Developing a SEL ICS strategy for working with people and communities

Preface

This paper provides an update on the approach and next steps of the development of a SEL ICS **Working with People and Communities Strategy**.

As part of a recent set of ICS implementation guidance, NHSEI have mandated that every ICS has a system-wide strategy for engaging people and communities by April 2022. However, whilst we must do this, the primary reason we are embarking on this work is because we know that prioritising working with people and communities is key to securing health outcomes with people and communities. It is therefore vital we work with people and communities in all we do, whether that's in the re-design and integration of clinical and care pathways to better meet the needs of our local population, or more broadly tackling health inequalities in south east London.

1. The opportunity

1.1. The creation of the South East London Integrated Care System (SEL ICS) affords us a once in a generation opportunity to rebuild our health and care system around what matters to people, not just what is the matter with them. *Listening* to our communities, *acting* on what we learn in *collaboration* with people, *enabling* people to have choice and control over their wellbeing, and *being accountable and transparent* will significantly address unacceptable variation in care and health outcomes.

1.2. Our health and care system is determined to build our ICS around the voice and the power of our communities. South east London is home to a connected and powerfully diverse collection of communities. We possess incredible social assets, and our health and care agencies can only achieve improvement in health outcomes by **working in partnership with our communities**.

1.3. In our health and care system we rely too much on higher cost, reactive care interventions. Many of these could be avoided through working differently with our local people to better support their strengths, confidence, and social infrastructure. The creation of the SEL ICS will reposition the voice of our communities to become central to both **how we design and deliver care**, but also how we work with our communities on **health *creation*, self-management and prevention.**

1.4. There are clear, core requirements set by NHSE/I for ICSs to deliver over the coming months before April 2022: we must develop a system-wide strategy for engaging people and communities, and we also must set out in the ICB constitution principles and arrangements for how the ICB will work with people and communities. This provides some system levers to enact the change we know is needed.

2. What we will do

2.1 We will develop a strategy for the SEL system which sets out how we consistently listen to and act on the insight, experience and aspirations of local people and communities. Our aim is to achieve better health outcomes through working in partnership with our communities.

2.2 We will need to address the question of what value this strategy adds for our Places, Neighbourhoods and Providers. Our emerging five work strands are structured around the principles of subsidiarity and around the dual principle of (a) facilitating local ambition, and (b) stimulating local ambition.

2.3 There is a clear link between work ongoing to address health inequalities in south east London and this strategy. We know that through poor quality, inconsistent or tokenistic engagement practices we can further exacerbate health inequalities. We also know that there are barriers to equitable engagement that we need to address. As a result, we will also look to address these issues throughout this strategy.

2.4 Local Authorities and the VCSE are critical leaders in this work. We will harness and amplify the existing approaches and expertise, and avoid duplication of effort and potential 'engagement fatigue'.

3. Outline framework for the Strategy

3.1. We know what good looks like. There is a significant amount of literature and guidance for organisations outlining best practice in engagement and involvement. We are also privileged to be home a wealth of brilliant approaches, at both organisational and neighbourhood level, to working in partnership with our communities. We now have in place a very detailed mapping exercise of current best practice and learning across our system (Appendix C). This strong evidence base has informed the architecture of our emerging strategy.

Draft vision and core operating principles

3.2. During engagement we have sought feedback on a 'strawman' vision. We welcome an open conversation about balancing a stretching and inspiring vision, with a pragmatic and realistic approach.

PROPOSED VISION: We aspire to operate through sharing power, decision making and ambition with the communities we serve. We are the sum of voices of our six boroughs, and together we achieve a healthier future.

3.3. We have developed the following **core operating principles** and will continue to test and develop these with stakeholders as a key output of the Strategy.

3.3.1. **SEL ICS LISTENS**: We use the diversity of our communities to build truly local insight to understand and predict health and care needs. We do this by seeking out voices from key groups who are achieving poorer health outcomes, poorer experience of care, and are more vulnerable to exacerbations. This means our health inequalities are understood and addresses

3.3.2. **SEL ICS SHARES**: We constantly test our thinking, investments, and performance with our populations. We do this through data transparency, deliberative democratic decision making, and a social movement approach to shaping strategy. This means our activity is targeted at the highest social returns. We also close the feedback loop and report back to the community what work we have done and how their insights have shaped our decisions.

