

Engagement Assurance Committee Cover Sheet

Item: 4
Enclosure: B

Title:	Draft working with people and communities annual report section
Meeting Date:	28 March 2023
Author:	Rosemary Watts, Assistant Director of Engagement
Executive Lead:	Ranjeet Kaile, Director of Communications and Engagement

Purpose of paper:	The purpose of the paper is to share the draft working with people and communities section of the ICB annual report for discussion and comment prior to it being incorporated into the ICB annual report and submitted to NHS England and published.	Update / Information	
		Discussion	X
		Decision	
Summary of main points:	<p>The report is the draft working with people and communities annual report section which outlines the work that has taken place since July 2022. NHS England published guidance in February 2023 on ICB annual reports and working with people and communities. This outlines content that should be included under the following headings:</p> <ul style="list-style-type: none"> Governance and assurance information Demonstration on how the ICB's strategy on working with people and communities is being put into practice Illustration of how insight and data have been used by the ICB to inform its work with people and communities Evidence that equality and inclusion principles were considered when working with diverse communities Demonstration of how the ICB has worked with partner organisations Sharing learning and good practice examples Communications, social media and marketing Future planning <p>The content of the annual report will form the basis of the ICB annual assessment process carried out by NHS England on how ICBs are working with people and communities.</p>		
Potential Conflicts of Interest	None		
	Bexley		Bromley

Relevant to the following Boroughs	Greenwich		Lambeth	
	Lewisham		Southwark	
	Equality Impact	The ICS approach to working with people and communities outlines the importance of working with the diverse communities across south east London. The report outlines work that has taken place with people from diverse communities and communities that experience health inequalities.		
	Financial Impact	N/A		
Other Engagement	Public Engagement	The paper outlines the work that has taken place to work with people and communities across south east London since July 2022.		
	Other Committee Discussion/ Engagement	None		
Recommendation:	The committee is asked to read the report and provide any comments before it is incorporated into the ICB Annual Report for submission to NHS England.			

Annual Report: Working with people and communities, 2022 – 2023

Working with people and communities is a high priority for the ICS and we have committed to putting patients and the public at the heart of everything we do. During the first year the ICB has developed a range of system processes and tools to support this ambition. The South East London Integrated Care System approved the [Working with People and Communities Strategic Framework](#) at its first meeting on 1 July 2022. The framework sets out the ambition of the ICS for working with people and communities and address the issues that we heard from local people and communities as part of the development process including the need to build trust and relationships, the need to go to out to communities and make engagement accessible and inviting. The framework includes our vision, mission and operating principles for workign with people and communities.

“Working with local people to build a healthier future for all communities across south east London.”

“[The ICS] works in partnership with local people and communities. This improves health and wellbeing and supports people to thrive and live healthier lives. We will prioritise working in partnership to address health inequalities; these are unfair and systematic differences in health between different groups of people.”

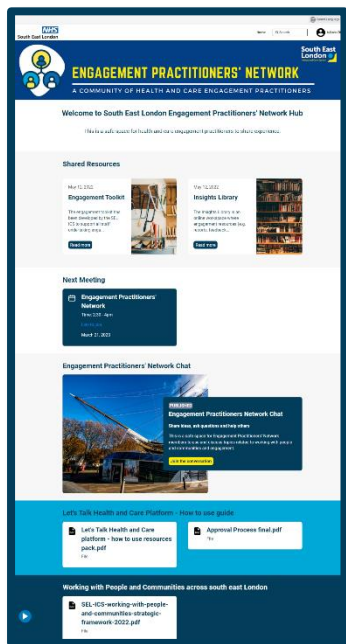
The [first board meeting](#) was preceded by a dynamic public open space session and the meeting was opened by a Citizens UK community led ring of ribbon gesture symbolising unity and the need to keep people at the heart of what we do.



The strategy development process was overseen by an external independent chair who has since been appointed as a Non-Executive Director of the ICB who currently chairs the ICB’s [Engagement Assurance Committee](#) (EAC). The EAC is an ICB committee which provides assurance on our approach to working with people and communities and which has been established as part of the development of the ICS’s structures and processes around engagement. The EAC public membership has been extended following a robust and transparent [recruitment process](#) in autumn 2022. Membership also includes the Medical Director and the Chief of Staff who are both board members along with the Director of Communications and Engagement, ensuring that the importance of people and communities is kept high on the agenda.

The ICB is committed to working in partnership in developing its approach to working with people and communities. The ICS has funded two key roles: a [Director of South East London Healthwatch](#) and a [Director of Voluntary Sector Collaboration and Partnerships](#). Both are members of the Integrated Care Partnership and the Engagement Assurance Committee. We work closely with both postholders who have key roles in developing how we work differently with local people and communities to realise our ambition of reaching into communities and building trust and relationships to work much more collaboratively with local people and support

the culture change within the organisation to do this. The Assistant Director of Engagement is an ICS member of the Voluntary Sector Alliance and has regular meetings with the Healthwatch Director and managers.



