and hear what's most important to residents. Building trust is so important to our work with communities experiencing health inequalities. Our work benefits hugely from the lived experiences, wisdom and expertise our communities generously share.

We attend community events, meetings and networks to bring fresh insights and make sure we are proactive in our engagement approaches in each of our six boroughs.

Through grant programmes we make funding available to local VCSE organisations and groups to support projects where we have shared aims. As well as funding, we also provide training, support and networking opportunities to strengthen our relationship with communities, and bring groups together so they can share learnings and develop sustainable community networks.

COMMUNITY LED APPROACHES

Case study

Making connections on the Shanklin Village Estate in Sutton

Since early 2022 we have been learning what matters to people who live and work on the Shanklin Village Estate in Sutton, an area of high deprivation and poorer outcomes, when it comes to their health and wellbeing.

A series of listening events on the estate told us that people were feeling socially isolated and experiencing poor mental health. As a result, we partnered with Cheam and South Sutton Primary Care Network and voluntary sector organisations to run outreach events. The sessions were well attended, drawing positive feedback and building trust. For one resident, who hadn't left the house since the pandemic, the events brought reconnection with their community. The resident now feels more socially connecting supporting a positive improvement to their mental health.

We have an ongoing resident engagement programme to gain feedback and offer support as needs change. For example, in February 2023 we showcased the NHS app while raising awareness of how it can be used to manage their health alongside programmes to reach people who are digitally excluded isolated.

Residents were keen to develop a set of values for the estate. Responding to this feedback, we created a poster to display their values in the community hall. The Shanklin Village Estate values, created by residents are: engaging, supportive, fund, non-judgmental, community spirit and care for one another.

> **"These events have really helped residents on the Shanklin Estate to get to know one another and participate in some healthy, social activities together."**
>
> **Dr Shazma Mawani, Benhill & Belmont GP Centre**

COMMUNITY LED APPROACHES

Working with Korean communities in Kingston

New Malden is home to the biggest South Korean population in Europe. There is also a significant population of North Koreans.

Data shows us people in these communities are more likely to live with a long term condition and have a history of underusing local health services. They can be extremely private about their health and wellbeing.

Working together with Kingston Council and voluntary sector groups, we are helping residents get better access to healthcare, including mental health support.

A Korean health coach and five volunteer health coaches have been trained by the NHS and Kingston Council and are helping to carry out health checks and signpost people to NHS services.

All the coaches are from the Korean community and speak the language building trust to support this important work. The health coaches go to a monthly wellbeing hub at a local church, which also brings in other services for local Koreans.

Working with local voluntary support group Connect North Korea, we have also translated a wellbeing leaflet to make it culturally appropriate.

More local Koreans can now access the health support they need, as well as food bank vouchers, debt advice and free access to weight management courses.

Read more about our work with the Korean community in New Malden on our website.

COMMUNITY LED APPROACHES

Wandsworth community grants

Every year our community grants programme in Wandsworth provides investment for a range of small-scale schemes run by voluntary organisations.

Our aim is to build closer working relationships and mutual understanding between the local NHS and the many small and developing voluntary and community organisations who do so much to support people in Wandsworth.

This year we invited bids that help to address local health inequalities and reduce the impact of cost-of-living concerns on mental health. We worked closely with Wandsworth Care Alliance, and awarded six grants to a range of projects that include:

- swimming groups for older adults
- family cooking sessions
- pilates classes to help promote mental wellbeing
- support for carers of children with special educational needs
- helping disabled adults to look after their physical and mental health
- support for people with autism from Black, Asian and ethnic minority backgrounds

Organisations we work with are offered training and support to enable them to bid for future funding. Successful applicants also join our monthly community voice forum called Thinking Partners - not only does this enable sharing of learning and best practice, it also increases the diversity of the group.

Each six month project will run from April 2023 and will be reviewed to see what impact they have had on the local people in Wandsworth.

Merton health on the high street

The Health on the High Street initiative began in summer 2022 as a creative way of supporting people across Merton and is a key element of our local health and care plan.

Following the success of the Covid-19 vaccine programme – which demonstrated how different community settings could be used to deliver healthcare services and advice – we aim to change the way services are delivered and help our partners reach new people.

This has involved the creative use of libraries, community centres and cafés as healthcare venues, running everything from mental health support to vaccination clinics. It is also about bringing people together, boosting their social wellbeing and addressing loneliness.

Health on the High Street projects include a memory café in Morden, run in partnership with the Alzheimer's Society. This weekly drop-in at the Metronome Café is a chance for anyone worried about their own or a loved one's memory to talk to the experts and share their worries.

Two well-attended winter health fairs in Mitcham and Raynes Park gave people the chance to meet voluntary organisations and find out about their activities and support – as well as having blood pressure, diabetes and cancer screening checks and a hot curry lunch.

Other loneliness-busting sessions have ranged from a LGBTQIA+ history month coffee morning for older people, to monthly drop-in mental health counselling.

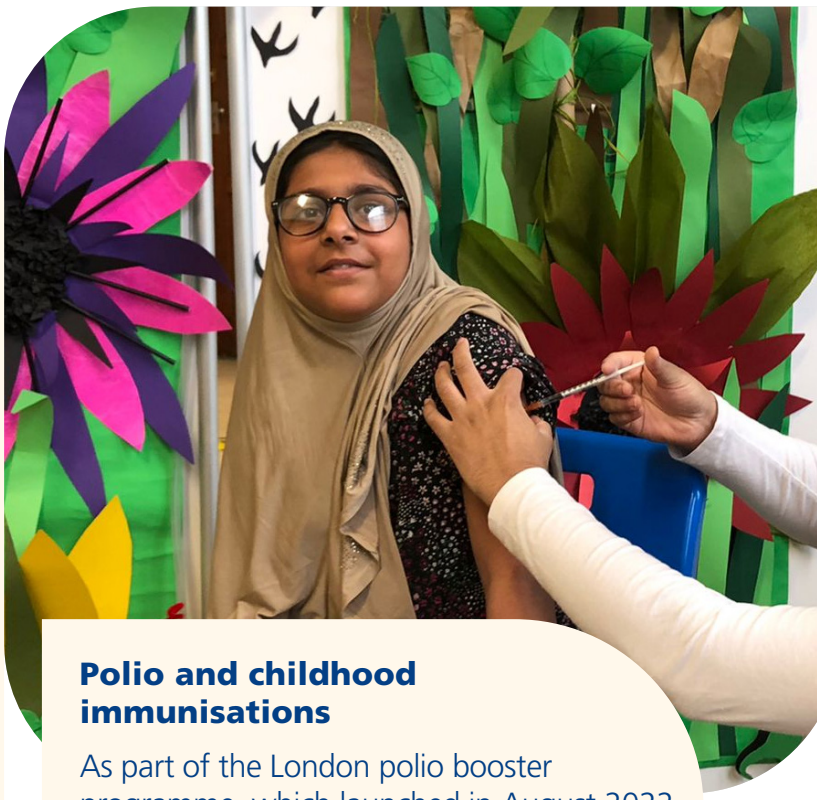
> "It is only when we work together that communities can truly be accessible to all."
>
> **John Merriman, Metronome Café Merton**

COMMUNITY LED APPROACHES

Roving covid-19 vaccine team reaches out to areas of low uptake

Although our Covid-19 vaccination programme has been successful, 350,000 people in our boroughs have not received their first dose. To meet our objective of offering equal access across communities, and ensure people can make informed decisions, we set up a roving team to deliver pop-up clinics at locations across South West London.

The clinics were designed to reach into areas of low uptake of the Covid-19 vaccine building on what we had learnt from our insight from local communities – including first, second and booster doses – as well as flu and childhood polio immunisations. Venues include homeless shelters, historic buildings, mosques and specific hospital wards – the team worked with the maternity unit at Kingston Hospital to increase uptake among pregnant women, for example. In total we held 483 pop ups and administered 10,392 doses across all vaccines.



Polio and childhood immunisations

As part of the London polio booster programme, which launched in August 2022, we held local webinars, one in partnership with the Croydon BME Forum, and organised on-street engagement as well as targeted digital advertising to promote available vaccination clinics.

We mapped areas of low uptake, and took a hyper-local approach. Our on-street engagement team spoke to over 5,000 residents about vaccinations, including polio, other childhood immunisations, flu and Covid-19.

As part of efforts to improve childhood immunisation levels in South West London, we surveyed 3,200 parents in November 2022 to understand their views. We worked to understand the blockers to getting vaccinated, and people's knowledge of the vaccinations that were available.

Key blockers include concerns about ingredients, difficulty booking appointments and the fact that some individuals are following a vaccination schedule of another country. We have been using this insight to inform our approach. We held further polio catch up clinics at children's centres in Croydon and Wandsworth, with a view to making the vaccination easily accessible.

Health and wellbeing days

A key element of our prevention approach is to deliver health checks and wellbeing events in community settings, aimed at people less likely to access healthcare through traditional routes. The events are also about raising awareness of our local services but also provide opportunities to hear from local people about their experiences to make sure we improve on these events in the future. Often activities are delivered in partnership with community organisations, with key involvement or leadership from local primary care networks.

