

Developing the ICS working with people and communities strategy

CCG Engagement Assurance Committee

Monday 17 January 2022



Working with local people and communities

- **‘Working with people and communities strategy’** required to be submitted to NHS England (new date to be confirmed).
- ICB constitution to include **principles and arrangements** for working with people and communities.
- **Steering group to develop strategy** established led by Anu Singh, strategy lead and interim chair of Partnership Southwark, and has met four times with another meeting scheduled for 28 January.
- **ICS Engagement Practitioners’ Network** first meeting 29 November 2021.
- Discussions at **CCG’s Engagement Assurance Committee** and **Healthwatch South East London Patient Group**.

We have developed a draft vision, mission statement and principles with stakeholders

Our Vision

Building a healthier future and addressing inequality in health needs, together with all communities from across south east London.

Our Mission

South East London Integrated Care System works in partnership with local people and communities in everything we do. This improves health and wellbeing and supports people to thrive and live healthier lives.

Revised engagement principles

- 1) **SEL ICS CO-PRODUCES (WORKS TOGETHER):** We work in equal partnership with local people with lived experience and communities to shape local health and care services, so they work best for the people who need them. We share information in a simple and engaging way so people have the information they need to work with us. We work with organisations to ensure that we are reaching the communities who experience the greatest health inequalities and recognise the strengths that people bring.
- 2) **SEL ICS CARES:** We will continue to improve the health and wellbeing of everyone in south east London and address inequalities in healthcare. We value, recognise and reward people for their contributions. We create safe spaces to discuss ideas, experiences and solutions so that people feel comfortable to share as much or as little as they choose. This way people will feel confident that their care or treatment will not be negatively impacted by what they might share.
- 3) **SEL ICS LISTENS:** We listen to diverse voices from our communities who experience poorer health and are determined to build relationships and trust so that we can listen better. We know that how people navigate and experience services may be affected by many factors, such as race or disability, and it's important we understand these and address any unfair differences in experiences. We have early conversations so we can understand what really matters to people, their hopes and their aspirations. We are always listening. This means that, together, we better understand people's health needs and what support they need.
- 4) **SEL ICS LEARNS:** We learn from listening and we act on what people tell us matters to them. We work with partners to share what we have learnt and, in turn, learn from what others have heard. Together with local people and communities, we regularly review what we are doing and how we are doing it. This means we are flexible to changing how we work. We show, publicly, what we have learnt from our engagement work.
- 5) **SEL ICS SHARES:** We are changing the way we work, so that the ICS and local people share more power in how decisions are made. When people need support and treatment, we work with them to understand what is important to them and what makes them stronger. We work alongside people to increase their knowledge, skills, confidence and so they develop the support to achieve what matters to them in their lives.
- 6) **SEL ICS IS ACCOUNTABLE:** We are open about what decisions have been made and how, and we involve communities in holding us responsible for our decisions and actions. We are clear what can and can't be changed and why. We share, publicly, opportunities to be involved, what we have heard communities tell us, and the difference this has made. We directly feedback to those who have engaged with us so that they understand what has happened as a result of their participation.

Emerging narrative – for comment

South East London Integrated Care System is a partnership of organisations responsible for providing health and care services. This includes local NHS services, local councils and the voluntary and community organisations.

We use our combined resources to tackle some of the biggest health problems affecting local people in Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark. Our aim is to keep people well, prevent ill-health and support people to thrive and live healthier lives.

Working together means that we can ensure that local residents can access the right care and support when they need it most. We are improving local services so that people can receive high-quality care closer to home.

The coronavirus pandemic has highlighted different experiences and outcomes amongst communities and the difficulties they face when accessing health and care services. By local health and care organisations working in partnership together, and with local people, we aim to make it easier for people to get the care and support they need. Working in partnership with local people and communities will enable us to transform and shape services so that they work best for people.

Our staff, many of whom are local residents, are essential to helping us achieve our goals. Therefore, together we will be investing in them, so that they have the right skills, knowledge and resources to provide high quality care and support for local people. We will also support local organisations to develop new ideas and ways of working, to improve patient experience and care.

Engagement to inform strategy development

- To offer **people and communities experiencing health inequalities opportunities** to tell us their suggestions, concerns and comments how we can work differently with them
- Areas to explore include:
 - How individual's **circumstances affect day to day lives** and health and wellbeing
 - What **barriers** are faced in accessing health and care and we can do to **reduce** those barriers
 - Understand the **assets and strengths** that exist within communities
- **Range of engagement activities** including commissioning external organisations and likely to include gaining views via the [Let's talk health and care in south east London](#) platform, workshops, community summits and in-depth interviews.

Engagement methods

- **Range of engagement methods:**
 - Community champions, health ambassadors
 - Workshops, focus groups with people with lived experience
 - People with lived experience as part of governance in transformation programmes
 - Citizens' summits/ assemblies, Citizens' Panel
 - Deliberative events
 - Surveys, polls, chat forums - [Let's talk health and care south east London](#)
- Consider which engagement methods for which areas of work, thinking about those who experience the greatest health inequalities:
 - Mental health, children and young people, learning disability and autism, cancer,

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