The ICS Engagement Practitioners' Network (EPN) continues to develop and meets on a bi-monthly basis to strengthen our efforts to put people's and community voices at the centre of health and care work. The network brings together engagements leads and practitioners from across health and care organisations in south east London, including Healthwatch, to work in a more aligned way. The EPN played an essential role in developing the working with people and communities strategic framework and the [ICS Engagement Toolkit](#). To facilitate sharing learnings, good practice and peer support in between its members the network has developed the [EPN online hub](#) hosted on Let's talk health and care engagement platform. The online hub aims to be a safe space for working with people and communities' practitioners to share learning, tools and discuss challenges. Members of the network have opportunities to share good practice, align engagement and share insight in working with people and

communities.

"I enjoy and appreciate the opportunity to network with engagement leads across SEL".

"The range of organisations covering a number of sectors involved, and the opportunities to build collaborative working and add new dimensions to engagement practice is very good."

NHS South East London continued to develop its online engagement platform [Let's Talk Health and Care South East London](#) which helped us broaden our reach and help make it easier for people to give their views and share their experiences. Since it was launched Let's talk health and care facilitated greater engagement with people and communities and provided access to information about engagement work and involvement opportunities. Over 280 people from across south east London signed up to be part of Let's talk health and care online community and are participating in health and care projects that are most interesting and relevant to them. Let's talk health and care platform enabled us to develop interactive ways to gather views including open and closed chat forums, quick polls, surveys, ideas boards. The platform also enables us to use multimedia creative tools so our projects can be more visual, accessible and engaging. The platform has enabled us to not only seek views through chat forums and online surveys but to recruit in an open and transparent way people with lived experience to

Let's talk health and care platform in numbers



take part in programmes of work including the recruitment of [Patient Safety Partners](#), people to take part in the [shared care programme](#) of work and the procurement of a new [ENT community service](#). The platform also hosts hubs for each for the local care partnerships in south east London as an additional tool for engagement work in the boroughs. We use ReachDeck accessibility tool on let's talk as well as the ICS website which provides written translation and read aloud options in English and other languages.

A key focus of work in the first year was the development of the ICS strategy. To develop a baseline understanding of the challenges and opportunities in SEL, the ICS reviewed engagement insights from across partner organisations since April 2020 including insights from engagement with seldom listened to communities commissioned as part of the working with people and communities strategic framework (see details in table below). Alongside other key insights for example from local authority health and wellbeing board strategies and Joint Strategic Needs Assessments (JSNAs), partner organisation strategies etc, these insights informed the initial five topic areas for discussion to develop the strategy:

Organisation	Community	Boroughs
Act for Change	Young people / mental health	Bexley / Greenwich
Creating Ground	Migrant women	Greenwich / Lewisham
Lambeth Links	LBGTQ+	Lambeth, Southwark & SEL
Panjshir Aid	Afghan community	Southwark
East Africa Association	Somali women	Lambeth, Southwark
South East Greenwich Islamic Centre	Bengali community	Greenwich



Discussions initially took the form of two webinars held in July 2022 for local people and colleagues from the voluntary, community and social enterprise (VCSE) sector. These webinars were held to develop a vision and to discuss opportunities and challenges for each of the five initial topic areas. A [chat forum was also published on the Let's talk health online engagement platform](#) over the summer. VCSE

colleagues and Healthwatch also took part in the system leaders event that took place in July.

In the autumn we engaged with VCSE organisations working with and advocating for people from marginalised communities such as refugees and asylum seekers, people who are homeless, people who use drugs and alcohol, Gypsy, Roma and Travellers. This insight was augmented by Citizens UK reviewing insights from community engagement they have carried as part of the [South London Listens](#) programme. What we have heard from local people and communities is published on the website. This insight plus insight from conversations across local care

partnerships in each borough and across providers informed the five strategic priorities that were agreed by the Integrated Care Partnership in November 2022.

Two further webinars for local people and VCSE colleagues were also held in November to help further develop the five priorities and two face to face events with system leaders including VCSE also took place. [An ideas board](#) to understand what is important to local people and what works for them is currently live on the let's talk platform to inform further work as the strategic priorities are further developed. The engagement process and the insight gained from the process was discussed at the [Engagement Assurance Committee in January 2023](#) for assurance prior to the [strategic priorities being agreed at the Integrated Care Partnership and published](#).