3.3.3. **SEL ICS LEARNS**: We are insatiable in our curiosity about what matters to our populations. This means action on the wider determinates of health is taken where it makes the most difference to those communities most in need of joint local action.

3.3.4. **SEL ICS CO-PRODUCES**: We work with local people with lived experience to shape how services are organised so that services work for local people. We do this by co-discovering the problem, co-designing the solution, co-delivering the solution, and co-evaluating the impact of the solution with people. Our approach to co-production builds on personalised care, so on an individual level we organise care around an understanding of a person's strengths and thus build a sustainable health and care eco-system. This means our staff and partner's work harnesses the knowledge and skills, and builds the confidence, of our people and communities. For example, through using asset-based care plans, patient preference tools and shared decision-making tools.

Proposed work strands

3.4. This emerging strategy has five strategic work strands. These work strands have developed through engagement with the key stakeholders we have engaged thus far, including the ICS Engagement Assurance Committee, SEL Borough Directors**,** and a specially convened Steering Group drawn from practitioners and citizens working in this area across our system (see Appendix B for membership).

3.5. We plan to explore these five areas further, with the view to developing a set of strategic aims and objectives against each. We have tested the idea of a standalone work strand which focuses on closing the unacceptable health inequalities gaps some of our communities experience; however, we will instead build these five workstreams with an integral focus on closing the gaps built in to each workstream.

Work strand 1. Establishing a People Powered brand for the ICS

Context and considerations/interdependencies:

3.6. This will provide a core foundation for our engagement work in the system going forward. We have had received feedback from Healthwatch and SEL CCG lay members that we must develop a brand for the ICS that demonstrates our culture as clearly person centred, publicly accountable, and approachable. This will need to take account of some of the insights we already have on community distrust and barriers to engagement, as well as address how we provide clear, accessible public information about our ICS plans and progress.

3.7. This is interdependent with work that has started with Kaleidoscope on a core narrative for the ICS, and the Communications and Engagement Plan for the ICS transition in development. An ICS website is also in development, with three focus groups ran in early October in collaboration with TSIP to test design and copy with local people.

Work strand 2. Establishing an operating model for people powered governance and decision making

Context and considerations/interdependencies:

3.8. This will establish the architecture for how we engage with and are held to account by people and communities in the governance structures of our ICS.

3.9. This will seek to address current barriers and issues to getting meaningful input into decision making of ICS work programmes, including setting minimum expectations around engagement, resourcing, and how we might seek assurance as an ICS that we are working with local people effectively. We will also look at how we can broaden involvement in governance to enable seldom heard groups, such as younger people and people with learning disabilities and difficulties, to take part, have their voices heard, and hold us to account. We also know we can improve how we feed back to people and communities how their engagement has influenced activities and decisions.

3.10. Areas to explore include the role of a Patient Director, joint teams, and the role of the VCSE sector and Healthwatch in bringing people and communities voices into decision making.

Work strand 3. Effective engagement at all levels of the system

Context and considerations/interdependencies:

3.11. This work will harvest the insights and experience of our Places and then describe back the best practices and approaches for working with our people and communities. We have heard from our Steering group that support for best practice at SEL, Place and Neighbourhood level must allow for local flexibility. This will be informed by learnings from work ongoing at the various levels of our system, supported by an emerging Practitioners Network.

3.12. As part of this we know we must set high standards and push towards using co-productive approaches as the norm across our system. We must further build relationships with excluded groups, particularly those affected by inequalities. We have also heard that there is a need to improve equity in engagement and develop meaningful shared decision-making approaches in SEL particularly.

3.13. We will support and amplify best practice in working with the VCSE sector, with an additional focus on how we work with the sector in a way that addresses systemic structural racism.

