South East London ICS

Working with people and communities strategic framework

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Purpose and scope of the working with people and communities work

Working with people and communities in all we do has been an **early priority for the South East London ICS** (SEL ICS). We have committed to putting patients and the public at the heart of everything we do, actively involving local people in decision-making at every level so that we focus on what matters to local people and deliver better care. Whether we are redesigning services, integrating clinical and care pathways to better meet the needs of our local population, or more broadly tackling health inequalities in south east London, we know engaging and involving local people is requisite to an being an effective ICS.

Our ICS has agreed to three core commitments to improving how we work with people and communities, providing a foundation upon which to develop our approach.
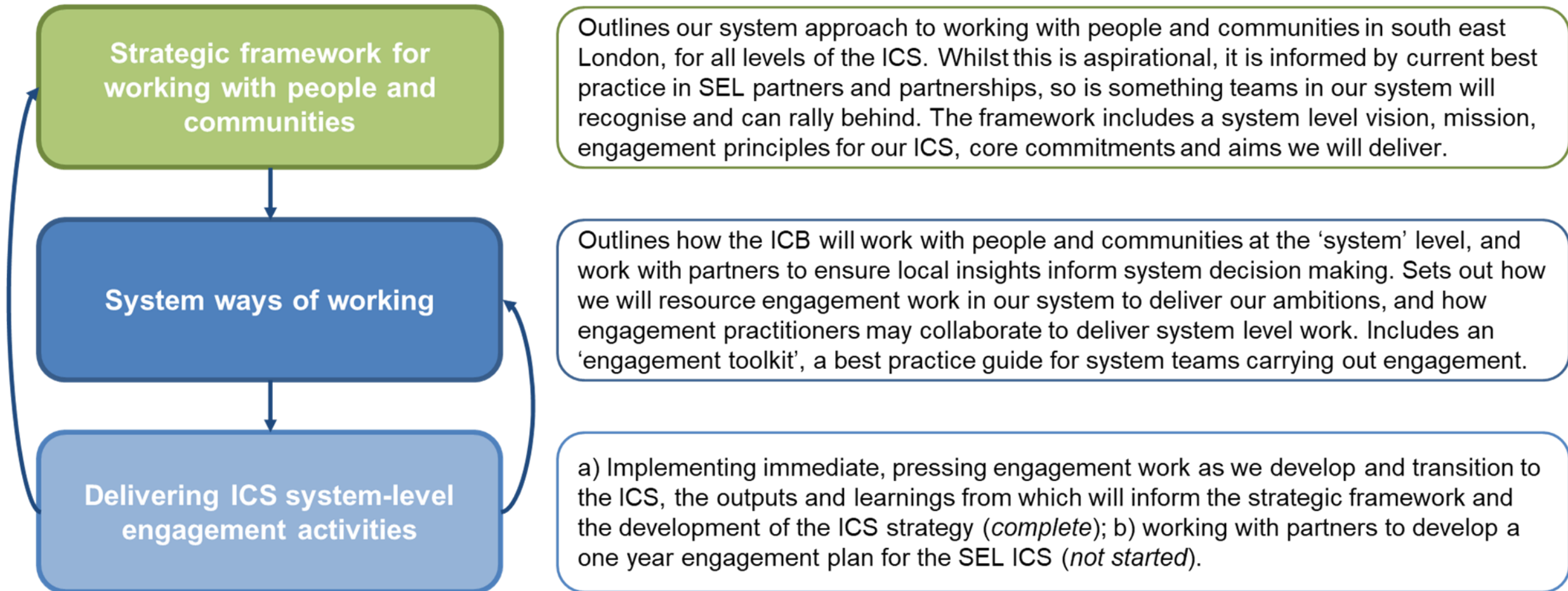
1. Being accountable to our local people and ensuring we are transparent.