For example, in Richmond and Wandsworth we have worked in partnership with SPEAR – a voluntary organisation – to run health and wellbeing events for homeless people, refugees and asylum seekers. In Richmond, an event was held at York House in Twickenham, where 84 people attended. People could get Covid-19 and flu vaccinations, sexual health advice and meet with a GP. Haircuts were also on offer, as well as free lunches and free clothing. Interpreters were used to support conversations and the feedback from the event is being used to inform the development of services for these groups in the future.

We also worked with Surrey Community Action, a voluntary sector organisation to visit the Swallow Park travellers' site. We talked about Covid-19 and flu vaccinations as well as online services to book appointments - digital exclusion can be a barrier for the Gypsy Roma Traveller community. We are working with Surrey Community Action and the local primary care network on ongoing engagement to address the issues raised with further targeted work.

Brigstock Road's new drop-in hub

A new community hub launched in Brigstock Road, Croydon, is giving people access to the right services to improve their wellbeing. The hub is proving more vital than ever as the increasing cost of living makes life harder for many people.

A partnership initiative bringing together One Croydon Alliance, Age UK Croydon and the local Asian Resource Centre, the hub offers drop-in sessions to address practical issues around housing, pensions, mental health, carers support, welfare benefits, health and wellbeing with no appointment necessary.

Brigstock Road is one of three community hubs helping residents address increasing economic and social challenges, offering help early, before issues escalate. The plan is to ultimately have a hub in each of Croydon's six localities to address local needs.

> **"We're pleased to be here to give local people the practical help and support they need to help them live life fully and independently."**
>
> **Community facilitator, Beena**

Community-led – working through the reach of our VCSE organisations

We value our community-led approaches that benefit from the extensive reach that our VCSE partners have with local people and communities. We fund specific pieces of engagement work to support our priorities and ensure diverse voices are heard in everything we do. We know that we gather richer insights and hear voices we wouldn't otherwise due to the reach our VCSE partners have with local people and communities. This is particularly true for communities experiencing health inequalities - unfair differences in health in different groups because of social circumstances.

COMMUNITY LED APPROACHES

Case study

A new roadmap for better dementia support in Croydon

Around 3,600 people are currently living with dementia in Croydon, a number that is set to rise to 5,500 by 2030. We wanted to find out how best to support them.

The Croydon Dementia Action Alliance is made up of voluntary and community organisations, businesses, faith groups, the arts and leisure as well as health and care partners and plays a practical role in Croydon's dementia strategy.

The strategy is a roadmap for improving services and quality of life, while holding decision makers to account. People with dementia and their carers are at the centre of the strategy and their views and experiences are sought through face-to-face conversations, online surveys and focus groups.

The Alzheimer's Society, in partnership with Healthwatch Croydon, has conducted three surveys to learn about people's experience of receiving a diagnosis. The surveys explored whether people felt supported to manage their dementia; their experience of services in Croydon and what would make the borough a good place to live with the disease.

In response to what we heard, our dementia steering group has developed practical actions for the partners. These including preventative work – tackling smoking, obesity and hearing loss, for example. Other actions include improving the diagnosis rate, and supporting people with the right information at the rate time, named care coordinators and consistency around health checks. There is also a focus on advance planning including addressing concerns around appropriate end of life care for people who do not speak English or have reverted to their primary language.

The strategy is due to be published in June 2024.

COMMUNITY LED APPROACHES

Going home after a hospital stay

People often need lots of support when they go home after being in hospital. This is particularly true for older people along with anyone helping care for them, whether that's a family member or friend.

In Merton and Wandsworth we have engaged with people and their carers about their experiences. This is helping inform plans for improvements.

We focused on rehab and reablement services, which are provided in people's homes, in a community location nearby, or during a short stay in a care home. Services include social work, care workers, physiotherapy, occupational therapy, speech and language therapy, or dietetics (advice on nutrition issues and eating habits).

The approach we took was to partner with voluntary groups to engage with their clients and their service users. In particular, we wanted to work with organisations who have links with unpaid carers, over 65s, people living in areas of Merton and Wandsworth where we know there are health inequalities, as well as ethnic minority communities. The voluntary organisations we funded were Mushkil Aasaan, Wandsworth carers centre, Merton Vision and Age UK.

The organisations used a range of methods, based on what they felt would result in the highest participation and richest insights. Over 150 people gave their views through activities including telephone interviews, focus groups and questionnaires. Issues raised included cultural sensitivity and the practicalities of accessing rehab in the community when at home. Feedback has shaped the design of a new pilot model for delivering care which will include a cultural needs assessment and a standardised approach to collecting equalities data.

Women's health

Data shows women face obstacles when it comes to getting the care they need and that they spend a bigger proportion of their lives being unwell compared with men. Not enough is known about conditions that only affect women, like miscarriage or menopause, or about how different conditions impact women in comparison with men. A project led by local doctors in South West London is exploring the issues and barriers to women seeking help, and how these could be addressed.

A separate project is looking at the current inequity for women from Black and ethnic minority communities receiving investigation and treatment for infertility in South West London, this is particularly true for Black Caribbean women.

These two projects have teamed up to speak to people across South West London, focusing on reaching women from ethnic minority communities. Community and voluntary groups across were invited to collaborate with us in March this year, with grant funding available for them to deliver work on our behalf.

We are embarking on work with the Croydon BME forum, Asian Resource Centre Croydon, Merton Connected and Wandsworth Community Empowerment Network. These organisations are taking the lead on designing engagement activities to reach the communities we're most keen to hear from.

Community led - working with our champions

We are fortunate to have a diverse range of champion roles including health champions, 'core20 connectors' and 'digital champion volunteers'. Our champions reflect the diversity of our local population. They foster engaging and trusted relationships with their communities and support often marginalised and underserved groups and individuals, which statutory organisations struggle to engage with effectively. Our champions help us engage through their friends, family and other networks and collect feedback about people's health and wellbeing, health-related topics and local services.

COMMUNITY LED APPROACHES

Case study

Roehampton health champions

Around 13,000 people live on the Alton Estate in Roehampton, an area with high health inequalities, which means they are more likely to have conditions like high blood pressure, diabetes and heart disease than people in other neighbourhoods nearby.

The Roehampton Health Champions were established in September 2022, led by Estate Arts – a local not-for-profit organisation. The project is supported by NHS South West London and Wandsworth Council, with the use of a £40,000 government grant. The aim is to reduce health inequalities on the estate by helping residents get access to information that could improve their health.

This includes:

- talking to families and friends to identify health needs in the area
- taking part in blood pressure and diabetes checks
- helping to arrange fitness classes and exhibitions
- motivating and supporting residents to get involved in health promoting activities.

People in the community who had not seen a GP or had any health advice have received valuable information and support to support them to improve their health though the project. Estate Arts have formed trusted relationships with the community which has led to local people feeling more confident and empowered to access local healthcare services and the support available on the estate. Champions have also supported with collecting insights for a range of other programmes and initiatives.

COMMUNITY LED APPROACHES

Sutton digital exclusion volunteers

The NHS started making more services available via mobile phone apps and over the internet during the Covid-19 pandemic.

While this has benefitted many people, others have found themselves excluded from these services, either because they do not have the technology to access them or do not have the confidence to use them.

To help more people access digital NHS services, we funded Volunteer Centre Sutton to set up a team of Digital Health Volunteers at Sutton Library.

The volunteers provide training to local people so that they can use the NHS App for things like finding services, booking GP appointments and ordering repeat prescriptions.

We coordinated the project alongside a campaign to promote the NHS App to residents across South West London. We tailored the campaign in Sutton based on feedback from residents, which helped us reach the people who would benefit most from the support on offer.

People who have received the training have said that they now feel more confident using online services. In March 2023 the service was expanded to four other libraries in Sutton.

The volunteers also gather feedback and insight which we use to influence how digital services are developed and made available to people in South West London.

"The health champions project is a scheme funded by government to find local people who care about local health needs and are passionate about making things better for all of us."

Lynne Capocciama, Estate Art.

Addressing health inequalities

We have been awarded funding as part of a national NHS programme called Core20PLUS Connectors. The programme aims to improve outcomes for our children, young people and adults in the 20% most deprived communities. Around 340,000 people live in the areas in South West London where there are higher numbers of people and families with lower incomes than elsewhere in our boroughs.

The programme focuses on five areas of health – maternity care, severe mental illness, respiratory disease, cancer and cardio-vascular disease. You can read about how these priority areas have been identified and the health inequalities associated with them, on the NHS England website.

A key element of the project is recruiting 'community connectors' to support individuals, families and communities to achieve better health and connect people with local services and support. The 'connectors' work with other community champions and uses asset-based community development (ABCD) methodology to work with the strengths of local communities to put in place what local people need. Croydon Voluntary Action leads on our ABCD training for all partners in our Integrated Care System which further shows the commitment to working with our local VCSE and their expertise in this area.

For example, community connectors recruited in Sutton have supported with an initiative to hold wellbeing events with residents of the Roundshaw Estate. By having the connectors front and centre at the events, people were more open to listen to information being shared because we were working so closely with trusted and familiar faces.

COMMUNITY LED APPROACHES

Integrated neighbourhood teams

An integrated neighbourhood team is a group of healthcare professionals, including doctors, nurses, social workers, occupational therapists, physiotherapists, and other allied health professionals, who work together to provide coordinated care and support to patients in a specific geographical area.

