

SEL ICS Communications & Engagement: Working with People and Communities Strategy

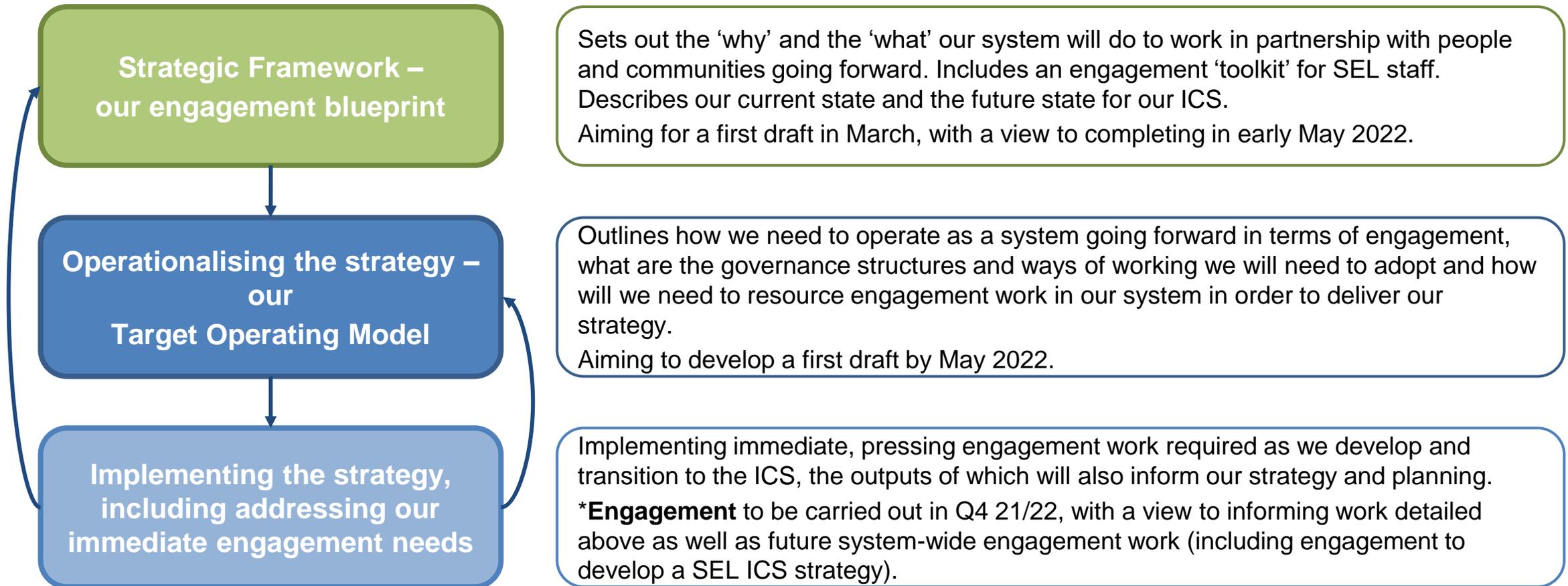
Engagement approach to developing the strategy

Engagement Assurance Committee
21 March 2022



Developing a system strategy for how we work with people and communities

There are three main pieces of work we are delivering to develop this strategy:



To develop an effective strategy, we need to hear from our communities through engagement

Over the past few months we have spent time developing our engagement approach. Our timelines are such that we must complete this engagement work in April in order to inform our strategy submission to NHS England in May 2022.

Desktop research

Dec 21-Feb 22

- Review of JSNAs and other publicly available population data
- Thematic analysis of recent engagement work across SEL (from all ICS partners) across c.15 different projects
- Review of local intelligence on communities of interest from borough C&E leads

Draft engagement plan

Dec 21-Feb 22

- Focus on what communities can meaningfully influence to support us to develop the strategy
- Seeking to engage those experiencing greatest health inequalities
- Avoid engagement fatigue and duplication by focussing on specific communities of interest

Test engagement plan

Jan 22- Feb 22

- Plan presented to SEL ICS Engagement Practitioners Network, WWPC Steering Group and SEL CCG Engagement Assurance Committee
- Feedback received from provider, LA and CCG engagement leads, local people and VCS organisations
- Plan revised

Finalise engagement approach

Feb - March 22

- Confirmation of communities of interest
- Begin commissioning specialist voluntary and community organisations to support with outreach engagement
- Carry out in April – May 2022.

SEL insights and feedback received so far have informed our engagement approach



Communities likely to have shared experiences across south east London	Communities specific to individual borough(s)
A. Those experiencing homelessness	A. Greenwich – Nepalese and Bengali communities
B. Asylum seekers, refugees	B. Lewisham and Southwark – Vietnamese communities
C. Gypsy, Roma and Traveller communities	C. Southwark –Latin American and Afghan communities
D. LGBTQI+ communities	D. Lambeth, Southwark and Greenwich - Somali women
E. Young people	E. Lambeth and Southwark – Chinese community
F. Those experiencing digital exclusion	F. Bexley, Bromley and Greenwich – Eastern European communities
G. People working in the gig economy, on zero hour contracts and those working irregular shift patterns	G. Lewisham, Bexley, Bromley and Greenwich – Black African and Caribbean communities

Outline of our chosen engagement approach

Purpose of the engagement

To hear from people and communities **experiencing health inequalities** we may not usually hear from and wider stakeholders with an **interest** in our work.

To understand their experiences, preferences and suggestions for change with regards to involvement.

To inform the development of our strategy and other ICS strategy development

Topics to be explored through engagement

- How individual's **circumstances affect day to day lives** and health and wellness
- 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/how can we build relationships and earn trust
- Understand how we can work differently with them

How we will engage

- **Targeted engagement** through commissioning specialist external organisations to reach those communities of interest we have identified – activities may include workshops, community summits and in-depth interviews.
- **Broader engagement** gaining views via the [Let's talk health and care in south east London](#) platform, attending existing meetings etc.

Revised vision and mission statement for working with people and communities

Our Vision

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

Our Mission

South East London Integrated Care System 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, which are unfair differences in health between different groups of people

Revised engagement principles

- 1) **SEL ICS CO-PRODUCES (WORKS TOGETHER):** We work in partnership with local people and communities to shape local health and care services, so they work best for the people who need them. We work with organisations to identify and reach communities who experience the unfair differences 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 health inequalities, which are unfair and avoidable differences in health between different groups of people. We value and recognise 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 we are determined to build relationships and trust so that we can listen better. We know that how people 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 are always listening. This means that, together, we better understand people's health needs, what support they need and what really matters to them.
- 4) **SEL ICS LEARNS:** We learn from listening and we act on what people tell us. 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. This means we are open 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.
- 6) **SEL ICS IS ACCOUNTABLE:** We are open about what decisions have been made and communities will be able to hold us responsible for our decisions and actions. We are clear about 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.