2. Making decisions, setting direction and priorities in partnership with people and communities

3. Working with people and communities in new ways to transform health and care and support health and wellbeing

Our ICS has set an ambition to reach a gold standard across SEL, so that best practice becomes common place. In developing our approach, we have set out to **build on current best practice** and the assets we already have in SEL. We have also developed this approach from the 'grassroots', from insights from local people and communities and with engagement professionals in our partner organisations. We have carried out extensive engagement with stakeholders across our ICS to produce this collaboratively so far. We have also carried out a mapping exercise of current engagement mechanisms within our partnerships and gathered insights from recent engagement work by SEL partners, both of which have informed our approach to developing this work and the outputs.

This framework has been designed so as to meet our ambitions and also enable us to meet legislative requirements around engaging the public.

Purpose and scope of the working with people and communities work

In August 2021 we established the 'SEL ICS working with people and communities' work, with three interrelated core deliverables:

Strategic framework for working with people and communities

Outlines our system approach to working with people and communities in south east London, for all levels of the ICS. Whilst this is aspirational, it is informed by current best practice in SEL partners and partnerships, so is something teams in our system will recognise and can rally behind. The framework includes a system level vision, mission, engagement principles for our ICS, core commitments and aims we will deliver.

System ways of working

Outlines how the ICB will work with people and communities at the 'system' level, and work with partners to ensure local insights inform system decision making. Sets out how we will resource engagement work in our system to deliver our ambitions, and how engagement practitioners may collaborate to deliver system level work. Includes an 'engagement toolkit', a best practice guide for system teams carrying out engagement.

Delivering ICS system-level engagement activities

a) Implementing immediate, pressing engagement work as we develop and transition to the ICS, the outputs and learnings from which will inform the strategic framework and the development of the ICS strategy (*complete*); b) working with partners to develop a one year engagement plan for the SEL ICS (*not started*).

Current engagement practice in south east London: what we have heard from our stakeholders and local people

South East London
Integrated Care System

What do we do well?

There are lots of examples of brilliant practice in SEL we can learn from. The below are just a few examples of the work we are aware of:

- Lambeth Council's citizen's assembly on the climate crisis
- Collaboration between King's College Hospital NHS FT, Guy's and St Thomas' NHS FT and the Guy's and St Thomas' Foundation on the impact of COVID-19
- Bromley Local Care Partnership embedding engagement in project and programme management
- Guy's and St Thomas' NHS FT four tier model of engagement, which allows the engagement team to identify and prioritise engagement work
- SEL CCG commissioned Disability Advice Service Lambeth to facilitate a co-production group of people with lived experience in Lambeth and Southwark
- Community Champion programmes
- SEL Children & Young People (CYP) programme's CYP engagement framework

What can we do better as a system?

- Use insights to inform decisions and aim for true co-production (so engagement isn't tokenistic)

- Show we have listened by acting on what we hear, and reporting back ('you said, we did')

- Recognise the impact engagement has on communities (emotionally, psychologically, financially)

- Engage people where they are, in more inviting (non-corporate) environments.

- Empower people, build trust and be transparent, to shift the power dynamic between local people and statutory organisations (recognise hierarchies)

- Develop a more systematic approach to engagement (whilst still allowing creativity and the testing of new methods) to reduce duplication and engage people earlier

- Develop practical engagement guidance and offer support to get it right

What are the blockers to address?

- Engagement during office hours or via one method, which disadvantages those in full/part-time work and education, or with childcare commitments

- Adopting the same approaches and expecting people to engage with us: be more flexible and creative in how we engage e.g. beyond just 'public representatives' on fixed, formal committees or groups

- Not rewarding or recognising local people's time, experience or expertise

- Systemic racism: Think about how we work with the VCSE sector differently so we don't primarily work with (usually white) larger organisations who don't know our communities

- Poor communication: we are responsible for ensuring people understand what we do (using plain English, use of images), and why they should be interested in what we are doing

**Working with people and communities:
Our SEL ICS strategic framework**

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

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; these are unfair and systematic differences in health between different groups of people[1].