The team's focus is on providing proactive and preventative care, with a strong emphasis on supporting people to live independently for as long as possible. They work with patients and their families to develop care plans that take into account the individual's health, social, and emotional needs, as well as any personal preferences and goals.

The idea of an integrated neighbourhood team, isn't new – they've been operating for years. What is new, is community champions joining these teams to provide insights and deeper understanding of the local community.

Examples of this working can be found in Croydon and Sutton this year. In Sutton the teams tap into an existing network of 200 volunteers who have a reach of over 170,000 people in the borough.

In Croydon teams have recruited two community facilitators who are codesigning how to integrate ways of working with an existing community champion scheme called Healthy Communities Together. Healthy Communities Together started in 2021 after One Croydon Alliance (all health and care partners in Croydon working together) was awarded a grant by from the National Lottery Community Fund and The King's Fund. This way of working with people and communities at the heart of these approaches – we are able to coproduce and codesign plans and services.

Working collaboratively with people, communities and our partners

The Integrated Care System brings health and care organisations closer together than ever before – so collective resources can be used to meet people's needs most effectively. The new Government legislation which changed the way we are organised, makes it easier for GPs, hospitals, mental health and community services and social care to work together more closely. In particular, there is an even greater focus on working with voluntary and community organisations and our six Healthwatch organisations across South West London. We have a united ambition to engage with the same people communities across our six boroughs, so we can make a bigger collective impact by collaborating on projects of work.

Working with our Healthwatches

We work closely with our six Healthwatches on key programmes of work to strengthen the views they represent in our local decision making. Our local Healthwatches have skills in researching and analysing the insight they hear from local people, and producing comprehensive reports. These reports have been invaluable and will have impact in how services are planned over the coming months and years. We are committed to working in partnership to support our engagement approaches and insight gathering. From this year we have funded an executive officer post for South West London Healthwatch to support our six local Healthwatches' partnership working.

Working with our voluntary, community and social enterprise (VCSE) sector

We have strong relationships with our VCSE sector and are supporting a South West London VCSE Alliance model to elevate their voice, and those communities they represent in local decision-making. VCSE organisations often work with communities that we are unable to reach or have a lack of trust with statutory organisations and through them we can make sure we have inclusive ways of reaching and listening to a diverse range of communities. We greatly value our local voluntary sector and their ability to reach deep into local communities. From this year we have funded a SWL VCSE director post to support the collaborative working of our six local VCSE lead organisations and to help develop our SWL VCSE alliance.

Engagement in boroughs

We have created professional communities through our communications and engagement groups in each of our six boroughs that bring together local authorities, NHS trusts, our borough engagement leads, the voluntary sector and Healthwatch. These groups help us bring together insights and coordinate our engagement activity at Place level so we can gain a more comprehensive view of the views and experiences of our local people and communities.

Our patient or public partners

We work with a number of patient or public partners who are involved in our local decision making on our committees and meetings either at the borough or South West London level. A patient or public partner is often someone with lived experience who gets involved to represent their own views, or works with local networks, for example our Maternity Voices Partnerships to advocate and make sure their voices are heard.

Working across South West London

Our people and communities engagement assurance group and reports to the ICB for South West London works collaboratively with partners to review engagement plans and activities, with membership from across the partnership including the Integrated Care Board, quality and medical directors, programme directors from acute, primary care and mental health collaboratives, Healthwatch, the voluntary and community sector and the Integrated Care System communications and engagement team. Our people and communities engagement assurance group is chaired by our non-executive member, Mercy Jeyasingham who has responsibility for patient and public engagement and quality. Read our last assurance report from February on our website.

WORKING COLLABORATIVELY WITH OUR PARTNERS

Case study

Developing our overarching plans

We are currently working with all our partners to develop our local plans, as set out in national guidance.

- An Integrated Care Partnership strategy – which will set out how the Integrated Care System will focus its efforts and take collective action to make real and tangible improvements in health and care for local people. We have an opportunity to integrate health and care services, bring together partners in local government, the NHS and the voluntary and community sector and address deeply rooted health inequalities.
- An NHS Joint Forward Plan – which focuses on how NHS partners across South West London will work together over the next five years to meet the needs of local people.

It is important to start from what is already known from local people and communities and to inform the priorities set out in Integrated Care Partnership strategy, we asked all our South West London partners to share existing insight and engagement reports developed over the last 12 months. We were particularly keen on reports that describe what matters most to local people in their health, care and wellbeing. We reviewed over 100 reports from partners including Healthwatch, the voluntary and community sector, NHS Trusts, Public Health, Place councils and Place-based engagement teams.

Our South West London People's Panel is made up of over 3000 people reflecting the demographics or each place. 170 members of the People's Panel gave us their detailed views about our proposed priorities. This helped us gather views on the potential future priorities, ambitions and challenges we face in improving health and wellbeing and reducing health inequalities across South West London.

We built on this work to develop part one of our Joint Forward plan, with the number of reports for analysis rising to 180. The high level analysis and themes for these reports are displayed in the diagram on the following page. In each care setting section of the plan, we have summarised the views and concerns of people and communities for each of the main themes heard from our engagement. You can read in each chapter of the Joint Forward Plan how this insight is influencing our progress and planning for our local ambitions.

Looking at the insight we already have across our partnership, we have done a gap analysis to help us plan for our first year of delivery for our Joint Forward Plan. We will now prioritise our engagement activity using a thematic approach to reflect the settings of care. We are developing a rolling plan of engagement for the coming months and years to help us listen to the views and experiences of local people and communities and make sure this impacts the way we deliver our services and ambitions outlined in the plan.

People and communities: views and concerns

High level analysis and themes from nearly 180 engagement reports.

WORKING COLLABORATIVELY WITH OUR PARTNERS

Case study

Improving mental health in South West London

To inform a new Mental Health Strategy for South West London we worked with the mental health collaborative. Together we developed an extensive engagement plan to ensure we were able to hear the views of service users, their carers and families, clinicians, wider stakeholders and residents in South West London. We used both survey and discussion approaches over a number of months.

We worked closely with Healthwatch and other community partners to help distribute and promote the survey and received responses from 947 people and four representative groups.

The questions focused on prevention and early intervention, self-care, access to support and maintaining mental wellbeing following a crisis. We were particularly keen to understand how to help people get more support early on – to prevent their mental health crisis and avoid the need for longer-term care.

We also used insight from the South London Listens campaign to inform the development of our mental health strategy. South London Listens is a campaign run by the three south London mental health trusts, which launched a two-year plan in June 2021 based on feedback from the local community.

Overall, family and friends were highlighted as the primary source of support for anyone struggling with mental health problems. Most people seeking further support turn to the NHS and the main difficulty people reported when trying to get help was long waiting times. The second most highly ranked barrier was "stigma or shame".

The insights we gathered and discussions we had during meetings form the cornerstone of the plan. Some of the plan's aims include: preventing mental illness, providing early support for recovery and increasing equity of access, experience and outcomes for all South West Londoners, In the strategy we also commit to co-producing the delivery plan for the strategy.

WORKING COLLABORATIVELY WITH OUR PARTNERS

Boosting uptake of screening in Croydon

With large gaps between ethnic groups when it comes to cancer screening uptake, addressing health inequalities 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 also know that peer support can also have a positive impact, so we have trained local volunteers to become cancer health champions.

"This is a great opportunity for the local Black community to come together and gain more knowledge about the importance of cancer screening."

Lorraine Chang-Edwards, Croydon BME Forum

WORKING COLLABORATIVELY WITH OUR PARTNERS

Building confidence in breast and cervical screening in Kingston

Two Kingston Hospital events focussed on the health inequalities seen in breast and cervical screening uptake among some women, some of whom had avoided screening due to confusion or anxiety about engaging with health services. The events aimed to increase confidence in screening.

An event at Kingston Library, with an interpreter, was aimed at women from Hong Kong – those recently arrived, and who have lived in Kingston for some time.

The second, at a women's health day by the charity Refugee Action Kingston, saw more than 60 women from Afghanistan, Syria, Ukraine, Iran, India and Sri Lanka receive advice from healthcare staff aimed at boosting their physical and mental health. We heard that the absence of male guests gave the women and girls attending a safe space to discuss personal concerns.

Feedback from both sessions was extremely positive. Even better, attendees said they would make screening appointments and share what they had learned with other women in their families and communities.

Case study

Enhanced primary care access and PCNs

In October 2022, new standards were introduced to enhance access to GP services. The aim is to help more people use primary care in a way that suits them and their life.

The measures include things like more flexible opening hours, virtual (online) appointments a greater range of services, including screening and vaccination and more flexible working for staff.

The NHS worked closely with patients and local people to gather information about where and what services should be delivered. Practice participation groups (PPGs) were central to planning activities.

In Richmond, GPs sent a survey via text message to all registered patients over 18. Borough patient participation groups were invited to provide feedback on the survey questions before they were finalised.

More than 17,000 people responded to the survey, and we learned that:

- some retired people did not want to travel too far from home to see a doctor and they preferred early morning appointments.
- people in full-time work preferred evening appointments.
- offering some same-day appointments can help divert people away from A&E.
- crossing the River Thames could be a barrier for people accessing GP Hubs for appointments.

The feedback was used to help develop the enhanced primary care service in Richmond – such as making sure that GP hubs are accessible to people living in different wards.