Our priorities				
Prevention and wellbeing 	Early years 	Children's and young people's mental health 	Adults' mental health 	Primary care and people with long-term conditions 
Improving prevention of ill health and helping people in South East London to stay healthy and well.	Making sure that children get a good start in life and there is effective support for mothers, babies and families before birth and in the early years of life.	Improving children's and young people's mental health, making sure they have quick access to effective support for common mental health challenges.	Making sure adults have quick access to early support, to prevent mental health challenges from worsening.	Making sure people have convenient access to high-quality primary care, and improving support and care for people with long-term conditions.

We have published the insight we have gained through both the ICS strategy development process and the community engagement we commissioned to as part of the development of the working with people and communities strategic framework on our [what we have heard from local people and communities web page](#). We will further develop this page as a source of insight to inform programmes for work across south east London to help align work, avoid duplication of engagement activity and share insight.

Other examples of how we are working with people including those with lived experience include the work around muscular skeletal conditions (MSK) and personalised care.

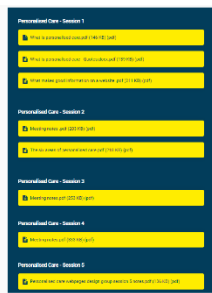
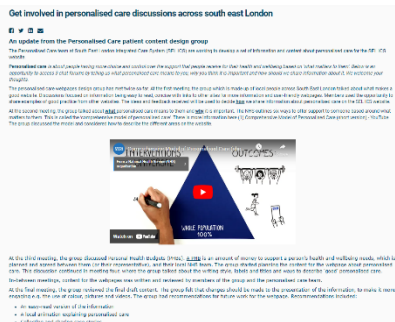
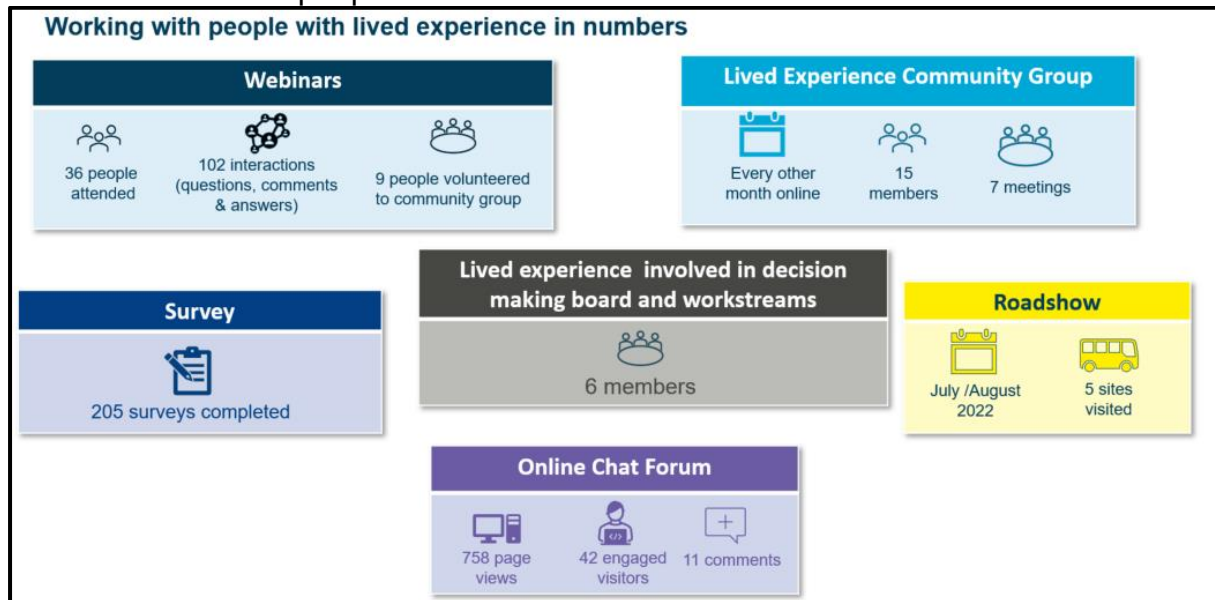


NHS organisations across south east London have been working together with people with lived experience of MSK to review and improve MSK services, their experience and the patient journey. People with lived experience and their voice are central to this work. The programme has worked with people with lived experience in a number of different ways to hear from diverse voices:

- Hosted two webinars to better understand people's views of current services ([read summary](#))
- Visited MSK outpatients' departments across south east London as part of MSK Roadshow and continued conversations with patients and carers
- Shared information about the programme and engagement opportunities via [Let's Talk health and care online platform](#)

- Collected people’s views via an [online chat forum discussion](#) and an online surveys ([read survey finding summary](#))
- Recruited lived experience board members for the [MSK programme board](#) and two other task and finish working groups
- Set up a [community MSK lived experience group](#) which meets every two months and provide ongoing lived experience voice to this work. Topics that the group discussed and co-designed include: best practice guidance for clinic letters – writing to patients, exploring support to waiting well, etc.
- Lived experience public members were invited to co-design the shared decision-making training

All insights gathered were shared and used by the ICS MSK programme team to inform developing services and to shape the design of new pathways to improve health outcomes for people with MSK conditions in south east London.