Work strand 4. Reducing duplication of effort and community drain

Context and considerations/interdependencies:

3.14. We know data is key to help identify which communities / populations we need to engage with for each programme of work, and this has been key in the communications and engagement around the vaccination programme. We also know the system needs to pull soft and hard insight together from across partners and programmes to provide better understanding of experience, attitudes and behaviours to continually inform programmes of work. We will explore how we can share insights differently across SEL Partners so we can reduce duplication and over-engagement of the same groups of people.

3.15. As part of this we shall be exploring how we can work together better across organisations, partnerships and programmes to join the dots on what we already know.

Work strand 5. Establishing a system that supports people's knowledge, skills and confidence

Context and considerations/interdependencies:

3.16. Working with a person or community's strengths is acknowledged as an essential component of sustainable health and care systems[1]. This is an amazing opportunity for us as a system to demonstrably step up our commitment and skills to work in partnership with local people. This workstream would involve stimulating and brokering an ICS approach on strengths-based practice, including minimum expectations around person centred care, care planning, digital self-management, and increasing a person's knowledge, skills and confidence about their own health.

3.17. This workstream will pull out insights and direction from existing best practice and commitments such as the Vital 5, clinical areas where Shared Decision Making tools are already in place, and on the Patient Activation Measure sites.

3.18. It is proposed that we work with international experts in this area such as Al Mulley to help us build a system approach which is based on our local strengths and our development opportunities.

[1] https://www.nesta.org.uk/report/impact-and-cost-economic-modelling-tool-for-commissioners/

https://discovery.ucl.ac.uk/id/eprint/1555899/1/Wolpert_New%20approaches%20to%20HIH%20-%20Mulley%20et%20al.%20BMJ.pdf

Key contacts

For further information, or to find out how to get involved, please contact:

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Appendix A. Our approach to developing the strategy

The work will be delivered in two phases over the course of the next six months.

PHASE 1: Discovery and consolidation phase (now till end of December 2021)

Key activities in phase one include:

- Completing mapping exercise of current work ongoing within SEL, and literature review establishing best practice nationally and internationally.
- Establishing a vision and set of principles for how we will work with local people and communities.
- Developing an operating model for people powered governance within our system (to inform our constitution).
- Support the development of a narrative that SEL communications and engagement teams can begin to use to explain what the ICS is when engaging people and communities, to lay the foundations for the work we need to do going forwards.

Over the course of the next few weeks, we aim to develop an outline position paper which will cover:

- Our vision and principles for SEL
- Our objectives – what do we aim to achieve.
- Develop a high-level strategic framework for how we work with people and communities in SEL.

PHASE 2: Developing plans to achieve our ambitions for SEL, based on our vision and ambitions, and implementing our operating model for people powered governance (January – April 2022).

In phase two we will ascertain how we will implement the target operating model for SEL, including what is required to deliver the cultural shifts and infrastructure needed to support our journey into a mature engagement model. This will require further engagement with existing ICS work programmes and our Places to embed the strategy in work ongoing.

Who are we engaging in the development of this strategy?

- Subject matter experts convened via a steering group: Small group with knowledge and expertise of SEL and engagement innovation and best practice. Members of this group may take the lead on developing the strategy further, capacity allowing. First meeting held 15th October 2021.

- The SEL CCG Engagement Assurance Committee – next meeting 15th November 2021.
- Local people through outreach and other methods of engagement such as deliberative or listening events.
- Plans to establish a network of engagement and involvement practitioners from across SEL.
- Other key stakeholders through key clinical and managerial groups across our system – in the process of identifying what these groups are.