We plan to survey residents again in spring 2023, to evaluate how the new service is working.

WORKING COLLABORATIVELY WITH OUR PARTNERS

Understanding homeless communities in Sutton

Homeless people are more likely to have poor physical and mental health than the general population and are among some of the groups who have increased attendance at A&E.

Work with homeless communities takes place across south west London. A good example is Sutton, where we launched an engagement programme aimed at getting a better understanding of the barriers homeless people experience to accessing primary care. Sutton's primary care networks tested an outreach clinic service based on the insight. It was a success and is being expanded to more homeless communities.

WORKING COLLABORATIVELY WITH OUR PARTNERS

Putting feedback at the heart of Croydon's clinical strategy

One Croydon Alliance, which brings together the borough's health and care partners, wanted to develop a clinical strategy covering the whole system, including acute hospital services (A&E, acute medicine, in-patient paediatrics, consultant-led maternity services, acute surgery and intensive care) primary care and the work of allied health professionals.

We organised five workshops for staff and reviewed patient feedback, including from Healthwatch reports, Croydon Council and local community and voluntary groups. We also looked at friends and family data, feedback from the Patient Advice and Liaison Service and complaints.

All the information gathered was used alongside population data to identify our strategic objectives.

WORKING COLLABORATIVELY WITH OUR PARTNERS

Closing the gaps in bereavement support in Kingston

Engagement exploring the lived experience of people using bereavement support identified gaps in our knowledge. It confirmed that we needed to find out more about the experiences of people from minority ethnic communities, children and young people and those with learning disabilities.

In spring 2022, we published three online surveys, available in different languages. We offered some small community groups grants to get involved by organising focus groups.

The groups included: MILAAP – a local Korean community organisation, Korean Culture & Arts, Kingston Carers Network, the Tamil Information Centre and Oxygen (a young people's group).

Around 350 people responded, and our engagement report was published in August 2022 on the Healthwatch Kingston website. It includes people's experiences and identifies gaps in services with examples of how they might be filled.

The Kingston and Richmond End of Life Care Steering Group continues to improve the bereavement pathway, based on the findings from this project.

Improvements since the report include information in GP practices listing local and national services and an advice line. There is also advice for practice staff to help them offer compassionate support to bereaved people. Kingston Council has collated bereavement guidance for residents. And we have added resources to our website, to enable frontline staff to offer bereavement support and planned end of life care.

WORKING COLLABORATIVELY WITH OUR PARTNERS

Case study

Transforming urgent and emergency care in Croydon

Croydon has seen a continued rise in demand for urgent care – Croydon University Hospital is seeing 17,300 more patients this year than last. To help manage demand for urgent care, we have been engaging with local people.

We developed three GP hubs at Purley War Memorial Hospital, New Addington and East Croydon medical centres, offering same-day appointments booked via NHS 111.

To help co-design the service, we set up a group in 2021 which includes patient representatives from the areas covered by the hubs. The group commissioned Healthwatch Croydon to survey 1,000 people, with insight used to shape the services in our new urgent care contract.

Since then, meetings every six weeks bring together our GP urgent care provider with active citizens and representatives of resident associations and practice participation groups. The group collates feedback for discussion around issues which affect patient experience, including access, clarity and equality of services.

We have used this rich insight to develop a fourth pilot hub in Croydon University Hospital. It means that people who arrive at A&E are triaged and directed to the GP urgent care hub, if appropriate, avoiding long waits and allowing emergency teams to work with the patients who need them most.

Feedback revealed that people found the system confusing. In response we have produced a leaflet explaining local services, which we've translated into five languages and distributed to 3,000 residents via community representatives, food banks and our outreach programme.

Following the engagement, we have proposed a new model of care which includes promoting the urgent treatment centre within A&E and offering more appointments at the existing GP hubs as well as x-rays and specialist referrals. We plan additional Healthwatch involvement in the next phase of implementation to test the model and ensure it is designed with residents in mind.

WORKING COLLABORATIVELY WITH OUR PARTNERS

Improving physiotherapy services in Wandsworth

We recruited a patient representative to help us commission a new community physiotherapy service in Wandsworth. Our aim is to make sure that the voices of local people and communities are at the centre of our decision-making.

We found someone from the local community through Thinking Partners, a network of over two hundred voluntary and community organisations in Wandsworth, including expert patient groups and patient representatives.

The patient representative lived and worked in Wandsworth and was registered with a local GP. They were also a member of the Thinking Partners community voice forum.

They were given training and support to help them ask questions and assess applications from new providers.

WORKING COLLABORATIVELY WITH OUR PARTNERS

Maternity voices

The Maternity Voices Partnership is a peer-led group that works with communities to improve maternity experiences and health outcomes, and to address health inequalities.

Following publication of the MBRRACE-UK report in 2021, which highlighted a significant difference in outcomes for Black and Asian women, we carried out a study to understand where maternity services most needed to improve.

We held engagement events in community settings, such as children's centres and with faith groups. This helped us to reach people from underserved communities, including Black and Roma women.

They told us that more needs to be done to speak to some community groups and help them understand the support available.

In response, we recruited three maternity core connectors, who now host regular coffee mornings and other community events. Their aim is to connect women and families to services aimed at reducing inequalities – such as perinatal mental health, education, training and peer support groups.

Focus groups, interviews and events

We ask a number of questions bringing together small groups of people to hear about health topics or from specific communities to help inform our local work and help shape local health and care services. These can be done in a group or on a one-to-one basis. We aim to speak to specific communities based on what our local data and insight tells us about who is or isn't accessing services, people who have poor experiences of services and those with poorer health and wellbeing – aiming to make sure we hear from people that are representative of the population in South West London.

Case study

Sutton crisis café

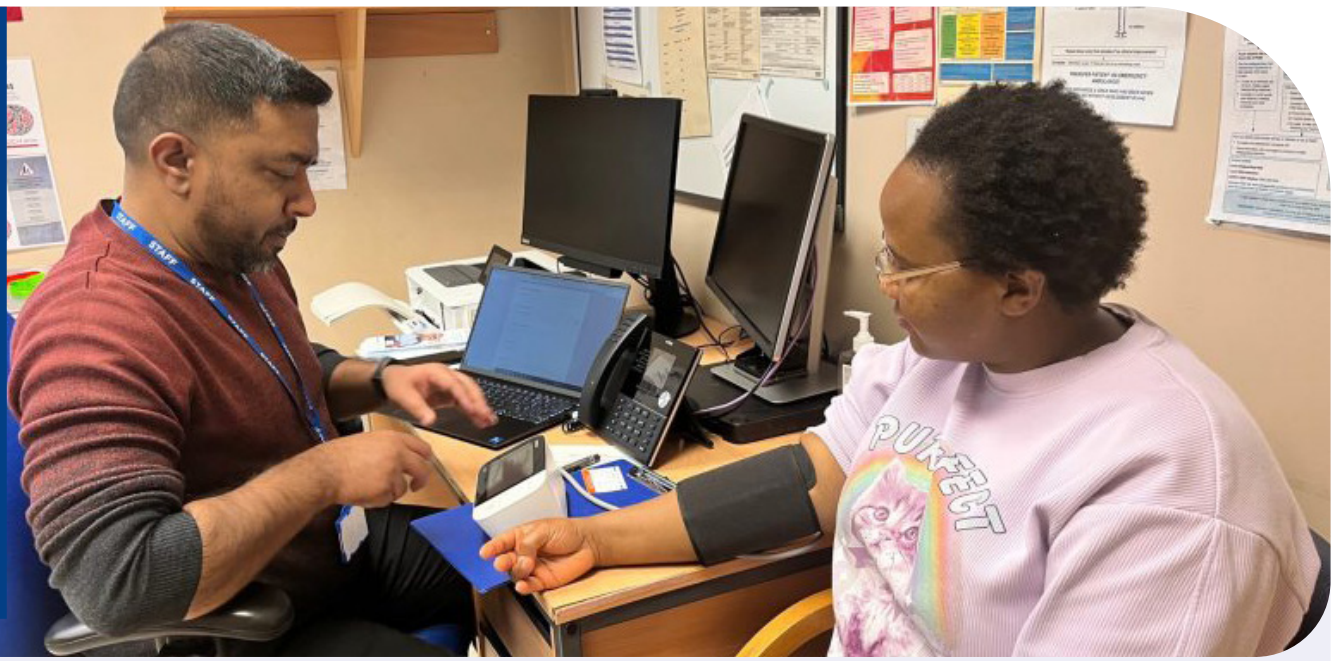
In August 2021, we worked with the Sutton Mental Health Foundation (SMHF) on the Sutton Crisis Café pilot. It was set up in response to the need for appropriate support outside of hospital in Sutton, to reduce A&E attendances for mental health crises when medical intervention is not required. It was also designed to give service users a better mental health experience and improve their quality of life.

We have been evaluating this pilot this year, using service user data, surveys, qualitative interviews, focus groups and online polls sent to service users. We spoke to current users of the Crisis Café, including carers, to ensure it is meeting their needs. The evaluation focused on user experience and access to the service.

People told us they weren't always able to access the service - it is referral only and opening times were not long enough. The information provided by the service was complex and users did not understand information relating to their mental health condition. As a result, the service has produced clear guidance for staff to support their work with services users. Staff are also being trained on mental health topics beyond mild to moderate crisis management.

