NHS
South West London

People and Communities Engagement Assurance Group

Engagement at Place – Q2

8 November 2023

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Overview

NHS South West London

- These slides describe our engagement work at Place between July and September 2023 – Quarter 2.
- These reports are also being reviewed and assured by each Place
- We group our engagement work at Place in these areas – as illustrated by the overview slide to follow:
  - Demand management and pressures
  - Infrastructure and relationships
  - Health inequalities and community outreach
  - Primary care and Primary Care Networks (PCNs)
  - Prevention and early intervention
  - Horizon scanning and issues management
  - Service improvement and change
- For each Place, these slides include:
  - An overview slide for each Place
  - Worked examples of Place based engagement work – demonstrating the impact and the difference made for local people and communities
  - A case study - a local example of our engagement work and its impact on services.

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

- Review the content of this report and questions welcome.

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Demand management and pressures

Getting people to the right place at the right time

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

Infrastructure and relationships

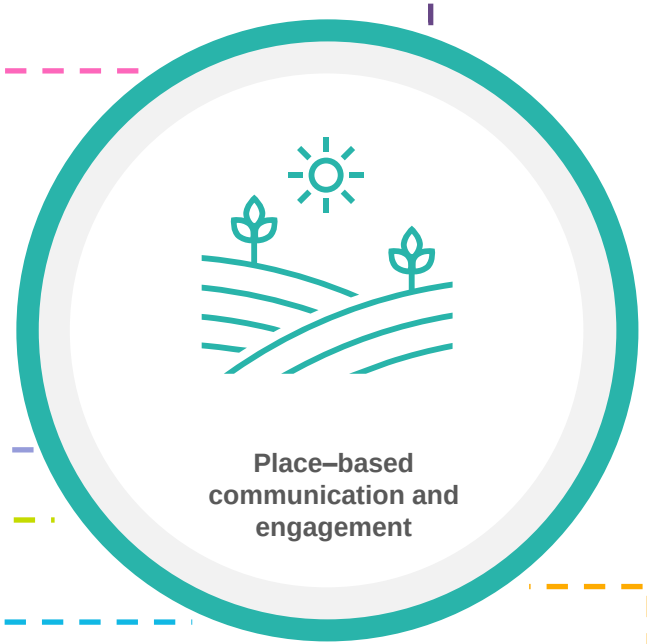
Building trusted relationships with our people, partners and local communities.

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

Health inequalities and community outreach

Building trust and identifying health gaps sooner

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



Supporting primary care and PCNs

Being receptive to local needs

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

Prevention and early intervention

For longer, happier lives

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

Horizon scanning, issues and crisis management

Preparing, connecting and responding

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

Service improvement and change

Meeting legal responsibilities

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

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South West London

Croydon engagement assurance report

Quarter 2: July - September 2023

Croydon

Demand management and pressures

Getting people to the right place at the right time

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

Examples of current activity:

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

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

Health inequalities and community outreach

Building trust and identifying health gaps sooner

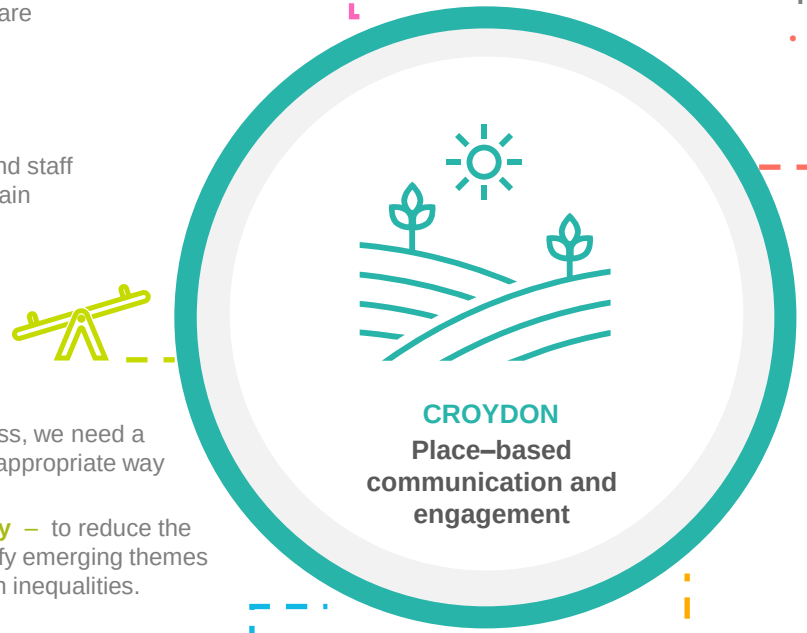
- **Understanding our communities and potential barriers** – to access, we need a meaningful, ongoing conversation with communities we serve, in an appropriate way and in places familiar to them.
- **Building relationships, improve trust and increase health literacy** – to reduce the gaps we see amongst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

Examples of current activity:

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

Infrastructure and relationships

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



Supporting primary care and PCNs

Being receptive to local needs

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

Examples of current activity:

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

Prevention and early intervention

Preparing, connecting and responding

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

Horizon scanning, issues and crisis management

For longer, happier lives

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

Examples of current activity:

- **Vaccines:** Covid-19, Flu, Polio
- **Cost of living** information and sign posting
- **Dementia Strategy**
- **Frailty Strategy**
- **Healthy weight –** tier 3 for both children and adults

- **ICS Strategy and Joint Forward Plan** – collating feedback from Croydon residents to influence the development and delivery of the ICS Strategy and Joint Forward plan
- Working with system partners and local residents to ensure the investment in **Family hubs** is co-designed to meet local need

Service improvement and change

Meeting legal responsibilities

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

Examples of current activity:

- **Community Diagnostic Centre** planning and development programme
- Planned **new estate facilities**

- **Urgent and Emergency Care** pathways and CUCA contract
- **Dementia and frailty strategy**: potential for service change – key to engage early

Croydon: Primary Care: Edridge Road Community Health Centre

NHS South West London

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

July-September 2023

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

The current contract between GP partners and NHS South West London ends on 31 January 2024 and the existing partner had indicated that they would did not wish to renew the contract.

Having explored various options, we proposed to close the practice from 1 February 2024. We proposed the change for two main reasons:

1. We investigated finding someone else to take over the practice. We contacted possible providers and looked at similar examples from the past. Because of the low number of registered patients, we believe it is unlikely we will find a suitable provider to run the practice in the long term.

2. We have carried out an assessment of local GP practices and there is enough capacity at other local practices to take on patients registered at the practice, including the newly refurbished East Croydon Medical Centre, located near to Edridge Road which is run by the same doctors who currently run Edridge Road Community Health Centre.

What activities did you do?

Listening event held in a nearby community venue: Friends meeting house, 60 Park Lane, CR01JE which is around a five minute walk from Edridge Road Community Health Centre.

We were able to have one to one conversations to address people's concerns, including using language line to speak to patients who did not speak English as a first language.

We also set up a dedicated email address and phone number.

Who did you speak to and why?

We contacted c.5,000 patients registered at the practice along with stakeholders such as Healthwatch Croydon, local councillors, the local MP and local community groups.

We asked for feedback by asking the following questions:

- What do you think are the impacts of the proposed changes?
- What extra support could be offered to help people with the change?
- Are there any alternative solutions which we might not have considered?

What were the key themes that people raised?

The following themes emerged:

- Concern that there isn't enough primary care capacity in Croydon at the moment
- Alternative solution could be bolstering awareness of Edridge Road to make it more sustainable.
- Some patients were worried about language and translation processes as they registered for a new practice.
- Some patients encouraged us to do more to raise the profile of Edridge Road as a practice to make it more sustainable in the long term.
- Some were concerned about join up with other services

What difference has this feedback made?

While the decision has been made to disperse the patient list and close Edridge Road, this feedback has given us insight into mitigations we can put in place to the risk that patients will have difficulty with registering at alternative practices. We have promoted Find a GP - NHS (www.nhs.uk) and worked with neighbouring practices to make sure they are aware of additional support that might be needed including offering a £20 payment to the practice for additional registration support for those who need it.

We also learned that some patients were unaware that East Croydon Medical Centre was run by the same staff, including GPs, that it was newly refurbished and had increased capacity. We made sure this information was given increased visibility when we wrote to patients advising them of the decision.

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

We have now written to patients to advise them about the dispersal and to advise them on how to register for a new practice, including details of any additional support they might need.

While we do not plan any further engagement for this practice, we will be able to use the learnings from this engagement for future practice closures.

Croydon: Local Commissioning Model

NHS South West London

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

July-September 2023

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

The Localities Commissioning Model (LCM) launched in June as the next step in our Healthy Communities Together (HCT) programme. The ambitions of the programme include shifting power and authority to local people and localities, and shifting financial resources to voluntary, community and social enterprises (VCSE), commissioning for outcomes.

The LCM focuses on delivering on our shared, long-term outcomes - to maximise people's independence and enable them to access support from the community and have better physical and mental health, wellbeing and overall quality of life.