The engagement work we do in the future will be underpinned by the following 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, avoidable and systematic differences in health between different groups of people[1]. 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.

Our vision and mission will be realised through delivering five aims, aligned to our three core commitments

South East London Integrated Care System

Commitment	Aims
Being accountable to our local people, and ensuring we are transparent	1. Harness the power of local people to hold the ICS and ICB to account for its functions as public institutions
Making decisions, setting direction and priorities in partnership with people and communities	2. Partner with local people to co-produce service and pathway redesign and transformation, and to develop new, innovative ways of providing health and care services - particularly for communities experiencing health inequalities
	3. Make decisions directly informed by the views, experiences and aspirations of local communities
Working with people and communities in new ways to transform health and care and support health and wellbeing	4. Support a world-class standard of engagement for the ICS and its partnerships, particularly working with communities experiencing health inequalities
	5. Health and care professionals working in partnership with people through a shift to genuine co-production, so people have choice and control in how their care is planned and delivered, ensuring compassionate, whole person care.

What do we want to deliver in the next three years?

Aim	How will we deliver this?
1. Harness the power of local people to hold the ICS and ICB to account for its functions as public institutions	• Build trust and the relationships between our partnership/board and the public through developing structured ongoing dialogue between our executive leadership and the public through public forums • Support ICS partnerships to develop approaches that encourage and make it easier for people from deprived communities and minority groups to participate in overseeing and supporting services, and that increase answerability and responsiveness. • Improving transparency and ensure we feed back – 'you said we did'
2. Partner with local people to co-produce work – particularly communities who experience health inequalities	• Enable local people to play hands on roles in SEL-wide programmes • Shift to models of deliberative democracy, where we work with service users to develop options for allocating resources and developing services • Support and enable staff and service users to work together in joint teams on service change (co-production), with service users bringing their expert insight alongside managerial and clinical perspectives
3. Make decisions directly informed by the views, experiences and aspirations of local communities	• Develop an infrastructure to generate insights from local people and communities in a timely way, to inform system-level work and reduce duplication • Ensure that local people's perspectives are at the heart of strategic and operational decision making groups. Ensure decisions are informed by insights from partner engagement work and system engagement work. • Feedback to people on the impact of their engagement.
4. Support a world-class standard of engagement	• Engage with wide range of people including those we seldomly seek insight from such as young people and people with learning disabilities • Provide a range of options and ways people can engage with the system, ensuring people are reimbursed for their time • Support our partners to embed the SEL engagement principles in their work through development of an engagement toolkit • Facilitate continuous learning from best practice both within and outside our system
5. Health and care professionals working in partnership with people	• Invest in giving staff across our system the tools and confidence to work more collaboratively with local people and communities, including service users • Work with the VCSE sector to change how we provide health and care to local people and explore new models of care

Summary of our strategic framework for working with people and communities

The current six South East London ICS system priorities...

Preventing ill-health and supporting wellbeing	Compassionate, whole person care, delivered in community wherever possible	Rapid access to high quality specialist services when people need them
Joined up care across health and other public services	Addressing health inequalities	Building resilient communities

...have informed both our vision and our mission for working with people and communities in SEL

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 and systematic differences in health between different groups of people.

Our vision and mission will be realised through delivery of five aims, aligned to our three core commitments

COMMITMENT 1	COMMITMENT 2	COMMITMENT 3
Being accountable to our local people, and ensuring we are transparent	Making decisions, setting direction and priorities in partnership with people and communities	Working with people and communities in new ways to transform health and care and support health and wellbeing

1. Harness the power of local people to hold the ICS and ICB to account for its functions as public institutions

2. Partner with local people to co-produce service and pathway redesign and transformation, and to develop new, innovative ways of providing health and care services - particularly for communities experiencing health inequalities

3. Make decisions directly informed by the views, experiences and aspirations of local communities

4. Support a world-class standard of engagement for the ICS and its partnerships, particularly working with communities experiencing health inequalities

5. Health and care professionals working in partnership with people through a shift to genuine co-production, so people have choice and control in how their care is planned and delivered, ensuring compassionate, whole person care.