Going forward, Sutton Healthwatch will be leading on a survey with insights and learnings used as a starting point for further engagement.

FOCUS GROUPS, INTERVIEWS AND EVENTS



GP practice closures

Two GP surgeries were closed this year – the Rowans Surgery in Merton and the Village Surgery in New Malden.

The Care Quality Commission cancelled the registration of the service providers at the Village Surgery in June 2022. A separate proposal was made to close the Rowan's Surgery following longstanding issues with services provided at the practice.

Practice closures are rare but can cause disruption for patients, so we aimed to ensure that everyone understood what was happening and could have their say. In both instances we were clear about the proposals and honest that we had been unable to identify alternative viable solutions.

Between June and September 2022, we sought the views of local people and communities to:

- understand their views on the potential closures
- encourage patients to register at an alternative practice
- understand how to support patients transferring to other practices
- take views on the wider experience of services offered by the practices

We focused on making sure all impacted groups had an opportunity to tell us their views. We gave as much notice as possible and took additional steps to reach groups who we thought could be more affected than others.

We used a range of methods to hear from as many people as possible, including: letters and texts; face to face events at community venues at different times of the day; emails and phone calls; and meetings with local councillors.

We also provided translated materials for patients who needed information in different languages. Our approach ensured that residents were kept updated and supported to register with a new practice in good time.

As a result of feedback additional measures were put in places to support the most vulnerable to re-register. Following the Rowan's practice engagement activities, we re-considered plans for primary care service provision at a future nearby development which will become a branch site for a neighbouring GP practice. We also plan to use what we learned from this activity to inform future primary care service development and engagement plans.

Digital and online engagement

We use a range of different digital methods and platforms to engage with South West London residents. We know these methods don't work for everyone, but they are important tools to enable us to reach a large audience, and people who might not attend in-person events. Whenever we use digital engagement techniques, particularly surveys, we make sure we're capturing insights through alternative methods too to ensure people aren't excluded.

We use an online engagement platform to help conduct surveys to ask questions of local people. The platform also makes it easier to share and learn from our insight. We use our South West London People's Panel which is a virtual group of around 3,000 people who broadly reflect the population of South West London and who regularly respond to our surveys. We are also able to use digital marketing to target different health inequality groups or geographies most affected by any areas of service change.

ONLINE ENGAGEMENT

Case study

Surveys

Surveys are a really important engagement tool because they enable a limitless number of people to respond. Like interviews, responses come from individuals, as opposed to groups, which provides at opportunity to lots of views and detailed information on specific topics.

The qualitative and quantitative data captured also allows trends and comparison to be made. We rarely use surveys in isolation, they are normally part of a range of approaches like focus groups and outreach events. We also ensure we capture demographic data at the end of our surveys so that we can better understand our local community and to make sure we are inclusive, identifying any gaps in reach.

A lot of thinking goes into developing a survey, to make sure it's engaging and focused to encourage as many people to take part as possible. We make sure questions are written in plain English and provide translations, easy read, hard copies and braille upon request. We also use a survey platform that can be viewed on a computer, tablet or mobile phone for ease.

The way questions are phrased is very important, and particularly if there are multiple-choice answers, so that each respondent understands the question in the same way and feels they can easily put across their views.

One example this year included the development of a set of metrics to help us measure the impact of our work to reduce health inequalities. We wanted to better understand what this practically meant to local people to help us see whether inequality was reducing or worsening over time.

Our health inequalities steering group recognised that such metrics needed to be meaningful to the real experience of people living in south west London. Therefore, a survey was developed to explore people's experiences and challenges; examining broader determinants of health and wellbeing. For example, views were captured on housing, environmental factors, air quality, social connectedness and perceptions of safety. The survey also considered impacts of the cost of living crisis, like examining use of food banks.

The survey was shared online, using digital marketing, and through our community champion networks. Surveys were also completed in person with the support of champions and hard copies were also available. 630 people responded in total.

ONLINE ENGAGEMENT

Digital marketing

Social media marketing is a powerful tool for publicising our engagement activities and online surveys, enabling us to reach a large audience quickly and efficiently.

We use our well established public social media channels which have large following. We also use targeted paid social media advertising which enables us to reach people who don't actively engage with our content. This method also helps us reach communities in geographical areas, based on the people we're most keen to hear from.

We used these methods effectively for lots of different projects this year, but particularly for our survey about obesity. The project, called the Biggest Issue, was led by two local GPs in Merton and the Director of Public Health in Kingston working with Yale University. The approach was to hold frank conversations with people about a topic that can be sensitive and difficult to discuss.

The survey was shared online through existing channels. We then used digital marketing to increase the number of responses from people in communities we hadn't yet heard from. We gathered 916 responses in total. The survey insights were further discussed at a focus group of 20 people. The focus group allowed clinicians to delve deeper into topics such as obesity, culture, the support available, and for people to suggest actions that communities could take themselves, and that they felt the Integrated Care System could take.

The next phase of the project will see the codesign of actions to support healthy lifestyles.

ONLINE ENGAGEMENT

Website

Our public website, launched on 1 July 2022, was designed to be easy for everyone to understand and is based on the needs of local people.

We took the views of more than 400 people across our local community and partner organisations – including users with accessibility needs – to find out how we could make the website work best for them. This included face to face meetings, workshops and online surveys.

Our website meets public sector accessibility regulations. Making our content accessible will help to improve access to services, promote social inclusion and enable people to make more informed choices about their care.

Some of the measures we take to make sure our content is accessible include adding British Sign Language translations to our board meeting videos and making sure our content works with the latest accessibility tools.

We use our website to invite local people to get involved in their area. We have web pages that explain our community involvement work and pages for our formal engagement and NHS consultations. We also publish engagement reports and news about our engagement work so that you can see how the feedback we receive is influencing services.

This year, we used our website to the promote several important projects, including:

- the closure of two GP surgeries
- the development of a South West London mental health strategy
- a perinatal pelvic health survey to improve maternity services
- our community winter engagement funding programme
- vaccination campaigns, the NHS App, industrial action and the Strep A virus

We also use our website to join up activity in South West London and promote the community engagement work of our partner organisations.

ONLINE ENGAGEMENT

Case study – videos

Videos can be an effective tool for engaging lots of people. They can be watched at a time that suits the audience and can be more engaging than traditional written information.

An example of where videos have been used effectively this year is to engage people with learning disabilities. Videos can be re-watched multiple times, which can help learners with learning disabilities who may need additional time to process information or who benefit from repetition. Videos also engage multiple senses, which can enhance the learning experience.

We worked with Merton Mencap to develop a film (with NHS England funding) aimed at boosting digital confidence among people with learning disabilities and autism. This positive and optimistic film, co-produced with Merton Mencap members, showcases how lives can be routinely transformed by internet use and gives people the skills to try new things digitally. We supported the film's launch sharing it across social media and with our partners.

To address low uptake in cancer screening for Sutton residents with a learning disability, we funded a project for Sutton Mencap to produce a series of films. The films were made by people with a learning disability to explain the importance of cancer screening and what is involved. The service users at Sutton Mencap were happy with the films and proud to have contributed. They enjoyed learning new skills such as acting, filming and doing voiceovers for the films, as well as making new friends.

We took this approach following feedback and insight, and we were keen to work with a trusted partner to think about this content through the lens of someone with a learning disability. Sutton Mencap work closely with us on many initiatives, and we receive ongoing feedback to help improve services and communications.

We are keen to continue to work with Sutton Mencap to understand the film's impact over the next year and share learnings with partners.

Watch the films on Youtube: What is cancer?, Breast Cancer Screening, Bowel Cancer Screening

"The film was really good. It was good to see carers using the internet for shopping, medication and booking appointments with their GP."

Maria, whose 24 year old daughter Amelia has a moderate learning disability

Communications and engagement campaigns

We use a community engagement centred approach to sharing information, working through the wide-reaching networks built by our borough engagement leads, as well as their strong links and relationships with community leaders and voluntary sector organisations.

We work with groups and individuals to share information which is most relevant, or of most interest – and feedback back insights to help develop our messaging.

Building on our community engagement, we also share information through many other public facing channels and ask our trusted partners to share materials on our behalf too. For example, through websites, social media channels, staff communications networks and community and stakeholder newsletters. We also use paid marketing – such as radio adverts, outdoor advertising and digital advertising. This is how we ensure information is reaching individual through lots of different routes.

Our approach to communications and engagement campaigns is based on this 'integrated approach' where we adapt our consistent messages and materials to suit each targeted audience. This means bespoke communications for our diverse communities, around geographies, age, ethnicity, but also for staff and for different digital platforms. We also use the civil service communications team (GCS) 'EAST' behaviour change model. This model is based on behavioural economics and psychology so we can truly understand our audience and engage with them in the right way. Our aim being to make sure that people can make good choices with accurate information.

EAST model explained:

EASY
If a decision requires minimal effort, it's more likely to be the one that's chosen. Reduce the 'hassle factor' of taking up a service and make messages clear and concise.

ATTRACTIVE
If something is attractive, we will be drawn to it. Speak to what our communities are looking for, based on what they've told us.

SOCIAL
We are social beings – we care about what our peers are doing, and what they think of us. We work with peer networks and people who are respected locally.

TIMELY
The time that we choose to prompt someone towards a particular behaviour is important. Prompting people when the benefits can be felt immediately is key.