Appendix B. Steering group membership

- **Andrew Barnes** - Communications and Engagement Manager, LGT
- **Victoria Bridgland** – member of SEL's Strategic Co-Production Group
- **Andrea Carney -** Head of PPE, GSTT
- **Stephanie Correia –** member of SEL CCG Engagement Assurance Committee
- **Natalie Creary** - Director, Black Thrive
- **Simon Cross** - Personal Health Budget lead and Personalisation lead for SEL
- **Orla Cummins** – member of SEL CCG Engagement Assurance Committee
- **Joy Ellery** - Engagement Lay member at SEL CCG
- **Kelly-Ann Ibrahim -** Greenwich Council Public Health Programme Manager (Prevention System & Community Devt).
- **Japleen Kaur** - Head of Volunteering Services, Lived Experience Practitioner Programme
- **Prof Rebecca Malby** - Professor of Health System Innovation, London Southbank University
- **Louise Mousseau** - Portfolio Director Impact on Urban Health
- **Folake Segun** - Director SEL Healthwatch
- **Vikki Wilkinson** - BVSC, Council for Voluntary Services Bexley

Appendix C. Examples of current practice in SEL identified during mapping exercise

South east London

Examples of partnership engagement:

- COVID-19 vaccine uptake webinars for African and Caribbean communities
- Diabetes service improvement – open and transparent recruitment of people with lived experience of diabetes to form a south east London group and to have two members sit on the SEL Diabetes and Obesity Delivery Board
- Developing a strategic approach to coproduction involving working with the Disability Advice Service Lambeth to facilitate a co-production group of people with lived experience of personal health budgets in Lambeth and Southwark. This has resulted in a series of recommendations to consider.
- Working with Impact on Urban Health and their work with TSIP, Rooted by Design, ClearView Research and Comuzi, to explore issues of trust to inform the vaccine programme (50 depth interviews with residents)
- At Beacon Project – health drop-in sessions at local venues with African and Caribbean communities to address health inequalities and build trust
- Community pharmacy wellness dialogues to build confidence in the vaccine through trusted local voices

Key priorities:

- Health inequalities
- COVID-19 vaccine uptake
- COVID-19 recovery

Knowledge gaps:

- ICS workstream/programme priorities
- ICS comms and engagement strategy

Bexley Local Care Partnership

Examples of partnership engagement:

- LCP comms and engagement meetings – working together to reach diverse communities
- Bexley Community Champions volunteer network – disseminating key health information through champions' networks, ran successful webinars
- Covid vaccine confidence programme – working in partnership to capture insights, run focus groups, analyse of local data, promote information through local communities (faith leaders, VCS organisations)
- Vaccination outreach – door knocking, bus, art based activities at festivals
- Deep dive engagement – 1:1 and group work with underserved communities, exploring their views on the vaccine and reasons for hesitancy
- Effective conversations training for HSCW and community leaders
- Developed a small grants scheme for VCSE working directly with young people around vaccine
- Diabetes service improvement – open and transparent recruitment of people with lived experience of diabetes to sit no Bexley Diabetes Board and be part of south east London group

Key priorities:

- Health inequalities
- Out of hospital care
- Urgent care services review
- Developing a vision and approach to co-production
- COVID-19 recovery – managing and mitigating the effects
- Bexley LCP branding & identity
- Diabetes service improvement

Knowledge gaps:

- LCP workstream priorities
- Recovery plan – engagement priorities
- LCP comms and engagement strategy, although the approach to engaging and involving local people and communities in Health and Social Care has been developed and discussed

One Bromley

Examples of partnership engagement:

- C&E a key enabler workstream for One Bromley with monthly progress reports into One Bromley Executive
- One Bromley Comms and engagement group in place for several years with established engagement processes and shared workplan reflecting One Bromley priorities
- One Bromley patient network in place made up of local people who have an interest in getting involved in integrated care programmes
- New community champions programme approved and being developed to focus initially on winter engagement
- Patient feedback on pathways – LTC and complex care, planned care
- Transformation programmes – CYP (co-production with children and families), planned care (outpatient transformation – engagement events)
- Single Point of Access discharge – in-depth patient experience interviews to inform improvements to the service and communication with families/patients
- Primary care transformation – engagement with PPGs on digital transformation, engagement with GP practices
- Adult mental health - engagement around strategy based on ideas and stories of users, workshops
- Engagement in vaccination programme: Information Pod – Glades shopping centre, Penge Vaccination and Health event, webinars for care home staff on COVID-19 vaccine, pop-up clinics in areas of higher need, door to door leaflet distribution in areas of low uptake, BAME inequalities group in place, church events, door knocking/street promotion in areas of high footfall
- Diabetes service improvement – open and transparent recruitment of people with lived experience of diabetes to sit on Bromley Diabetes Board and be part of south east London group