Working with people and communities:
Delivering system-level engagement

Plans to deliver our strategic framework at a south east London system level

Strengthening accountability at SEL building on good practice in the system:
- Open public sessions before ICB and ICP sessions
- Public forums three-four times a year
- Rotating meetings at partner / community venues
- Use of local people's stories

Governance and structures to support engagement at SEL level
- ICB Engagement Assurance Committee
- System-level Engagement Planning Group
- ICS Engagement Practitioners' Network
- Engagement planning & engagement assurance to be built into programme initiation & documentation
- Insights Library (see slide 16)

Engagement **mechanisms and channels** building on and supporting good practice
- Use of the [Let's talk health and care in south east London online engagement platform](#) to host surveys, open and closed chat forums, quick polls, question and answers
- **SEL People's Panel** to enable ongoing discussions with a demographically representative section of our population: in development, and will be hosted on the engagement platform
- **Deliberative processes** including events, Citizens' Summits/Assemblies/ Juries for local people to have informed, in-depth discussions with us will support the ICS to develop priorities and programmes to develop policy and make tricky trade off. Recruitment would be by membership of the People's Panel.
- Working with people with lived experience across projects and programmes including coproduction and in governance and decision making (see next slide)
- Working with community champions
- Community engagement and outreach / commissioning trusted voice organisations

Please see **appendix A & D** for more information on each of these

Plans to support people to be involved in cross-system transformation – system level programmes, programmes and pathway redesign

- The **SEL-wide Engagement Planning Group** will have strategic oversight of all **cross-system** programmes and projects requiring engagement (like the 'system-level' example provided on slide 24, appendix A) to ensure timely engagement across programmes, with a focus on people being involved from the beginning of a programme through to implementation.

- The ICB **Engagement Assurance Committee** will have a key role in reviewing what engagement arrangements have been put in place and assuring the ICB that engagement was carried out to inform ICB level decision making.

- Discussions at the **ICS Engagement Practitioners' Network** will ensure best practice engagement takes place, help avoid duplication and share insights across programmes through the **SEL Insights Library.**

- System-level programmes and projects will need to identify people with relevant **lived experience** to work in partnership, including: engagement activities from the outset, using coproduction approaches and having people with lived experience as members of key programme decision making groups through open and transparent processes.

- Use of **data** to identify communities who experience the greatest **health inequalities and people whose voices we seldom hear** in their programme area. This will identify which communities to particularly reach into and work with to understand experience and barriers to address and to identify solutions. **Outreach** to community groups and **commissioning trusted community organisations** to work with local people are important methods to reach people and these activities will also support building relationships and trust with different communities.

- The **ICS Engagement Toolkit** (slide 16) will provide projects and programmes support with deciding upon and planning the engagement methods best to use. Separately, SEL templates will also be developed to enable teams to embed engagement as a key process within project and programme management, based on work done in Bromley's Local Care Partnership.

- System level projects and programmes (and our SEL ICS partnerships) will have access to and be able to utilise the new engagement processes being developed at system-level (see previous slide) for their engagement, including the online engagement platform **Let's Talk Health and Care South East London (letstalkhealthandcareselondon.org)** and the SEL People's Panel.

Working with people and communities: Implementing the strategic framework across the system

What are our next steps?

- We will continue to have discussions with stakeholders over the course of the next month before the strategy is ratified by the ICB in July.

- Whilst a version must be ratified by the ICB board in July, like all strategies this work is a living document and will evolve over time as our ICS continues to develop, and will **continue to be refined** over the course of the next year. For example, whilst our strategic framework may continue to be relevant with time, we will want to continue to refine our ways of working to ensure we reflect the continuous learning from engagement work in our system, and review our culture, structures and processes to ensure these deliver the gold standard we wish to achieve.