Grant funding for community events

This year we launched a new initiative as part of our winter campaign work support with operational pressures – providing small grants to community organisations running events over the winter period. Funding was available for events where local people would be encouraged to stay healthy and well, and have good conversations about NHS services and vaccinations.

We've prioritised funding for events likely to reach key target audiences of our winter campaigns, and particularly communities experiencing health inequalities. Information is tailored to what communities are most interested in, as well as priorities determined by local A&E delivery groups.

We had a very positive response from our communities – with almost 100 applications from across our six boroughs – including from organisations we've not worked with before. We offered training those leading the events, with sessions designed to help them feel more confident and equipped to have conversations about health issues. Examples of events include:

- An event which brought 50 women together at Battersea Mosque for interactive workshops in cooking and nutrition, health checks and information about mental health support – and a lovely afternoon tea.
- Weekly hot soup lunches from Age UK Merton bringing older people from Mitcham out of the house for a nutritious meal and the chance to get together.
- A health focused 'friendship Friday' meet up for members of Sutton's Windrush generation – a chance to get to know people over a shared dinner with information about staying well and accessing health services.
- Session sharing health messages with Kingston's Voices of Hope – a choir and safe space for women who are vulnerable or at risk of domestic abuse.
- Babyzone, a drop-in play space the under-fives in Thornton Heath invited parents to bring their children to play while they talked to GPs, got nutritional advice and learned about family first aid.

Flu and covid-19 vaccine booster

Over the last 24 months, we have gathered insight from over 9,000 South West London residents about their views on vaccinations. Through this insight, alongside national insight, we understand the blockers and motivators to people getting vaccinated and adapt our communications accordingly.

We aim to provide accurate information to residents so they can make an informed decision about whether to take-up the vaccine. Our campaign included videos featuring local clinicians, case studies of local people getting their vaccine and materials that represented our community as well as responding to specific needs e.g. translated resources or easy reads.

We use multiple channels to reach into our local community, including digital advertising, e.g. social media, google and advertising on other relevant websites, radio adverts, ad vans, billboards, leaflets , street ambassadors and community champions and partner channels. Throughout this campaign, we have maintained an agile approach, responding to new sentiments from our community and new policy at pace.

We learned that written translations may prove a barrier to people getting the information they need, so we piloted the use of videos in different languages instead. We also responded to key blockers such as perceptions around people having 'natural immunity', and the fact that the pandemic was over with clear messages from our local clinicians.

Polio and childhood immunisations

To support the polio and childhood immunisation uptake rates in underserved communities, we rolled out targeted communications to low uptake areas. This included street ambassador activity aligned to pop ups in Croydon and Wandsworth, as well as digital advertising which was geo-targeted to parents based in specific wards. We held webinars and focus groups to gather insights from parents and created leaflets and blogs in response to key concerns raised.

Through our insight, and UKHSA insight, we learned that parents often interacted with a health care professional about vaccinations, and that this was a key channel for information. Parents also felt more confident about vaccinating their children after speaking to a healthcare professional. As a result, we created videos featuring local clinicians who spoke about the importance of vaccinations and prioritised clinical voices as a core strand of our activity. We found that these were popular and engaged with by parents.

Recognising the wider system pressures this winter, wherever possible we linked in relevant messages for parents of this group, e.g. promotion of our new health information website for parents and promotion of the flu vaccination - given rising rates among 2-3 year olds during the winter period.

Mental health and cost of living concerns

An increasing number of people experiencing mental health crisis have been attending our A&Es. In a high proportion of these cases, people had not sought mental health support before. We worked with our mental health providers to understand what people were going through, and any inequities in access, looking at their data and experience of clinicians. We also listened to insights we were hearing through our community outreach work.

We learned that there were upward trends in the number of people: who were experiencing housing issues and financial insecurity; who were actively suicidal; and who felt isolated. When looking at data on callers to the mental health crisis line, we found that after the age of 35 there are much fewer callers who are in ethnic groups other than white – in particular black and Asian communities. Between the ages of 55 and 74, there are lower numbers of male callers.

We already knew from national data that people from a black or ethnic background are less likely to refer themselves for talking therapies, or to be referred by a GP. And even when people are referred, they are less likely to receive treatment. At the same time there is an over representation of black and ethnic minority groups in crisis and acute services.

We developed a new communications campaign which had two main strands:

- Promoting the mental health crisis phone line, particularly targeting black and Asian men over 35.
- Promoting mental health early intervention services in boroughs. For example, in Wandsworth and Croydon mental health hubs run by community organisations were promoted - EMHIP hubs in Wandsworth, (Ethnicity Mental Health Improvement Project) and the BME Forum's health and wellbeing hubs in Croydon.

Our campaign spokespeople from ethnic minority backgrounds spoke to the concerns we'd heard from communities about why they'd be hesitant about contacting services. We also featured references to cost of living concerns impacting people's mental health in our campaigns materials, promoting local support from our Councils too.

Responding to urgent needs – strikes and strep A

A range of strike activity took place in 2022/23 across the health and care system, affecting lots of services. Our key objective in advance of all strike action was to make communities aware of disruptions, but to stress that the NHS was still there for them. The key information we shared was how and when to access care during strikes. We collaborated with our provider communications colleagues to spread messages far a wide through all our channels and stakeholders, including digital marketing and securing media coverage locally and across London.

Our engagement leads in boroughs communicated messages through community networks as we know some of our communities do not consume media in the traditional way, based on feedback we'd received. Activities included working through our networks of community champions, community and voluntary sector leads, Nextdoor and key Facebook groups, trusted leaders eg faith leaders. We also used creative methods, for example voice notes in key languages to reach wider and more diverse audiences, for example making use of local what's app group (each group can have thousands of members) and housing managers through welfare checks when they are talking to their residents.

Promoting choice

We work directly with people and communities on a one to one basis to discuss their individual care needs.

Choice and personalisation encourage people to be active participants in their care, and to work in partnership with their healthcare provider to make informed decisions about their treatment. Some examples of how we achieve this are below.

Choice of healthcare provider: people have the right to choose which healthcare provider they want to use for many services, including elective surgeries, diagnostic tests, fertility and some mental health services. This includes the choice of an NHS hospital or clinic, or a private healthcare provider that is contracted with the NHS.

Choice of healthcare professional: People have the right to choose their healthcare professional for many services, including their GP practice. People can also choose to see a different healthcare professional if they are not satisfied with the care they receive.

Information and advice: The NHS provides information and advice to patients to help them make informed choices about their healthcare. This includes information about the different healthcare providers available, the quality of care they provide, and patient satisfaction ratings. You can read examples in the communications and engagement campaigns section of this report.

Personalisation and shared decision-making: We encourage shared care planning decision-making between people and their healthcare professionals. This involves discussing treatment options and making decisions together based on the someone's preferences, values, and needs. Our contract with GPs in South West London (called the Network Contract Directed Enhanced Service or 'DES') last year included a requirement to proactively offer and improve access to social prescribing to people and communities where there is evidence of unmet need.

The contract also included a requirement for shared decision making. Practices must audit a sample of their patients' current experiences of shared decision making and document their consideration and implementation of any improvements made as a result.

Social prescribing

A one-size-fits-all health and care support offer simply cannot meet the increasing complexity of people's needs. This is where social prescribing comes in. Social prescribing begins with a referral from a GP in South West London to a social prescribing link worker. Link workers listen to people and try to understand their situation, and what matters to them so they can put that person in touch with a range of local, non-medical activities, opportunities and support that can improve their health.

Pip Thorne is a social prescribing link worker, based in two GP practices in Balham and Tooting. Working for the not-for-profit organisation Enable. Describing her role Pip said: **"What I do is very patient-led; it's about helping people take that first step to improving their own lives by pointing them to the organisations that can make a real difference."**

She described an example of working with someone where a medical emergency had a profound impact on her life, affecting mobility, speech and ability to work. Pip said: **"Her confidence had taken a knock, so we worked together to increase that. I helped her find the right volunteering opportunities, as well as peer support."**

LINK WORKERS

Case studies: link workers

Employment advisors in mental health

The talking therapy service Merton Uplift, provided by South West London and St George's Mental Health NHS Trust, has its own employment advisors. They help people tackle work issues alongside their therapy and after it has stopped, which aims to further support people to manage their mental health. Ashley Painter is one of the employment advisors. He explained: **"Work is such an important aspect of people's lives; it's their structure, their routines, their identity. So, when there is a problem with work, it causes deep anxiety. If we can overcome that, if we can help them get their issues sorted, they are more likely to stay well."**

Hospital pain clinics

A new pain clinic in Merton is transforming care for people with chronic pain through the benefits of social prescribing. The project has placed two social prescribing link workers in St George's and Epsom and St Helier Hospitals' pain clinics to support people. People often struggle to manage their pain at home when discharged from hospital and revisit their GP practice, where they are re-referred to hospital. The 12-month pilot project, launched in June 2022, aims to end this 'revolving door' of re-referral while improving people's quality of life.