Age UK Croydon and Croydon Voluntary Action will administer £500,000 over a period of 18 months across Croydon's six localities, with an initial maximum of £50,000 per locality for the first 12 months.

What activities did you do?

Initial shortlisting was carried out by Croydon Voluntary Action (CVA) and Croydon Council ahead of a funding panel made up of LCP co-chairs and representatives from Age UK Croydon and CVA.

Applicants were scored against a set criteria including meeting priorities in the LCP plans, co-production and working in partnership.

Who did you speak to and why?

The fund was widely advertised across Croydon's VCSE sector, including but not exclusive to the Local Voluntary Partnerships (LCP) in each locality.

We received 46 applications from lead local organisations for a total amount of £1.7 million against available funding of £300,000.

What were the key themes that people raised?

Following engagement with communities, Local Community Partnerships agreed the following areas of focus:

Croydon North West (NW) – intergenerational activity

Croydon North East (NE) – young people

Croydon Central West (CW) – community hub

Croydon Central East (CE) – accessible transport and community hubs

Croydon South West (SW)– mental health, wellbeing and community

Croydon South East (SE)– later life and cost of living

What difference has this feedback made?

Eight grants have been awarded across the six localities (two localities have two smaller awards) with lead organisations identified:

NW - ClearCommunityWeb and youth groups

NE – Reaching Higher and His Grace

CW – Disability Croydon and several other groups

CE – Floating Counselling and several other groups

SW – Old Lodge Lane Baptist Church and Coulsdon Community Partnership and others

SE – Centre for Change and several other groups

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

The provisional awards were presented and approved by the Local Voluntary Partnership (LVP) Board on 25 August.

The successful initiatives started to co-design their impact measurement at an Upshot workshop held on 5 September.

Over-arching outcomes include:

- Connections (new friends)
- Happiness/ well-being
- Reduced stress

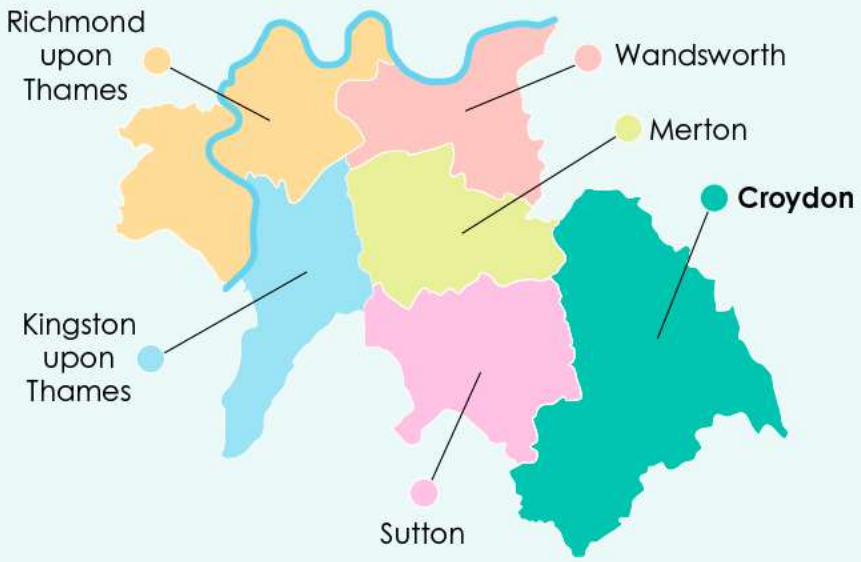
Following the recommendation of the Localities Commissioning Fund panel, a showcase event of the successful initiatives will be held on 27 November, The event will seek to gain further involvement in these new initiatives. Health and Care leads, Councillors, HCT partners and LCP members are invited to attend.

One Croydon's Local Community Partnerships –

Showcase Event

Ethnic Minorities Health Improvement Project

South West London Integrated Care System



Proud to be working together to create healthier communities

Partners involved

Partners involved:
NHS South West London
South London and Maudsley NHS Trust
Croydon BME Forum
Asian Resource Centre of Croydon
Local community and faith organisations

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

How we're making a difference

Following extensive engagement with patients, carers and staff during 2021/2, the Croydon Ethnicity and Mental Health Improvement Project launched its first Community Mental Health Mobile Hub in August this year. This network of local drop-in centres, with a team created to provide culturally aware mental health support for Black and Asian Minority Ethnic communities (BME) in Croydon. The partnership aims to directly reduce the inequalities in access, experience and outcome of mental health care faced by ethnic minority communities in Croydon through a series of interventions.

To support the project, faith and community leaders have undertaken Systemic Family Therapy Training to become qualified wellbeing practitioners and help the communities they serve. This training will help community leaders to understand mental health and spot the triggers of mental ill-health. This community led approach will create the opportunity to advocate for the mental health of BME communities and deliver localised mental health support that is responsive to their needs.

Find out more about EMHIP

"The mobile team, including support workers, a psychiatric nurse and psychologist, all with local knowledge of Croydon' communities, will establis hubs including places of worship, youth centres, parent and baby groups, barbershops and community centres where people can come for fr support."

Stella Bolt, Programme Manager, EMHIP

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Kingston engagement assurance report

Quarter 2: July to September 2023

Kingston

Demand management and pressures

Getting people to the right place at the right time

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

Examples of current activity:

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

Health inequalities and community outreach

Building trust and identifying health gaps sooner

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

Examples of current activity:

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

KINGSTON

Place–based communication and engagement

Supporting primary care and PCNs

Being receptive to local needs

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

Examples of current activity:

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

Prevention and early intervention

Preparing, connecting and responding

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

Horizon scanning, issues and crisis management

For longer, happier lives

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

Examples of current activity:

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

Service improvement and change

Meeting legal responsibilities

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

Examples of current activity:

- **Proactive and Anticipatory Care Model**

Kingston: Core 20 connectors update

Engagement Lead: Caroline O'Neill, Lead Engagement Manager, Kingston and Richmond

July to September 2023

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

Kingston Voluntary Action (KVA) run the SWL ICS funded Core20 PLUS programme in Kingston and have been engaging with local communities in the most deprived parts of the borough with a focus on areas of high health inequalities.

During this quarter, a new connection has been built with the Black communities in the Berrylands area by engaging with two branches of the RCCG Rivers of Water church. Activity continued the Cambridge Road Estate and KVA worked closely with Kingston Hospital MacMillan Manager and connectors from Korean and Tamil communities focusing on cancer screening.

Due to challenges with recruiting to the vacant paid post, there hasn't been capacity to bring on new volunteer connectors

What activities did you do?

During the period 12 health and wellbeing events took place, 454 people were engaged and 151 health checks were completed.

Events included:

Cambridge Rd estate – ongoing monthly health and wellbeing drop in events that address multiple needs identified by the community alongside local organisations, services and PCN. This quarter there was a focus on chronic dental issues including screening for oral cancer.

Korean community – Nanoom an organisation for isolated Korean women worked with McMillan Manager to deliver session about breast and cervical cancer screening and Cooking for Health sessions.

Tamil community – cancer screening awareness session with Macmillan. For women from Sri Lanka. session for women from Sri Lanka

Who did you speak to and why?

454 people engaged with the project during this quarter.

These are residents from our most deprived areas and communities in the borough. Who have the greatest health inequalities and worst health outcomes.

Being alongside these residents where they meet and engaging them in the Core20 PLUS programme enables us to identify what support they need to improve their health and well being and this is then provided through the range of organisations and services attending the health and wellbeing events.

What were the key themes that people raised?

- Some of the connectors and their communities leave the UK in the summer to visit families abroad, which affected the number of events run this quarter.
- Men from black communities are not going for medical screenings and some are not registered with their local GP practice..
- The importance of using plain English when talking about health services and providing user friendly information. This made a difference in understanding women's cancers and the importance of screening.
- Significant need for dentistry by Cambridge Road Estate residents due to local dentists rarely taking new NHS patients, lack of capacity of King's Hospital outreach team and 111 and A&E only managing infections and providing painkillers for dental issues.

What difference has this feedback made?

Examples of the difference this project is making:

- Identification of members from local Black communities at risk of hypertension and Type 2 diabetes who were referred on to relevant service or GP practice.
- Better understanding of the importance of breast/ cervical/ testicular/prostate cancer screening amongst Korean, Tamil and Black communities in Berrylands and Beverly areas of the borough.
- Secured funding for the Dentaid Dental Charity Bus to deliver 6 clinics at the Cambridge Road Estate health and wellbeing drop-in with the first one in August.
- Strong partnership with Kingston Hospital MacMillan service.

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

Core20 PLUS programme will continue to engage with these communities on an ongoing basis,. Including building on the new connections made within the Black communities in the borough.

Kingston: Making safeguarding personal – Healthwatch Kingston

NHS South West London

Engagement Lead: **Caroline O'Neill, Lead Engagement Manager, Kingston and Richmond**

July - September 2023

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

Building upon the work of the Healthwatch Kingston (HWK) Adult Safeguarding Community Reference Group, Kingston Adult Social Care (ASC) Adult Safeguarding asked HWK to independently collect feedback from people who have been through the Kingston adult safeguarding process.