- Additionally, as we gear up to develop the SEL ICS strategy, we are now at a juncture whereby we **can begin developing a system-level engagement plan for the SEL ICS**, informed by the insights we gathered from local people in developing this work. This will map out the system-level engagement activities we will be carrying out over the course of the next year so that we can best plan to deliver these, in partnership.

- We have some further work to do on an **action plan** to deliver this strategy, **measures for success** and **enablers**, as well as continuing to progress the ways of working work and other immediate system-level engagement.

- To progress the '**ways of working**' work (see next slide) we will continue to work with the SEL Engagement Practitioners' Network. We will also take regular updates to other groups in our ICS partnerships responsible for engaging with local people and communities, particularly our Local Care Partnership Comms & Engagement forums given the importance of 'place' in delivering this framework.

- We will develop a plain English version of this strategic framework to be uploaded onto our ICS website.

Supporting the system to deliver engagement and adopt the engagement principles: engagement 'ways of working'

- Through developing our system and engagement **'ways of working**', we aim to further detail how we can best carry out engagement work in our system to deliver this strategic framework. This includes how engagement practitioners across our system will **collaborate, share insights and resource** in order to partner with local people and communities to inform the development of ICS priorities and delivery of transformation across the system.

- This work will also look at setting a standardised, system approach to **co-production** (see next slide), underpinned by a standardised approach to **reward and recognition**, recognising the balance of power and acknowledging the different skills and knowledge that everyone brings.

- As part of the engagement **'ways of working'** work, we are developing a SEL **engagement toolkit** (see appendix E) which will act as a best-practice guide that can be used at any level of the system by any member of staff working on ICS projects and programmes. Whilst there are other toolkits available to teams, this toolkit is informed by, complements and builds on local best practice, existing ways of working, our SEL engagement principles, and structures in our ICS partnerships. It is a guide only, so will not replace existing ways of working and structures within our partnerships.

- We are also developing a **SEL Insights Library**, which will enable partners to share findings from their engagement work with other teams in the system as well as access insights from engagement work others have done. This will again aid to reduce duplication and maximise the value of engagement work.

- To inform development of the 'ways of working' work we will primarily work with the **SEL Engagement Practitioners' Network**, and also be informed by the broader system development ways of working work.

Please see **appendix A** for further thinking on system ways of working.

Co-production

Our ambition is to develop **a strategic approach to coproduction**, building on local and national best practice so that we work with local people **in equal partnership** in a timely way to **jointly identify solutions and shape how services are organised so they work for local people.**

Co-production is a **key enabler of the personalisation agenda** whereby people with lived experience, who have developed their voice as part of the personalised care approach so that they have choice and control over the way their care is planned and delivered, further develop so that the focus is on working collaboratively at a strategic level with a focus on a whole population rather than on one person.

Local good practice includes:
- The development of a strategic coproduction group with a local disability organisation around personalisation and Personal Health Budgets and the development of a series of recommendations on how the system can work with local people to improve experiences
- Working with a national coproduction agency to facilitate a co-productive approach to a review of the urgent care pathway and identify a range of proposals
- Working with MIND and the South London Partnership and people with mental health needs living in residential care to understand support needs and use of personal health budgets to design their own support with their practitioner
- Co-production projects within mental health trusts

SEL has been working with NHSE and Nesta to develop a vision for co-production, including exploring how people with lived experience can be supported to work collaboratively in the system. SEL has set up a Self Directed Support Community of Practice around the personalisation and co production agenda.

We are exploring our next steps in developing our approach to co-production so we have a common understanding of what we mean by co-production, can identify which projects and programmes where this approach would most powerfully and effectively be used and are able to develop a guide for effective coproduction building on local learning and experience.