Supporting cancer care

A new two-year pilot project is supporting people being treated for cancer in Merton, Sutton and Wandsworth – a partnership between social prescribers and Macmillan Cancer Support. Hannah Jackson is Wandsworth's Macmillan community cancer link worker. Hannah receives referrals for people with cancer, from diagnosis to the end of treatment and beyond. She also works with palliative care patients. Each person has an initial 60-minute meeting to talk through their non-medical concerns. Says Hannah: **"People with cancer benefit from social prescribing so hugely, especially at the end of treatment, which can be a lonely time when they're feeling lost after they've been discharged from hospital."**

A new self-referral route

People in the Pollards Hill area of Merton experience many of the issues that can be helped by the link worker service. We launched a communications campaign, targeted at people registered at one local surgery explaining how the service can help and urging them to self-refer via an online link. The campaign was fronted by Ben Halschka who leads the Merton link worker service. He said: **"We always try to find a solution for every patient. Sometimes it's a support group, sometimes the chance to volunteer, to give back. People are not aware of the great offer here in Merton. There are many, many organisations."**

FERTILITY SERVICES

Case study: Fertility services

With around one in seven couples having difficulty conceiving, our aim is to ensure fair and equitable access to South West London's fertility services. These services cover fertility assessments and treatments, fertility preservation and ovulation induction. To help ensure that all patients are fully informed from the outset of their journey, we have published a patient information leaflet 'Fertility Advice for SWL Patients'. Available in GP practices, this leaflet provides information on the stages of the pathway, including advice on each patient's right to choice of their treating provider. More detailed information can be found on the South West London ICB website.

SUPPORT ALONG THE MATERNITY JOURNEY

Case study: Support along the maternity journey

We want services where every woman and person having a baby has access to information to enable them to make decisions about her care and access support that is centred around their individual needs and circumstances. To help us to achieve this, we have developed an information booklet 'My Maternity Journey'.

The booklet is provided to anyone having a baby with their booking appointment letter, helping them to make informed choices about the care they would like to receive throughout their pregnancy and beyond.

A supporting video explains the maternity journey in South West London in bitesize chunks, making it helpful for members of the community with learning disabilities and autism. We've also produced the animation in the top five most widely spoken languages in South West London.

PERSONALISATION

Case study: Personalisation

Personalisation aims to tailor care to people's individual needs and preferences. It involves considering the patient's unique circumstances, including their medical history, lifestyle, and social context, and involving them in decisions about their care. In April 2022 we hosted a webinar to share best practice, led by our Personalised Care clinical lead Dr Mohan Sekeram. Different boroughs in South West London shared examples of how personalisation had been used to support people with long covid as well as through population health managements approaches.

For example, East Merton Primary Care Network has increased the number of people with Serious Mental Illness taking up physical health checks – from just 10% of those eligible to 35%. Through population health management we were able to target those not coming forward, to understand barriers to access and encourage uptake. As part of this project, primary care network care coordinators called patients, inviting them to take part in a survey designed to tailor services to meet their needs. Initial findings showed that many people were not aware they should have an annual health check. Some preferred home appointments. The survey also revealed that most people (81%) preferred to be contacted by telephone.

We were also delighted to have launched the new South West London Key Worker service in March 2023. The keyworkers work with children and young people with autism, learning disabilities or with the most complex needs, often with escalating behaviours of concern and who are at risk of being admitted to a mental health hospital. Central to the role of the key worker is a person-centred approach, listening to the voice of the child or young person and their family and what matters to them and supporting services to work in a joined up way. We have examples where this approach is making a difference to the lives and outcomes of this group of children and families in South West London.

PERSONAL HEALTH BUDGETS

Case study: Personal health budgets

A personal health budget is an amount of money to support someone's health and wellbeing needs, which is planned and agreed between the individual or their representative, and their local NHS Integrated Care Board (ICB) or NHS team. You can read more about personal health budgets on our website.

It isn't new money, but a different way of spending existing NHS funding to meet the needs of an individual. At the centre of a personal health budget is a personalised care and support plan that sets out how the agreed health and wellbeing needs of the individual will be met. A personal health budget can allow an individual to manage and purchase services, support, activities and some types of equipment to achieve their health and well-being outcomes agreed with their local ICB or NHS team.

For example, this year we are piloting a new approach working with colleagues at St Helier hospital, teams supporting people leaving hospital can arrange small, rapidly deployed, one-off budgets to pay for a good or service. The personal health budgets typically cost between £200 and £400 and are designed to support people where barriers prevent them returning to their home environment, for example to purchase small items of equipment or to provide a deep-cleaning service. The pilot will be evaluated over the next twelve months to inform future developments or expansion.

DEVELOPING A NEW CHOICE POLICY

Case study: Developing a new choice policy to reduce long hospital stays

We have developed a new policy this year to support people who are leaving hospital following an extended stay. The policy seeks to ensure we meet people's diverse needs and that we're able to meet their preferred choice among available options.

The policy is required to be used by all relevant NHS settings before and during admission to ensure that those who are assessed as medically fit for discharge can leave hospital in a safe and timely way.

People and their and families can find it difficult to make decisions and the practical arrangements for a range of reasons. These include concerns that their home is unsuitable, feeling that they have insufficient information and support or uncertainty about the costs of care and how they will be covered.

The policy is underpinned by six Cs – care, compassion, competence, communication, courage and commitment. The purpose of the policy is to ensure that choice is managed sensitively and consistently throughout the discharge planning process and people are provided with effective information and support to make a choice.

The infrastructure that supports our engagement

A key element of making community engagement central to decision making is ensuring the voice of people and communities is represented in key forums. Our decision-making framework is described as our governance and we use a range of different ways to ensure there is a strong presence for people and communities and their views.

Representation at decision making forums

In all the key meetings where decisions are made, members are required to consider patient and public engagement and communications activity. This includes our Integrated Care Board and Integrated Care Partnership which meet in public. Active consideration of the voice of our people and communities is a requirement of our constitution, and implemented by our submission templates for papers. Our Integrated Care Board constitution states "The Board will receive reports which provide an overview of the engagement activities across the ICB – noting the communities it has reached, impact that it has made, decisions it has influenced and any lessons learned".

People and communities are also central at our borough Place Committees, championed by all partners sitting round the table – including Healthwatch, VCSE representatives and Health and Wellbeing Board Chairs. When considering priorities and service transformation plans lived experience and insights from the community focus discussions and are key to agreeing the way forward. For example, the Merton Committee hears about a case study about the lived experience of someone in Merton at each meeting which relates to an upcoming agenda item.

Our Executive Director of Stakeholder & Partnership Engagement and Communications who sits on our Board and has responsibility for coordinating our engagement activity to maximise its impact as a key system priority so that it influences priorities and decision-making.

From this year we have funded two new posts, a South West London VCSE director to support the collaborative working across six boroughs and an executive officer post for South West London Healthwatch to support our six local Healthwatches' partnership working. Both people in these roles further enable a strong voice for people and communities in decision making forums – they are members of the Integrated Care Board and many other programme steering groups.

We have a South West London People and Communities Engagement Group which works collaboratively with partners to review engagement plans and activities, with membership from across the partnership including medical directors and programme directors from our provider organisations. After each meeting, we report to the Integrated Care Board through our Chief Executive's update.

Our patient or public partners

We work with a number of patient or public partners who are involved in our local decision making on our committees and meetings either at the borough or South West London level. A patient or public partner is often someone with lived experience who gets involved to represent their own views or works with local networks, for example our Maternity Voices Partnerships to advocate and make sure their voices are heard.

Borough community voice forums

In each borough we hold a version of a community voice forum, open to anyone who wants to attend. The topics discussed during meetings are suggested by members of the groups and project leads from NHS South West London. A key focus is providing updates on local health and care developments and strategies, seeking early views, and getting people's thoughts on wider engagement approaches.

The arrangements, meeting set up and membership of the groups varies borough to borough. Each borough's approach has also evolved over many years, with some volunteers taking part for over ten years. Attendees include: community champions and leaders, people sharing their own experience of health and care service, and Representatives from other NHS provider groups for service user involvement – including GP Practice Participation Groups.

Each Place engagement team has been going through a process with the creation of Integrated Care Systems in July to reform their local meetings and groups. The focus of these exercise has been to consider what has worked well, what might need to change with the ICS's new functions, and how we can encourage broader participation – particularly from voluntary and community organisations.

Engagement in boroughs

We have created professional communities through our communications and engagement groups in each of our six boroughs that bring together local authorities, NHS trusts, our borough engagement leads, the voluntary sector and Healthwatch. These groups help us bring together insights and coordinate our engagement activity at Place level so we can gain a more comprehensive view of the views and experiences of our local people and communities.

For example, in Kingston and Richmond NHS, Council, Healthwatch and voluntary sector leads have a shared engagement planning and activity log. This encourages collaboration as each organisation can see what others are planning, avoiding duplication.

Supporting all our teams to work with communities

An important part of our people and communities strategy is to support teams and organisations across the ICS on patient and public engagement. Meeting communities where they are, listening, and involving people in design and delivery of services helps to build trust.

To achieve this, we have developed training modules, engagement toolkits and resources to support our staff carrying out engagement activities. Many staff are already modelling best practice co-design practices. We provide advice to all teams to support them to develop a more systematic approach to engagement working collaboratively with our partners and we continuously refine this approach through feedback.

The tools and resources, include guides on: the role of patient representatives; how to set up and run focus groups; and valuing people's time and contribution.