The Making Safeguarding Personal project focuses on developing personal outcomes that support people to improve or resolve their circumstances. It engages people throughout their safeguarding journey about the outcomes they want and then works with them to find out if these outcomes were achieved at the end of the process.

What activities did you do?

HWK and ASC safeguarding co-designed a survey to collect personal experiences of the safeguarding process.

Between April 22 and March 23, the survey was made available online and an 'Easy Read' version was available to support people with communication needs or who found the online version difficult to use or access.

.The survey was given to people that had been through the Kingston adult safeguarding process and who consented to take part in the engagement.

Some people chose to complete it themselves online, and others were supported to complete the survey questions with a member of HWK staff over the telephone.

Who did you speak to and why?

Those with lived experience of safeguarding or their chosen representatives. 46 people responded to the survey however, ten respondents did not provide sufficient information, and these were removed from the final analysis.

The aim of the Making Safeguarding Personal survey was to find out if people:

- Felt involved during their safeguarding journey.
- Believed they were being listened to during the safeguarding process.
- Were happy with their outcomes.

The survey then asked what would help people feel more listened to, involved and happier with their outcomes.

What were the key themes that people raised?

Overall respondents felt happy and safer after going through the process than they did beforehand. However, there was evidence to suggest that more could be done to discuss future risk to avoid the potential for reoccurring issues, and that people had a more positive outcome and were more engaged if they were supported by an advocate.

Some issues around external services that can impact negatively on a person's experience of the process such as staff shortages in care homes and lack of communication from hospitals. This could potentially put additional pressure on social workers, as the point of contact.
.
Better communication from all professionals and services to family & friends involved in a person's care should be encouraged.

What difference has this feedback made?

The findings were recently published iin September 23 along with several recommendations. It is too early to identify what difference the findings will make..

For the Kingston Safeguarding Adults Board which includes NHS partners HWK recommends - improved understanding of safeguarding processes across all partners of the Kingston safeguarding system (for example, but not limited to, safeguarding between hospital and care home providers) to ensure all partners provide a seamless and positive safeguarding experience

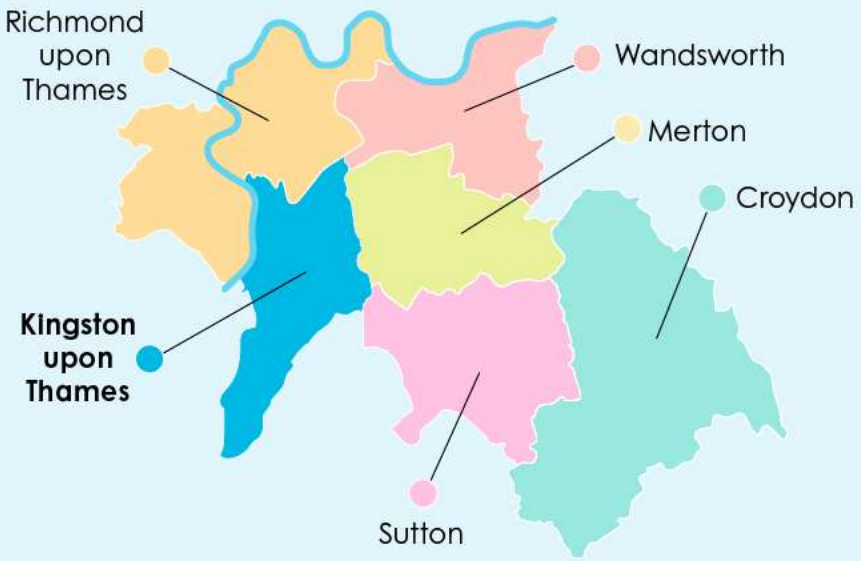
The findings will be used by the Kingston Adult Safeguarding Board to support the Board's aims to improve adult safeguarding processes and inform future policy and practice developments.

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

The MSP project has been extended for another year to gain further insight on the Kingston adult safeguarding process.

Supporting the health and wellbeing of local carers

South West London Integrated Care System



Proud to be working together to create healthier communities

Partners involved

NHS South West London
Kingston Voluntary Action
Kingston Hospital
Primary care

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

How we're making a difference

An event delivering health talks and checks for 16 men from Kingston's Black communities was held in June 2023 and resulted in finding that some attendees were pre-diabetic and some were suffering with undiagnosed hypertension.

The event was organised by Community Connector, Pastor Jacklord Jacobs, who has identified that men from his community are reluctant to take up the opportunity of medical screening and that some are not registered with a GP.

Kingston Voluntary Action supported the Pastor, who runs RCCG Church 'Rivers of Water' in Berrylands, and a GP, a Health Care Assistant, three pharmacists and a MacMillan Nurse were present at the event. A Ugandan doctor who is currently doing his PhD at Kingston Hospital gave one of the presentations which covered men's general health, cancer awareness (prostate, testicular and bowel), cardiovascular disease and mental health.

Pharmacists carried out health checks on the day, checking attendees' weight and blood pressure and referred six men to primary care for further treatment or advice.

"We enjoyed the event and it was very positive. We were able to give high quality and meaningful advice. We picked up a couple of previously undiagnosed diabetics and hypertensives which is fantastic."

Dr Eleanor Barnard, Joint Medical Director, Sutton Primary Care Networks

Merton engagement and assurance report

Quarter 2: July to Sept 2023

Merton

Infrastructure and relationships

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

Demand management and pressures

Getting people to the right place at the right time

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

Examples of current activity:

- Covid-19 and flu vaccinations
- Childhood immunisation : MMR/Polio
- Support upcoming SWL wide campaigns – Pharmacy first, NHS app, mental health

Prevention and early intervention

Preparing, connecting and responding

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

Horizon scanning, issues and crisis management

For longer, happier lives

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

Examples of current activity:

- **Industrial Action Engagement and Communication** – sharing messaging with VCSE to share with their networks
- **ICS Strategy** – collating feedback from Merton communities to influence the development and delivery of the ICS Strategy and priorities
- **Closing feedback loop** by updating partners at community voice forums with the progress of the ICP strategy and JFP.
- **JFP strategy -** Forward planning engagement and discussing insight topics with Committees

Health inequalities and community outreach

Building trust and identifying health gaps sooner

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

Examples of current activity:

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

- **Actively Merton**
- Actively Merton – Community Grants Programme building the capacity of the local community and voluntary sector to support and deliver physical and social activity across the borough

MERTON

Place–based communication and engagement

Supporting primary care and PCNs

Being receptive to local needs

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

- **Social Prescribing Network –** Children and Young People
- High Intensity Users

Service improvement and change

Meeting legal responsibilities

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

Merton: Merton Health and Care Community Voice Forum – Insight workshop

Engagement Lead: Nadra Gadeed, Engagement and Equalities Lead

July-October 2023

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

The engagement team meet bi-monthly with the local VCSE and community for the Merton Health and Care Community Voice Forum.

In October we held the meeting in person for the first time since the pandemic. It was attended by 35-40 community members, voluntary sector partners, and colleagues.

The ICB and Merton council allocated 'Actively Merton', small grants to community organisations to give residents the opportunity to try new activities and keep active over the summer months.

We invited presentations from Actively Merton grantee organisations, which were followed by facilitated discussion groups to collect feedback on the barriers and facilitators to people in Merton being active.

We looked at how this affects people who face specific challenges, in relation to their particular demographics.

What activities did you do?

The facilitated table discussions looked at the feedback from the community activity sessions and posed a series of questions.

What are the challenges/barriers to being socially and physically active for your cohort/target group?

What is particularly difficult?

Are there people who face specific challenges, in relation to their particular demographics?

What are the facilitators to being socially and physically active for your cohort/target group?

What could be done to help with this?

- Individually
- Friends and Family
- Community
- VCSE
- Local Authority/Social care
- Healthcare/NHS

Who did you speak to and why?

We had presentations from Actively Merton grantee organisations, which was a condition of the funding.

- Ethnic Minority Centre
- Wimbledon Guild
- Age UK Merton
- Turning Point Academy
- Merton Plus LGBTQ+

All meeting attendees had time to share updates from their organisations and promote upcoming events.

Following the presentations from Community Actively Merton grantees organisations, we held facilitated discussion groups with a feedback session to the meeting afterwards.

This was attended by a wide range of organisations including Merton Connected, Merton Seniors Forum, North East Merton Community association, Wimbledon Community Association and Enable.

What were the key themes that people raised?

Challenges to being physically and socially active included:

- Transport – Mobility support to get out e.g., Dial-a-ride
- Funding
- Weather
- Fear
- Self-doubt
- Lack of self-confidence/shyness
- Staying at home can make you feel tired and fed up

There are less men that access these activities, for some men as they get older their friendship groups reduce and some men may have issues with addictions such as drinking or gambling. It's important know how to engage men, for example, 'some men prefer to do activities rather than talk and are more likely to talk after doing an activity together.'