The role of Healthwatch and the VCSE

Healthwatch and the voluntary, community and social enterprise (VCSE) sector are key partners in enabling us to meet our ambitions for how we will work with local people and communities in SEL ICS.

Healthwatch
- Healthwatch have been involved in the development of this framework, and will be key partners to support the implementation of this framework through their work at 'grassroots' level, their knowledge and understanding of local communities and the insight and intelligence they gather.

- Healthwatch organisations are **independent champions of public voice** in health and care and are funded by local authorities at a borough level to perform their statutory functions.

- At SEL system level we have funded a **South East London Healthwatch director** post since 2020, and have extended this funding to a full-time role for a further two years. The director role provides a key interface between the local Healthwatch organisations and the ICS.

- The SEL Healthwatch Director is a **dedicated leadership role,** and ensures that the public voice is fed directly into governance structures and key decision making across the system. For example, the post will be a member of the **Integrated Care Partnership** and the **ICB Engagement Assurance Committee**.

VCSE sector
- There is large vibrant voluntary, community and social enterprise sector (VCSE) across south east London. VCSE organisations are a vital partner for the ICS in their range of roles including directly providing health and care services and support, advocacy and advice, as well as sharing insights and information about the people and communities they work with.

- Given we know we don't hear the voices of all our communities, and that some of our communities distrust statutory organisations, our smaller 'grassroots' community organisations are well placed as **trusted organisations** to help us gather insight and work with more communities, particularly those who experience health inequalities. The SEL Engagement Toolkit provides guidance for teams on how best to partner with the VCSE sector.

- However, we know we **must fund this work differently** and improve our payment processes to enable these smaller organisations to support us. We will work with the VCSE to understand how we can do this going forward through our 'involving the VCSE' workstream.

- Following discussions with the VCSE sector, we have agreed to fund a **SEL VCSE Director** post who will work with VCSE organisations to develop relationships and new ways of working with the sector to engage with more communities and address health inequalities.

As we work up objectives and an action plan to deliver the aims, we will develop measures to enable us to track achievement of our ambitions

How will we know our ambitions have been realised

- System decision making is clearly influenced by insights from and engagement with local people and communities, and this is apparent to local people

- Local people report fewer barriers to engagement with the system

- System projects and programmes engage with more local people from a diverse set of communities (particularly those who experience health inequalities), as well as children and young people, reflected in our insights library

- People who have been engaged know what the impact of their engagement was and what work has been done since

- Clear, transparent and accessible system-level infrastructure in place to facilitate sharing of insights and collaboration

- Increased collaboration between programmes and partners, supported by increased collaboration across engagement teams and engagement led by teams within our ICS partnerships

- Local people less frequently report being repeatedly asked for their view from different parts of the system

- Strengthened relationship with local people and communities

- Increased understanding amongst ICS staff on the importance of engagement, what it is (including co-production) and how to go about carrying out effective engagement

- Increased understanding amongst ICS staff and leadership as to the best practice engagement work ongoing within SEL

- Small community VCSE organisations are more regularly employed to work with us to engage our local people and communities