One Bromley

Key priorities:

- Winter planning
- Long term conditions and complex care
- Urgent care
- Primary care
- Adult mental health
- CYP
- Medicines optimisation
- Planned care
- Health inequalities

Knowledge gaps:

- LCP comms and engagement strategy (currently being refreshed following the pandemic)

Healthier Greenwich Alliance

Examples of partnership engagement:

- COVID-19 listening event to address impact of pandemic (mental health, access, heath inequalities)
- Black History Month event – raise awareness of breast screening for Black women using travelling arts exhibition
- Community, neighbourhood and community of interest champions – webinars, dialogue, signposting, outreach, deep engagement to promote vaccine confidence
- Let's talk about the vaccine – door knocking and face to face conversations,
- Diabetes service improvement – open and transparent recruitment of people with lived experience of diabetes to sit on Greenwich Diabetes Board and be part of south east London group

Key priorities:

- Further development of the champions' schemes and approach to engagement
- Diabetes service improvement

Knowledge gaps:

- LCP workstream priorities
- LCP comms and engagement strategy

Lambeth Together

Examples of partnership engagement:

- Community listening event with over 90 people from target groups attending
- Participation at Lambeth Together Strategic Board (LTSB) forum
- Long term conditions (interviews with people with lived experience)
- Maternity care experiences during Covid – in-depth conversations with 14 women
- Pandemic system recovery – face to face sessions with Local Care Network leaders
- Outreach to different communities and engagement with faith leaders to promote vaccine confidence

Key priorities:

- COVID-19 recovery
- Key messages and opportunities for involvement within 7 LT Recovery Plan workstreams identified and prioritised for support
- CYP engagement (Lambeth Council)

Knowledge gaps:

- LCP workstream priorities
- LCP comms and engagement strategy

Lewisham Health and Care Partnership

Examples of partnership engagement:

- Community champions – to promote vaccine confidence
- Healthwatch monthly feedback forums using Zoom – aimed at Black, Asian and Minority Ethnic communities and all residents
- Patient Engagement Forum, Patient Reference Group
- Webinars to promote confidence in vaccine
- COVID-19 vaccination information event at UCKG Help Centre
- Community fun day – opportunity to learn more about the COVID-19 vaccine

Key priorities:

- Diabetes service improvement
- Developing approach to engagement

Knowledge gaps:

- LCP workstream priorities
- LCP comms and engagement strategy

Partnership Southwark

Examples of partnership engagement:

- Community champions – signposting at a neighbourhood level
- Long term conditions (interviews with people with lived experience)
- Healthwatch – qualitative feedback on waiting times (seldom heard services users with visual impairments or other disabilities)
- Developing I statements with children and young people as part of the Start Well programme of work

Key priorities:

Partnership Southwark programmes:

- Start Well
- Live Well
- Age Well
- Care Well

Southwark council:

- Tackling health inequalities
- Mental health
- COVID-19 recovery

Knowledge gaps:

- LCP workstream priorities

SEL providers

Examples of partnership engagement:

- Lewisham and Greenwich – engagement work around payment for overseas visitors with Lewisham Refugee Network and Save Lewisham hospital
- Lewisham and Greenwich – clinical transformation programmes
- Oxleas – community transformation programmes, working alongside BLG Mind
- GSTT – developed EPIC, a panel of 50 patient influencers
- GSTT – public engagement on the expansion of the Evelina through a patient reference group who will be involved in the plans
- KCH – maternity voices, meetings with those with lived experience

Key priorities:

- COVID-19 recovery
- Elective recovery
- Outpatient transformation
- Clinical transformation
- Outpatient transformation
- Trust strategy

Knowledge gaps:

- SLAM examples and priorities
- Comms and engagement strategies for each Trust (expect LGT)