Sabitri Ray from Merton Ethnic Minority Centre ran a six-week sports programme offering members the chance to try boccia, bowling and curling for the first time.
She reflected on what she learned from the programme: "Generally people said they don't get these opportunities as they might be housebound or isolated and lonely - so and these activities were good fun and successful for them. They said the laughter they found in getting together in the community is the best medicine for life."

Merton Plus, a support group for the LGBTQ+ community, held history walks sharing stories from the borough's past. According to Mark Connor feedback from the group revealed that LGBT+ parents in particular, often feel lonely and isolated.

The focus groups also shared ideas about what could be done to help people get more active.

What difference has this feedback made?

Insights are being collated into a report which will be discussed at a future Merton Place Committee.

Community organisations and their members said they greatly appreciated the session and said that they felt better heard following this opportunity.

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

The feedback that we have had is that this has been a great networking opportunity to progress partnership working.

There was the opportunity to discuss representation at Merton Health and Care Community Voice Forum and to discuss support with bid writing for funding opportunities.

Community members, voluntary sector partners and colleagues have provided and received valuable insight, which will contribute to project proposals and partnership working. We are planning organise more in person Merton Health and Care Community Voice Forums.

Merton: Wilson Wellbeing Services

Engagement Lead: Jigsaw 4u – funded by NHS SWL

Nadra Gadeed, Engagement and Equalities Lead

July-September 2023

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

The Wilson Wellbeing is an integral part of the new health and wellbeing hub that is planned for The Wilson Hospital in Mitcham.

A bright and modern space where the community can benefit from a wide range of wellbeing services and activities has been developed by the community-led Wilson Wellbeing Steering Group.

Jigsaw4u was commissioned to manage the delivery of wellbeing services at the site from January 2023.They continuously gather data, both directly and via partners, to review the programme reach and participation to inform future plans and activities.

What activities did you do?

Since the middle of April, a varied programme of regular activities has been running Monday to Friday at the Centre.

Activities and attendance at the centre have grown from July through to September. Wilson Wellbeing organised several popular Arts & Craft and Play sessions during the summer holidays to support local parents and children.

A Back-to-School Supplies Event with the support of donations from local supporters proved popular with nearly 100 residents.

Partnership participation is also increasing. Wimbledon Guild delivered an Assertiveness and Boundaries workshop in September. NHS Merton Talking Therapies ran the first of a series of mental health sessions. Home-Start has launched counselling support for new mothers at the centre.

Who did you speak to and why?

Views from local people at the sessions were gathered and feedback from visitors and partners on the activities.

Data on the profile of the users covering age, gender, ethnicity and disability to gain insight for future development was reported.

People were asked what activities they would like to see created at the new hub which would support with their health and wellbeing.

What were the key themes that people raised?

Through the direct engagement with and support of individuals, live experiences are regularly heard from a range of attendees, examples below.

“S is a single parent who attended two kids craft sessions over the summer. S is currently unemployed due to caring responsibilities and was able to make use of our food bank and ‘Back to School’ event. I learnt that S has had a number of traumatic experiences in their recent past. I was able to direct them to some free counselling available through Wimbledon Guild which they were unaware of. They are now booked in for an assessment.”

Requests for future activities at the centre included:

- Children’s services
- Young parent support
- Mum & baby groups
- Exercise classes
- Healthy eating and cooking
- Social gatherings and Community events
- Sports clubs
- Art workshops
- Coffee mornings
- Gardening groups

What difference has this feedback made?

All the insight reported will be used to influence future plans. It will also enable the centre to target any population groups not currently using the centre.

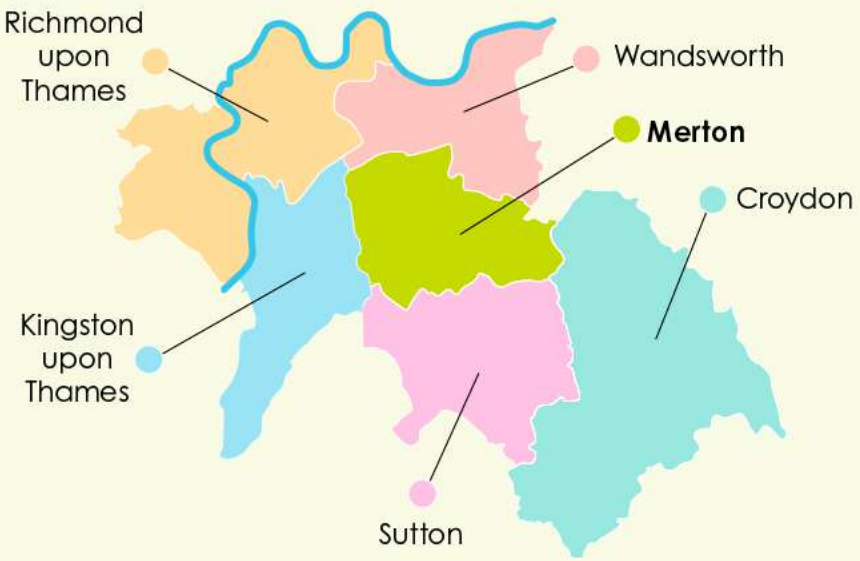
For example, only 17% of people who completed feedback forms had been referred to Wilson Wellbeing by a health professional. Greater focus will be given to ensuring health professionals have the information they need to signpost clients to the centre.

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

The ICB engagement team will continue to work with the Wilson Wellbeing Steering Group and Jigsaw4u to collect insights from service users as the project progresses. Jigsaw4u are contractually required to report on performance, including visitor and partner engagement, insights and related actions, on a quarterly basis. As such, they are continually seeking feedback and insights from all those using and referring to the Centre.

Merton Plus LGBTQ+ community host themed walks to give their views in unique grant project

South West London Integrated Care System



Proud to be working together to create healthier communities

Partners involved

NHS South West London
Merton Plus
Merton Council

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

What Merton Plus members are saying about getting active

As part of Merton Council's plan to become London's Borough of Sport, voluntary groups have been investigating what would empower residents to become more active.

NHS South West London and Merton Council offered grants to community groups to run events and ask people about their views on keeping healthy.

Fifteen Merton groups ran activities ranging from nature walks to yoga. Merton Plus, a support group for the LGBTQ+ community, held a programme of themed walks including one exploring the borough's history and yoga sessions are now being planned.

The event gave the gay community a chance to get together. Which was helpful as LGBTQ+ people, especially parents said they often felt isolated.

Overall findings showed that financial pressures such as travel, and entrance costs were a major challenge affecting accessibility. Physical and mental health barriers were also raised with one person noting there was a "lack of safety for trans people in sports venues".

"Knowing there are queer people in our area and that we can meet gives us hope and a reason to join groups to ensure there are safe places for all"

Merton Plus member

NHS
South West London

Richmond engagement assurance report

Quarter 2: July - September 2023

Richmond

Richmond South West London Integrated Care System

NHS South West London

Demand management and pressures

Getting people to the right place at the right time

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

Examples of current activity:

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

Health inequalities and community outreach

Building trust and identifying health gaps sooner

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

Examples of current activity:

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

RICHMOND

Place–based communication and engagement

Supporting primary care and PCNs

Being receptive to local needs

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

Examples of current activity:

- **Health in your hands project**

Prevention and early intervention

Preparing, connecting and responding

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

Horizon scanning, issues and crisis management

For longer, happier lives

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

Examples of current activity:

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

Service improvement and change

Meeting legal responsibilities

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

Examples of current activity:

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

Richmond: Core connectors update

South West London

Engagement Lead: Caroline O'Neill, Lead Engagement Manager, Kingston and Richmond

July – September 2023

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

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

What activities did you do?

During the period there were 11 health and wellbeing events, 144 people engagement and 123 health checks completed.

Activities included:

- Returned to Hampton North with a substantial health and wellbeing Fair at the YMCA Whitehouse. Bringing together multiple organisations that are relevant and supportive of the needs of residents. There is an established partner network of 20 plus organisations for these events
- As part of our smaller scale resident reach-out, continued weekly community engagement to provide health checks, advice & signposting at a variety of local social and community centres that host coffee mornings, men and women's groups and foodbank provision. Continue to build trust and relationships at a micro-level with the community centres and their residents to drive greater engagement with our health and wellbeing support

Who did you speak to and why?

144 people engaged with the project during this quarter. We are aware that due to timing of our events to date most attendees can be described as mums or grandparents with children under 6 or those over 65.

These are residents from our most deprived areas and communities in the borough. Who have the greatest health inequalities and worst health outcomes.

Being alongside these residents where they meet and engaging them in the Core20 PLUS programme enables us to identify what support they need to improve their health and well-being, and this is then provided through the range of organisations and services attending the health and wellbeing events.

What were the key themes that people raised?