The personalised care team worked with people with lived experience over autumn and winter 2022/2023 to co-produce information and content about personalised care for the SEL ICS website with the aim of explaining what personalised care is, in a way that it is clear, helpful and understandable to local people. The

role of this website design group was to:

- to create the information about personalised care for SEL ICS website and to decide how the information is shared to be interesting for everyone.
- to explain what people are entitled to – this will help people to ‘speak up’.
- to tell people about the personalised care framework and ‘enablers’

- to cover specific areas such as social prescribing and personal health budgets

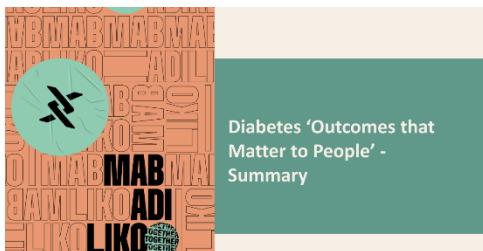
Five sessions were held exploring what makes good website content, what is personalised care and why is it important, support planning and personal health budgets. Discussions continued between meetings and were complemented by the chat forum on the [get involved in personalised care project on let's talk south east London](#). This work has resulted in a newly developed page on the website, [Me, my health, my choice](#), including what personalised care means to people in their own words.

Feedback as part of the evaluation was positive:

“Being involved makes me feel as if I am being listened to as a patient and my thoughts and experiences taken into consideration”.

“I think this was a fantastic way to do it. Service users, carers etc are the people using it so we will know the difficulties more than anyone”.

“It meant that my views, experience and views were all taken into consideration and made the process seem more personal too”.



The ICS continues to develop its approach to community engagement and outreach to understand the views, experiences and aspirations of people from across the diverse communities of south east London. In recognition of the fact that many people do not trust health or care services we have

commissioned trusted voice organisations such as [Mabadiliko CIC](#) to work on programmes around hypertension and diabetes. They have worked with people from Black African, Black Caribbean and South Asian heritage, as type 2 diabetes is up to six times more likely in people of South Asian descent and three times more likely in Black African and Caribbean people. They engaged with local people to develop a series of 'I' and 'we' statements as part of the outcomes framework which is being developed by the Diabetes and Obesity Delivery Board. [You can read the full report of this work and the list of statement on the let's talk diabetes project page](#).

Mabadiliko continue to work with the ICS / King's Health Partners Project who are coordinating a SEL Vital 5 Equity Health Check feasibility project across a number of partners including Guy's and St Thomas' NHS FT and community pharmacy. Mabadiliko are engaging with Black African, Black Caribbean and people living in socio-economic deprived circumstances and people who have received the Vital 5 Equity Health Check during routine care to explore attitudes and effectiveness of the Vital 5 approach to inform the development of a revised screening tool, the nature of the intervention, how it is delivered and the development of resources for to support local people in self-managing.

The South East London Maternity and Neonatal System (SELMNS) has recently commissioned five organisations to carry out community engagement with women and birthing people from communities who are less heard to inform service

development and improvement across maternity services. This is in addition to the Maternity Voice Partnerships who are chaired by local women and how took part in the procurement process.

The ICS uses a range of ways to promote opportunities for engagement. We have developed a newsletter which is circulated monthly to over 1000 local people, community champions, faith leaders, voluntary community sector and social enterprise and partners organisations. Via this #Get Involved newsletter we shared engagement opportunities and sent information on progresses made and how the views, feedback and people's experience were used to inform improvement, as well as the planning and commissioning of health and care services across south east London. The newsletter is further shared with members of the Engagement Practitioners Network to cascade out to their networks. We also use social media such as Twitter and Facebook to promote engagement including [promoting chat forums](#), [promoting surveys](#), [webinars](#) and also to [feedback the outcome of work](#) and thank people for taking part.



Key developments over the next year include the development of the South East London People's Panel. We are in the process of recruiting over 1000 people who do not usually give their views to health and care services to be part of the panel and help us understand what people and communities need, identify priorities for the local area and help shape health and care services. The membership will be representative of the population of south east London according to age, gender, ethnicity and borough and will be a useful resource for the ICS.

Other key areas which we want to further develop include developing a shared understanding of co-production working with the lived experience group who helped develop the personalisation working with members of the Engagement Practitioners' Network building on local best practice. This will contribute to the wider culture change around how we work differently with people and communities across the system.