How we use data to inform our approaches

The South West London Integrated Care System has given us access to increasingly rich data which we use to target communities with the greatest need. Our business intelligence team has developed a data dashboard, which allows multiple data sources to be analysed at a hyper-local level. We use this data to help us understand health inequalities, so we can develop initiatives that improve services or reduce barriers to access.

Mapping health inequalities

Our business intelligence team has developed maps and infographics showing which of our communities face health inequalities. These were discussed widely across the organisation, and with our partners, this year, increasing everyone's understanding of the inequalities we are trying to tackle.

This increased understanding is now fundamental to many of our transformation projects and engagement plans - for example, working with these communities to develop networks of health champions. In addition, when funding voluntary sector colleagues to collect community insights on our behalf, we are able to tell them which neighbourhoods we particularly want to work with and hear from.

Population health management

Population health management is a way of working that helps us understand our residents' current health and care needs and make predictions for the future. In South West London more teams have been using this methodology this year due to the introduction of a new data analysis tool. A new digital dashboard provides a window into lots of health data sources, which help teams understand the needs of local people. Speaking to service users and residents helps us understand the data and ensure it is seen in the wider context of people's lives.

For example, in Croydon, local teams identified 1,256 residents whose blood pressure was a concern and who also had other risk factors. This information enabled us to engage with these people to co-produce solutions which could improve their health.

Working with providers using quality and patient experience data

One of our core objectives is to continue to improve the quality of people's experience of care. To achieve this, we bring together all patient engagement leads across South West London, along with patient partners, to collaborate on how we do this.

Discussions are underpinned by the data our providers collect, which includes information about patient access; clinical audits; Friends and Family test responses; complaints and compliments.

Providers' plans to improve quality, led by their patient experience leads, focus on three main areas: patient safety; clinical effectiveness (how well the care provided works) and patient experience (how patients experience the care they receive).

For example, as part of its annual quality account, Kingston Hospital worked with Hounslow and Richmond Community Healthcare Trust, this year, to identify priority areas for improvement, based on data. One of the focus areas will be to improve the way that pain is recognised, assessed, and managed for patients who have difficulties expressing themselves.

Evaluating our impact / learnings and plans for next year

Many of the projects and initiatives described within this report have a life beyond this financial year.

Our activities will continue to be led by our people and communities strategy as set out at the beginning of the document. However, it is important that we reflect on how we work South West London residents and look at ways to strengthen our approach.

Looking back at the evaluation of our activities and projects, some of the key areas we have identified for further development are set out below.

Collaboration

A key focus for us will be to continue working with voluntary and community organisations who have the breadth and reach into our diverse communities, which supports us to address health inequalities. We want to ensure that grant funding is available for organisations to engage in partnership with us and on our behalf as the trusted voices in the community. By working closely together with the sector, we can co-design how activities will be delivered based on what really matters to local people and through this gain rich insight to help us further shape local health and care.

We will continue to work closer with our Primary Care Networks. By working in these smaller geographical areas helps to understand what is most important to our communities and barriers and issues to access to services.

You can read throughout this report how collaborating with our partners has benefited our engagement work and amplified our reach and impact.

Co-production and co-design

As part of our ongoing work, we will be working with transformation teams to identify new opportunities to co-design and co-produce plans with local people and communities.

For example, to support the plan for our new mental health strategy we will be working to develop mechanisms to enable co-design the delivery of the strategy.

Building on what we have already learnt – and forward planning

We plan ahead so there are greater opportunities to work in partnership with our partners and actively try to align our engagement in our local communities.

For example, we know each year we will be refreshing our five year NHS Joint Forward Plan which describes how NHS partners across South West London will work together to meet the needs of local people. Therefore, for our ongoing work with people and communities we are developing a rolling plan of engagement for the coming months and years. We will focus our activity using a variety of approaches including a thematic approach to reflect the settings of care in our plan.

Working in this way will help us listen to the views and experiences of local people and communities and make sure this impacts the way we deliver our services and ambitions outlined.

Supporting all staff to work with communities

An important part of our people and communities strategy is to support teams and organisations across the Integrated Care System on patient and public engagement. Meeting communities where they are, listening, and involving people in design and delivery of services helps to build trust.

To achieve this, we have developed training modules, engagement toolkits and resources to support our staff carrying out engagement activities. Many staff are already modelling best practice co-design practices. We provide advice to all teams to support them to develop a more systematic approach to engagement working collaboratively with our partners and we continuously refine this approach through feedback.

The tools and resources, include guides on: the role of patient/public representatives; how to set up and run focus groups; and valuing people's time and contribution.

Evaluating the impact of engagement

We hope the impact that working with people and communities has had is clear throughout this report – both on the approach we take to improving health and care and how this shapes how services are delivered.

Our evaluation framework helps to show impact of all our engagement activities. It helps us and our teams to measure the impact of our work and build on what is working well and what could be done differently next time in our planning for future projects. Examples of elements included in the framework are below.

- **Aims** – whether our objectives were clear and did the people involved understand what could and couldn't be influenced and shaped
- **Reach and promotion** – did we work with people with lived experience; reach people from diverse communities with the greatest health inequalities; and how effectively were activities promoted
- **Audience** – understanding if there were any gaps in our reach
- **Methods** – whether the activities or methods were appropriate for reaching the target groups;
- **Impact and feedback** – whether policies and services changed as a result; has feedback been given in a meaningful way back to those we engaged with; what potential is there to influence future projects and how will future impact be monitored
- **Supporting participation** – how people involved felt about the process; whether information was made available in suitable formats; the level of support provided to enable people to engage; whether relationships with the community or organisations have improved because of the activity
- **Timing** – did those involved feel they have enough time to contribute; were insights collected as early as possible to influence and shape decisions.

Progress against the 10 principles of our strategy

Our agreed principles set out how we work with people and communities across our Integrated Care System. Read our full strategy on our website.

Principles of our strategy	Examples of our work
Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.	This is key to the infrastructure that supports our engagement – please see the corresponding section of this report.
Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.	Read about how we are doing this for our local health and care plans and mental health strategy in the collaborating with our partners section.
Understand your communities: their relevant social histories, their experiences and their aspirations for health and care. Engage to find out if change is having the desired effect.	Taking the lead from our communities on how they want to work with us and working on what really matters to them is key to so much of our work this year, including our grant funding projects in Wandsworth and across south west London, please see the community-led approach sections.
Build relationships with excluded groups, especially those affected by inequalities.	Our work with our champions this year has helped us build these relationships – you can read about this in the community champions section.
Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.	We have made great progress this year, particularly with the creation of two new South West London roles and the development of our VCSE Alliance. You can read statements they have made as part of our introduction.
Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.	Our work to communicate key campaigns through our grant funding in the community-led approach section and our two new websites and commitment to accessibility is in our digital engagement section.
Use community development approaches that empower people and communities, making connections to social action	The networks of community champions we work with are central to delivering against this principle, see also our grant funding projects in Wandsworth and across south west London.
Use co-production, insight and engagement to achieve accountable health and care services.	Read examples in our community led approaches section including in Croydon to bring together Integrated Neighbourhood Teams and community champions.
Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.	Read about how we've done this in our working with partners section, particularly for developing our health and care plans and strategies.

Glossary

Integrated Care System

Integrated Care Systems (ICSs) are partnerships of organisations that come together to plan and deliver joined up health and care services to improve the lives of people in their area. South West London ICS is responsible for how health and care is planned, paid for and delivered. Every ICS is made up of two parts. Integrated Care Boards and Integrated Care Partnerships.

ICSs have four key purposes:

- Improving outcomes in population health and healthcare.
- Tackling inequalities in outcomes, experience and access.
- Enhancing productivity and value for money.
- Supporting broader social and economic development.

Integrated Care Board

Integrated Care Boards (ICBs) decide how the NHS budget for the area is spent and develop a plan to improve people's health, deliver higher quality care and better value for money. NHS South West London is the local Integrated Care Board for six London boroughs – Croydon, Kingston, Merton, Sutton, Richmond and Wandsworth.

Integrated Care Partnership

Integrated Care Partnerships (ICPs) are committees that bring the NHS together with other key partners like local authorities to develop a strategy to enable the ICS to improve health and wellbeing in its area.

Other important Integrated Care System features and terms

Health inequalities – are unfair and avoidable differences in health across the population, and between different groups. People living in areas of high deprivation, those from Black, Asian and minority ethnic communities and those from inclusion health groups, for example the homeless, are most at risk of experiencing these inequalities.

Local authorities – which are responsible for social care and public health functions as well as other vital services for local people and businesses.

Place-based partnerships – bring together local authorities, charities, residents and NHS partners to work together to understand and meet local health and wellbeing needs. Our six places in South West London are the same as our six local authorities: Croydon, Kingston, Merton, Sutton, Richmond and Wandsworth.

Healthwatch – is a public health and social care champion which seeks people's views on their experiences of health and care services as they have the power to make sure NHS leaders and other decision makers listen to feedback and improve standards of care.

Voluntary, community and social enterprise (VCSE) – an incorporated voluntary, community or social enterprise organisation which serves communities.

Primary Care Networks (PCNs) – PCNs bring GP practices together with community, mental health, social care, pharmacy, hospital and voluntary services in their local areas building on existing primary care services to better meet the needs of local people.

Provider collaboratives – new partnerships that bring together providers like hospitals, mental health services and community services to share resources and improve patient access and experience.