The communities we are working to engage with are living in the most deprived areas of the borough with the most pronounced health inequalities. This shows itself in a lack of trust and engagement with organisations and services who are there to support these communities. Residents are also not being fully aware of what they are entitled to or are not getting what they are entitled to.

Therefore, some are not registered with their local GP practice.

Individuals are not engaging with or are aware of variety of health checks and support services available to them.

Individuals unaware of the local social, community and physical activity services available or now to access them.

What difference has this feedback made?

Examples of the difference this project has made this quarter:

- Individuals referred to GP for follow up re blood pressure.
- Referrals to support services for individuals such as local befriending service, Connect 2 Tech Age UK, aids and adaptations and weight management.
- New GP registrations.
- Signposting to other health services e.g. smoking cessation and NHS Health Checks.
- Signposting to volunteering opportunities

.

- Supporting residents to gain confidence in cooking and physical activity e.g. Joining Cooking Up sessions and exploring local exercise classes with residents..

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

Core20 PLUS programme will continue to engage with these communities on an ongoing basis,.

Over time continuing to return to our local areas of focus with one off events and weekly drop-ins, building trust, having relevant organisations attend, and keeping local GP practices and NHS SWL involved and informed of our activity and outcomes, should help to bring down barriers faced by these communities around engaging with organisations and services. It should also help increase people's understanding of what they are entitled to.

Richmond: Health and Wellbeing Strategy 2024-2029 consultation

NHS South West London

Engagement Lead: Caroline O'Neill, Lead Engagement Manager, Kingston and Richmond

July to September 2023

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

Local people were asked to take part in a consultation, running 11 August to 21 September 2023, which aimed to gather stakeholder and resident views on the proposed actions in Richmond's Joint Local Health and Wellbeing Strategy. The strategy sets out the priorities for collective action to be taken in partnership by the local authority, NHS, and other partners including the voluntary and community sector, over the next five years. **The strategy is a collaborative effort, produced by a multiagency task and finish group on behalf of the Health and Wellbeing Board.** The consultation was designed to make sure that the actions proposed in the strategy were bold enough to make a difference for local communities. All Health and Wellbeing Boards have a statutory duty to produce a JLHWS. The health, care and wellbeing needs of Richmond residents were assessed in the latest revision of the Joint Strategic Needs Assessment, published in 2022.

What activities did you do?

A public consultation, which was developed by the council's consultation team with input from the Task and Finish Group, ran on the council's Citizen Space Consultation Portal. An Easy Read version was also commissioned to promote accessibility, and printed copies of the strategy and the consultation were made available on request. As a Council Requirement an Equality Impact Assessment (EINA) was conducted on the draft strategy and published on the consultation portal. In the consultation, respondents were asked for their views on the 18 Steps or health and wellbeing priorities that affect people throughout their lives. They were given the option to answer questions only on the topics they felt were most relevant or important to them or people they care for. The opportunity to add open ended comments or suggestions was also available.

Who did you speak to and why?

A total of 61 responses to the consultation were received. The majority of respondents either agreed or strongly agreed with the proposed actions for each of the 18 steps. While the proportion of those disagreeing with the proposed actions varied, in all instances the proportion of those agreeing or strongly agreeing with the actions was higher.

What were the key themes that people raised?

Seven distinct themes related to the public's views on the actions proposed in the strategy were identified. Responses demonstrated the value that Richmond residents place on **prevention** across multiple steps and throughout the life course. Respondents recognised the need for **community-based initiatives** to support residents. The importance of **engaging families and carers** was another important theme. Another was **equitable access and inclusion**. This includes addressing physical barriers to access. The need for **Health education and communication** was evident in responses. **Youth Perceptions and Education** was highlighted in addressing alcohol use among younger people. **Environmental determinants of ill-health Respondents** was raised with concerns about the proximity of the borough to Heathrow's flight path.

What difference has this feedback made?

A response to the Consultation will be published subsequently as a 'You said, We did' report following consideration by the Task and Finish Group that led on developing the strategy.
This report will be published on the portal and as well as on the council's main website along with the final strategy.

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

A report will be published in January (date to be confirmed) that will provide 'you said we did' feedback to let local people know how their insight will shape the local strategy.

Richmond: Community conversations - RUILS

South West London

Engagement Lead: Caroline O'Neill, Lead Engagement Manager, Kingston and Richmond

July – September 2023

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

Over the last year, Ruils has been working with Richmond residents in areas of higher deprivation, where people's socio-economic circumstances impact on both their life expectancy and their healthy life expectancy.

Although Ruils has had good attendance at their wellbeing events, they wanted to target the residents that were not already engaging with their local community and were isolated.

This is particularly important following the Covid pandemic, where people are still nervous to engage in community-based services/activities. They therefore wanted to find to reach these households to find out what matters to them, what health and wellbeing activities they access and what they would like to change.

What activities did you do?

A team of community connectors was established, working Tuesday to Saturday, 11am - 7pm over a period of two months. Areas were revisited on different days and times and households were given a "sorry we missed you" postcard, inviting people who had been missed to complete the survey online.

Who did you speak to and why?

Working with the K&R local team and utilising data from the National Index of Multiple Deprivation, Ruils identified areas with a deprivation score of 5 and below and drew up maps of areas to target. This included households in Hampton North, Hampton, Heathfield, West Twickenham, Ham & Petersham, North Richmond, South Richmond, Mortlake and Barnes.

The team spoke to 669 residents across the borough. The largest cohort was 65 years and over, but there was a reasonable distribution of respondents from the other age groups.

The aim was to systematically target households in the borough through guided conversations with individuals in their own homes. To provide information about local services and activities to people who may be isolated or who are not currently engaging with services within the most deprived areas of the borough.

What were the key themes that people raised?

- Residents still cited that not knowing what was available in the borough was the biggest barrier they faced to accessing services and activities.
- The findings highlighted that people want to be more active but are not accessing their local sports and leisure centres. More work needs to be done to understand what the barriers are to becoming more active and what could bridge this gap.
- There is low engagement among respondents with 111 and local UTCs; instead, they rely on their GP.
- Many respondents felt that accessing their GP was difficult. The results indicate that more needs to be done to make booking appointments more straightforward, including improving telephone access and making more appointments available.
- A high proportion of residents are being affected by the cost of living crisis which is impacting their' ability to engage in activities and behaviours to benefit their health and wellbeing.

What difference has this feedback made?

In addition to getting valuable insight and providing respondents with health information about local services, the project also supported 116 people who requested a follow-up from the social prescribing team.

Hampton North and Ham & Petersham had the highest numbers of those requesting a follow-up, while South Richmond had none. These residents were followed up by the social prescribing team and those interested, were referred into the service for further support.

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

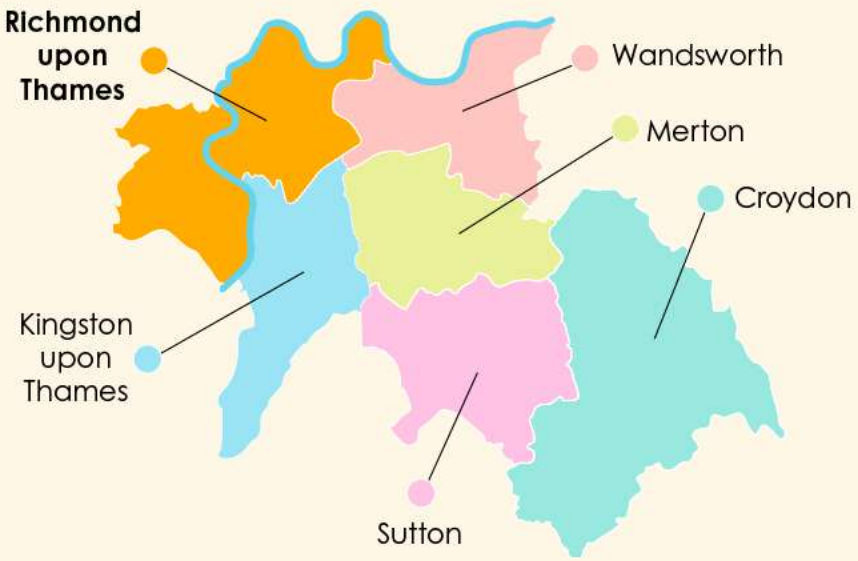
The insight has provided valuable insights into small, but significant trends within our borough.

It identified that further engagement is needed with residents, especially in areas where concerns are high and residents haven't accessed health checks or cancer screening (Barnes, Hampton North and Ham & Petersham).

Ruils plan to utilise this data to improve our Health in Your Hands project, which is tackling health inequalities in the targeted areas in this report. By sharing this data widely, they hope that it will help inform the work of other organisations when they are planning their services, activities and events.

YMCA Summer Health Fair with RUILs

South West London Integrated Care System



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Partners involved

NHS South West London
Ruils
White House YMCA
Local health & wellbeing community network

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

How we're making a difference

The YMCA Summer Health Fair in Hampton brought together a range of the 20 local organisations in the health and wellbeing network that Ruils has built. Attendees received a free health check and hot lunch and had the opportunity to speak to local charities and organisations and try some fitness classes.

By returning to community and social centres in Core 20 communities, apart from building engagement and trust with local residents, RUILs is also establishing collaborative relationships with centre staff and volunteers. At the Summer Health Fair the YMCA took pride in making it the best possible event for local residents, working with RUILs to deliver a positive experience. Events like these attract residents that don't usually come to the YMCA Centre and will hopefully help the YMCA to broaden its reach and develop their community hub. In addition, involving other local organisations and working with NHS South West London and local GP practices, residents can access immediate support rather than facing a wait until they can see someone.

On the day, one 78-year-old lady, suffering with high blood pressure, a high BMI, and a risk of developing type 2 diabetes, spoke to the team about her desire to take control of her health. The team directed her to her local Pharmacist and GP Surgery, a weight management service and explored the options of her attending exercise classes and healthy cooking classes.

"What is fundamental to the success of our Core20Plus and HIYH's goals, is to keep returning to our identified areas, to build a deeper engagement, increase trust and to better understand the barriers local residents are facing and how best to signpost them to solutions."

Gary, RUILs project lead

Sutton: Benhill health and wellbeing outreach

Engagement Lead: Nadine Wyatt, Sutton Place Engagement Senior Manager

July to September 2023

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

We are working with Community Action Sutton who are responsible for holding the Health Inequalities fund 22 - 23. They are focusing on engaging with residents who live on the Benhill Estate, Sutton which is one of the most deprived communities (Core20) and has high levels of health inequalities.
In the absence of a known community group for the Benhill Estate such as a resident association, the partner organisations – as part of Central Sutton Integrated Neighbourhood Team (health visiting teams, family hubs, housing and Sutton Primary Care Network.) The purpose of the event was to start conversations with residents, to find out their needs and barriers to health and wellbeing and to inform further engagement sessions and work in the area.

What activities did you do?

The partner organisations worked together and pooled resources to offer the following to residents on Benhill Estate:

- A variety of taster sessions such as yoga, pilates, pickleball, chair exercises and wrestling.
- Information tent with many different organisations such as Sutton Vineyard, Sutton Women's Centre, Sutton Housing Partnership and Christians Against Poverty.
- Healthy food stalls to promote healthy eating and connect over tea/coffee
- Children's soft play
- Children's activities such as badge making and large outdoor games.
- Bouncy Castle for under 6-year-olds.
- Sutton Community Dance providing dance sessions throughout the afternoon.

In order to maximise attendance, partner organisations produced a flyer which was shared widely across social media and through groups that are active in the local area. The flyer was also posted to every household on the Benhill Estate as well as other areas of high deprivation in the Central Sutton area.

Sutton GP practices sent a text message about the event to their Benhill Estate and Balaam House patients (another part of the housing estate).

Who did you speak to and why?

Over 100 residents attended and included a range of ethnicities from Black Caribbean, Black African, Asian, Polish and other ethnic minority communities. The majority were families with young children and those over the age of 65 years.

The aim was to understand the barriers of social integration, for example if residents were aware of activities that are running in their local community and what they would like to see going forward. This was achieved via numerous conversations with the residents as well as a survey which was carried out during the event and was completed by 39 residents.

What were the key themes that people raised?

Feedback from discussions and survey analysis identified the following insight:

- Wanting to feel safe in a friendly neighbourhood
- Feelings of pressure from all angles creating huge accumulative impact – work stress and cost of living – whether heating, food, etc. This increases a relative minor change in price for e.g. to have a huge overall impact.
- Children are feeling more pressure due to the repercussions of covid and isolated working being normalised.

Feedback from residents also included valuing community fun days, connecting with other residents to reduce social isolation and offering more activities that are free to help with the cost of living.

What difference has this feedback made?

As a result of the feedback, further community events are being organised for later on this year(Christmas) to continue developing trust and build relationship with this community.

The Family Hub made new connections with families who are now attending their weekly sessions since the 2nd September.

Links have been created between local organisations, as well as activity groups being able to share with residents what they provide for the community.

This is the beginning of partnership development in the area and highlights the important of such events to build social connections between local organisations and communities.

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

A survey to all organisations and volunteers who attended be sent out which will provide further insight into community needs and aspirations.

This is the very beginning of engagement with the Benhill Estate Central Sutton area, the aim being to foster the creation of a community network of local organisations that can lead on activities and engagement to promote health inequalities in the area. The Central Sutton Integrated Neighbourhood Team will continue to oversee the Christmas event which is currently being planned.

Sutton: Health & Inequalities workshop

Engagement Lead: Nadine Wyatt, Sutton Place Engagement Senior Manager

July to September 2023

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

The Health Inequalities Workshop was a multi-partnership collaborative event to bring together all identified community engagement partners in Sutton who regularly engage with Sutton residents. These partners work with communities and have established relationships with community connectors.

The workshop was called "Health and Inequalities" as the overarching aim was to;

- Better seamless working [between volunteers and health services and social care services]
- Increasing outreach, with groups building up in the community
- Our organisations building resilience
- NHS and Council providing bits of funding to enable people to come forward

What activities did you do?

In preparation for the event, a mapping exercise was undertaken with two aims:

1. identify number of people who engage with communities across the Sutton system (19 in total) by sector.
2. Identify roles and responsibilities to help identify synergies and gaps when engaging with Sutton communities.

Through a standardized template, we then mapped out which key populations/groups these roles engaged with, service outcomes, and partners they work with. This helped to identify synergies and gaps.

The Health & Inequalities Workshop was held on Tuesday 5th September 2023 at the Salvation Army in Sutton and was attended by 30 participants. It was chaired by the Director of Public Health and a Lead GP where they presented the vision and purpose. The aim was to bring together partners to agree -the Sutton vision for this partnership to maximise resources and work more cohesively together for the communities.

During the event, we spoke with community engagement representatives to capture their own diagnostic of the system in terms of what is working well, what is missing and does it meet the vision.

Who did you speak to and why?

We engaged with front line staff from the below organisations to establish their views on how community engagement can be improved in order to maximise resources and avoid duplication of efforts.

- London Borough of Sutton
- SWL Integrated Care Board
- Sutton Primary Care Networks
- Sutton Housing Partnership
- Healthwatch Sutton
- Volunteer Centre Sutton

This also provided an opportunity for partners to understand each other's roles better to ensure seamless working and meeting needs of communities by more effective signposting to relevant services.

What were the key themes that people raised?

During the event, the below insight and themes were gathered:

- Lack of understanding of each other's roles which adversely affects signposting opportunities
- Lack of shared insight and learning among the sector to better understand what is working well and what needs to stop
- No platform in place to share feedback from community events with a particular focus on community needs and aspirations
- Numerous organisations working with the same communities which causes "over engaging" and fatigue for those community members
- Communities are not aware of different organisations offering support
- Overlap of workstreams (not knowing what other organisations are doing)

What difference has this feedback made?

The feedback from the event will be shared at the H&I board to agree immediate and long-term actions based on the insight received from partner organisations.

Suggested key actions to be agreed are:

Immediate actions (to be actioned ASAP and delivered Oct-Nov)

- Collective action: Co-produce a video introducing all engagement roles in Sutton (led by the sector)
- Core team action: Schedule quarterly gatherings (led by the team)
- In-depth listening to sector stakeholders to get better understanding of barriers of working together

Long-term actions (to be shaped Over Oct-Dec and actioned in early 2024)

- Create a platform for collaboration (events, learning, etc)
- Community of practice - resource library

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

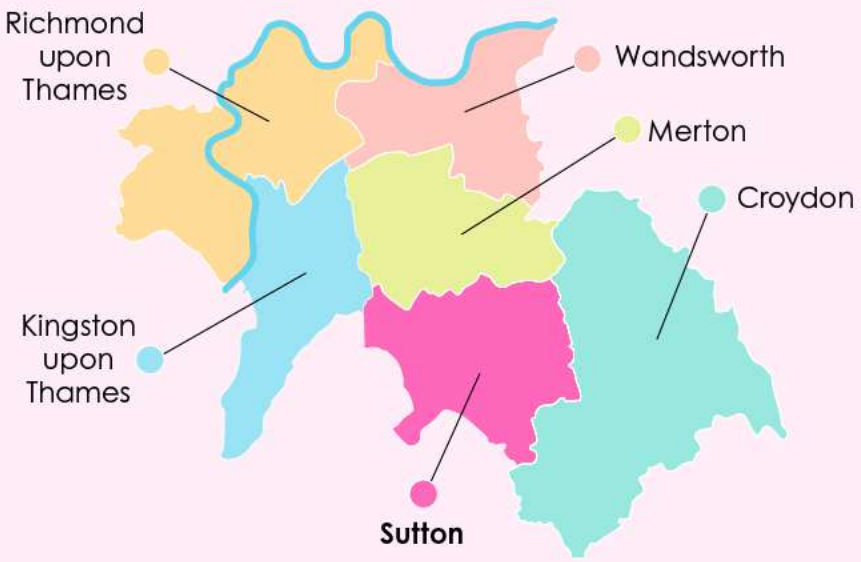
We are planning to develop a Sutton wide engagement community of practice group to meet on a quarterly basis where insight and learning can be shared.

This will have a profound impact on communities we engage with as various partners become more aware of other services that are beneficial to meeting community needs and can signpost accordingly; Also, collective learning and insight (including surveys, case studies) can influence strategies and programmes currently in place including the recently launched NHS joint forward plan.

This piece of work is ongoing and further workshops will be held in 2024 to measure progress to date.

Benhill Housing Estate

South West London Integrated Care System



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Partners involved

Central Sutton Integrated Neighbourhood Team
Sutton Housing Partnership,
LBS Health Visiting Team, Children's Centres & Family Hubs
LBS Meals on Wheels
Community Action Sutton
Sutton Primary Care Networks

Find out more

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

How we're making a difference

In the absence of a known local community group in the Benhill estate, local partner organisations (through the Central Sutton Integrated Neighbourhood Team) organised an event on Saturday 2nd September to connect with Benhill estate residents and Balaam House to start conversations and get a better understanding for their needs and barriers to health and wellbeing.

The event was widely promoted through a flyer which was dropped at residents homes as well as text messages sent by GP practices to the residents.

There was something for all ages including bouncy castle and children soft play area, Sutton Community Dance offering free classes and healthy food and snacks. The Benhill residents felt welcomed and were very appreciative of connecting with local services that can offer advice and information which they did not know about.

As a result of this event, many families have stated attending the Family Hub where further support is offered and families can connect with one another and develop meaningful relationships.

Thank you for organizing such a meaningful event.
We will join again next time.
It is good to know the support to this community.
Some families really have a need, but they may feel shy or don't know how to voice out.

Female Local Resident (35-44 yrs)

"Thank you so much for organising a great event on Saturday, we had lots of great conversations!"

Libby Arnold - Sutton Vinyard

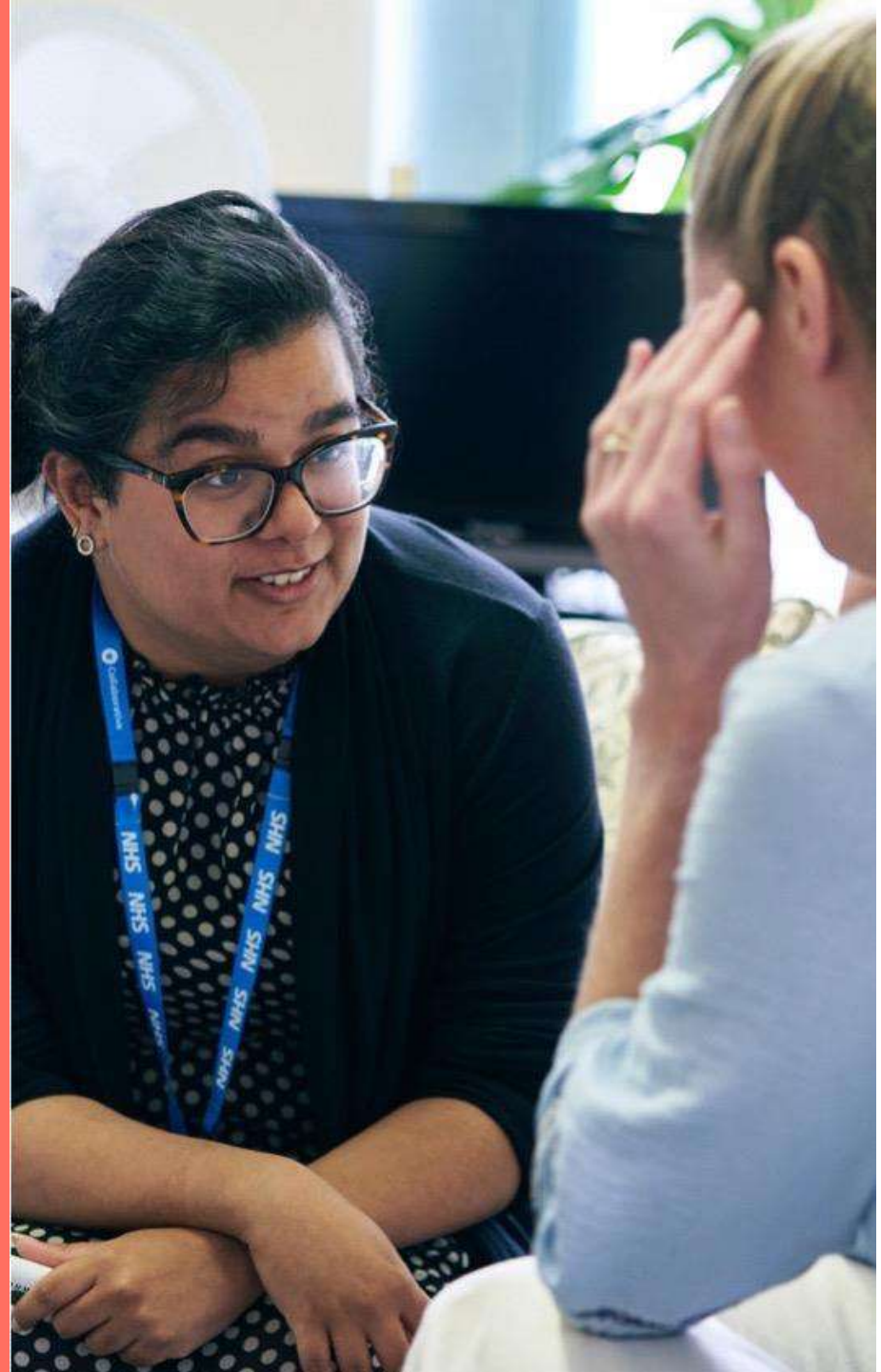
Feedback from Sutton Quality Committee

Assurance in Sutton is via the Sutton Quality Committee which reports in to Place Committee. Feedback from 3rd October:

The group commended the comprehensive report and clear demonstration of the principles of good engagement. Other feedback included:

- Good evidence of the value of partnership working by pooling resources to make engagement events effective,
- The value of coordinating engagement activities across Sutton partners,
- Ongoing work to ensure that insight gained from engagement with Sutton residents is coordinated and shared widely to inform programmes of work across different parts of the health and care system to improve residents experience and outcomes,
- The importance of trusted relationships across different organisations and with Sutton residents.

Date of next meeting: **7th November 2023**



NHS
South West London

Wandsworth engagement and assurance report

Quarter 2: July to Sept 2023

Wandsworth

Infrastructure and relationships

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

Demand management and pressures

Getting people to the right place at the right time

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

Examples of current activity:

- Covid-19 and flu vaccinations
- Childhood immunisation : MMR/Polio
- Support upcoming SWL wide campaigns – Pharmacy first, NHS app, mental health

Prevention and early intervention

Preparing, connecting and responding

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

Horizon scanning, issues and crisis management

For longer, happier lives

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

Examples of current activity:

- **Industrial Action Engagement and Communication** – sharing messaging with VCSE to share with their networks
- **ICS Strategy** – collating feedback from Wandsworth communities to influence the development and delivery of the ICS Strategy and priorities
- **Closing feedback loop** by updating partners at community voice forums with the progress of the ICP strategy and JFP.
- **JFP strategy -** Forward planning engagement discussing insight topics with Committees

Health inequalities and community outreach

Building trust and identifying health gaps sooner

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

Examples of current activity:

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

WANDSWORTH

Place–based communication and engagement

Supporting primary care and PCNs

Being receptive to local needs

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

Examples of current activity:

Inviting PCN to join Thinking Partners Forum and update network on joint initiatives with VCSE eg : West Wandsworth PCN / Estate Arts

Social prescribing network Children and young people

Service improvement and change

Meeting legal responsibilities

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

Examples of current activity:

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

Wandsworth: Enough is Enough Report Workshop

Engagement Lead: Nadra Gadeed, Engagement and Equalities Lead
July – October 2023

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

Health and Care Partnership meetings take place monthly and are chaired by Dr Nicola Jones. The purpose of the meeting is to oversee the delivery of the Wandsworth Health and Care Plan, it's priorities and projects, which are developed and delivered across all partner organisations.

Wandsworth Council's Public health managers Dr Natalie Daley and Melissa Barker had previously presented and discussed this report at Wandsworth Thinking Partners Forum and also at the Health and Care partnership Board. Following this the ICB engagement team proposed the joint workshop, which took place at the September Wandsworth Health and Care Partnership meeting.

What activities did you do?

The September Wandsworth Health and Care Partnership meeting was dedicated to the Director of Public Health, Shannon Katiyo's, Annual Report 2023, 'Enough is Enough', Experiences of Mental Health in Ethnic Minority Communities in Wandsworth, call to action.

This included break out room topics around the key questions below:

- What struck you in the report linking to your area of work/residents you serve?
- What are you/your organisation doing/planning to do to address the call to action?
- Short/medium/long term actions and aspirations
- What can the partnership do to help you and your organisation?

Who did you speak to and why?

The workshop made it possible to link together small organisations with larger ones to share learning.

The workshop was attended by over 50 colleagues, Councillor Graeme Henderson, Cabinet member for Health and Chair of the Wandsworth Health and Wellbeing Board and partners including the voluntary sector and community members.

This included organisations that attend Wandsworth Health and Care Partnership meetings and Thinking Partners Forum, including, Wandsworth Community Empowerment Network, Ethnicity and Mental Health Improvement Programme (EMHIP), Healthwatch and colleagues from Wandsworth council and local NHS mental health.

Every service has been asked to embed an anti-racism framework framework in their business plan. This should be developed using co-production.

What were the key themes that people raised?

"How do we work against anti-racism and learn about what it is really like to have lived experience. We need to have honest and difficult conversations and put ourselves in other people's shoes"

"NHSE insist that things are done a certain way. We need local freedom to operate at a more granular level"

"Taking an anti-racist approach to healthcare structure. We have a range of interventions that we want to sustain. we cannot use a piecemeal approach".

"Divergence of experience is staggering. Hardship is often at the core. A real change to the fundamental structures of society and fairness"

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"Look at health and wellbeing holistically. Housing, education, physical and emotional impacts. Early experiences of stress, lack of sleep, rent arrears and threat of eviction"

"Building trust and safety in local community organisations. Training and empowering health champions can help signpost and support people's mental health and access to support in local communities"

"In a service that is based around early engagement with young people, it is noticeable that Black and minority ethnic young people don't come into the service, because the trust isn't there. The challenge is, how do we build trust?"

"This is human life, our people. Accountability should be there to serve the community and taxpayers. We need to strengthen the ICS, to get involved in the addressing the wider determinants of health, such as education and housing"

What difference has this feedback made?

The report builds on the 2022 Wandsworth Mental Health Needs Assessment and covers the following themes:

- Impact of socio-economic inequalities on mental health
- Impact of the COVID-19 pandemic on mental health
- Cultural understanding and stigma of mental health
- Racism and racial discrimination in mental health services
- Community-based, culturally appropriate mental health support

The report describes, in people's own words, the inequalities and inequities ethnic minorities face in relation to their mental health and highlights how much we still need to do to deliver much needed change. In addition, it showcases the excellent work taking place in Wandsworth to support the mental health of people from ethnic minority backgrounds.

The feedback from this workshop will advocate for these communities at partnership level, to make sure mental health inequalities are recognised at senior levels.

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

Public Health partners, Dr Natalie Daley and Melissa Barker are collating a feedback report from the workshop.

The Health and Care Partnership are looking at further workshops to continue to progress this partnership work and to keep a log of actions being taken.

The Partnership forum will work with the voluntary sector, to set out how the call to action will be addressed, and what commitments local organisations can make to act on the key findings in the report.

The ICB engagement team is planning a grants funding programme to work with VCSE organisations to gather insights around inequalities in mental health and wellbeing for children and young people

Wandsworth: Sound Minds professional ward visitors' engagement session

Engagement Lead: Nadra Gadeed, Engagement and Equalities Lead

July – October 2023

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

As part of ongoing insight collection work, feeding into the previous example around the public health Enough is Enough report, the Engagement team visited professional ward visitors at Canerows who are led by Mia Morris OBE based within the charity Sound Minds.

Canerows professional ward visitors are people with lived experience being admitted on mental health wards, who are in recovery.

The Canerows professional ward visiting team provide weekly visits to six acute mental health wards across Springfield's and Queen Mary's hospitals. During the Pandemic Canerows provided cherished weekly phone calls to inpatients.

What activities did you do?

We attended a sharing and listening session with around 10 peer support workers and each professional ward visitor had time to talk in the group and share their personal stories of being admitted and experiences of helping others, where feeling understood can be the catalyst to recovery.

Canerows contributed to the themes in the Wandsworth Public Health 2023 Report, Enough is Enough, on the mental health of people from Black and minority ethnic backgrounds in Wandsworth.

Who did you speak to and why?

This is a peer support system which offers help, support and friendship from people who have been admitted to Springfield hospital. Professional ward visitors may have similar experiences and have been trained to listen to people who are currently admitted for their mental health condition

Peer support an empowering process for the professional ward visitors as well as for the patient. It's clear that the professional ward visitor's mental health recovery benefits from the empowering process of helping others.

It felt valuable to listen to the personal stories of people who are now using their own difficult experiences to openhandedly offering their support to others at a time of need.

What were the key themes that people raised?

- People share their stories and patients often open up more to peer support workers
- A key way that relationships and trust are built is through doing an activity together, physical touch or personal care such as plating hair or painting nails.
- People also bond through social interactions e.g. through music and arts, play cards or dominos
- Professional ward visitors provide inspiration, encouragement and continuity – which are all important
- It's important to understand people's culture as well as recognise the stigma, racism and racial discrimination they face in mental health services and provide community based culturally appropriate mental health support.
- People valued the opportunity to share life stories, set recovery plans and daily goals.

What difference has this feedback made?

Professional ward visitors engage in activities and offer non-professional and practical help and advice. Views and suggestions are gathered and fed back to staff, helping to improve aspects of in-patient care

Feedback shared will be included in an insight report which will be discussed at a future Wandsworth Place Committee.

Peer support workers said that they felt better heard and appreciated following this Engagement session. There was a strong sense of solidarity in the group and trust built that this was a safe space to share.

There was the opportunity to discuss representation from Canerows at Thinking Partners Forum and there was the opportunity to discuss Bid writing support for funding for the role of Post Discharge Peer Support worker.

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

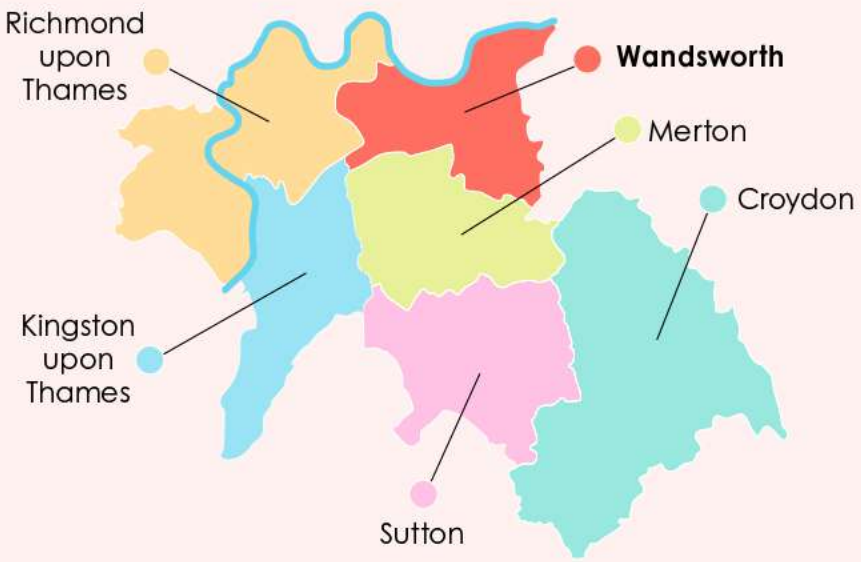
Carerows are invited to contribute to the ongoing Enough is Enough discussions, with Wandsworth public health team and the ICB engagement team. The Partnership forum will work with VCSE to set out how the call to action will be addressed and what commitments local organisations can make to address key findings in the report.

Canerows have membership to Thinking Partners and will continue to contribute to themed community engagement through this forum.

The ICB engagement team is planning a grants funding progamme to work with VCSE organisations to gather insights around inequalities in mental health and wellbeing for children and young people

Care continuity call feedback shapes rehabilitation pilot project

South West London Integrated Care System



Proud to be working together to create healthier communities

Partners involved

NHS South West London
Queen Mary's Hospital, Roehampton,
Wandsworth Carers Centre
Merton Vision, Age UK Merton, Mushkil Aasaan.

Find out more

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

How we're making a difference

To understand people's experiences of hospital discharge and rehabilitation, NHS South West London commissioned partner voluntary groups to carry out research with 150 residents.

Wandsworth Carers Centre, Merton Vision, Age UK Merton and care organisation Mushkil Aasaan asked people about their views and experiences.

The engagement with patients, their families and carers found people wanted better continuity of care from hospital to home. The pilot project at Queen Mary's Hospital, Roehampton was developed to offer faster and more intensive rehabilitation on the ward to improve recovery.

It was also designed to improve continuity of care and ensure that people returning home had ongoing care from the therapists who they already knew the ward, as well as friends and family. Initial feedback showed the new approach significantly reduced hospital stays and meant patients could go home sooner.

"It's been great caring for the patients from the ward to their home environment, seeing their progress and making a real difference to each person's recovery."

Adele Gilbert, Occupational Therapist