We have also identified key critical success factors and enablers that impact our ability to achieve our ambitions and will inform our action plan
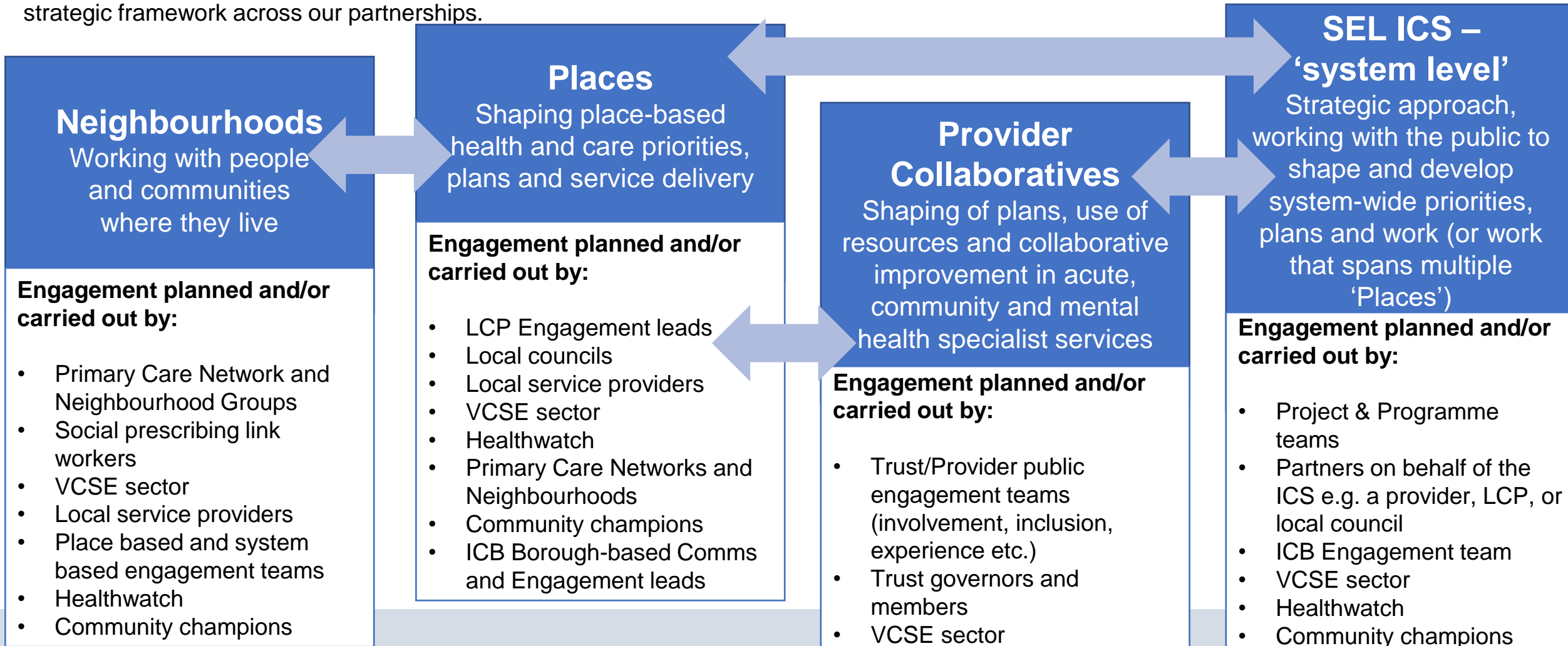
- **Culture**: It is vital that leaders across the ICS champion and value partnership working with local people and communities. The SEL Clinical and Care Professional Leadership work will be a key facilitator in this regard. We also need to ensure we empower local communities to make decisions in partnership with us, recognising the strengths that local people and communities bring; this requires us to provide local people with support, development, reward and recognition.

- **Upskilling of ICS staff** in basic engagement practices and best practice through training: A lot of engagement work is led by staff without engagement (practitioner) backgrounds, so in order to work to our engagement principles we will need to support and upskill staff.

- **System ways of working**: Collaborative working, and a shared understanding of what work will 'sit' at different levels of the system, and how we can work together to deliver our ICS priorities and strategy.

- **Data**: Both easy access to good quality data (including information on local populations, demographics, inequalities), and the ability to share data with ICS partners. Effective analysis of data we collect is also important – the person analysing data should have a relationship with the community it has come from, otherwise they may miss cultural sensitivities and nuances.

- **Understanding of our community assets** (including VCSE sector): we need to understand our communities and recognise skills and knowledge that exist, recognise people's networks (both formal and informal) and resources that exist within the community. Programmes may need to map stakeholders and communities depending on the focus of the programme.

- **Finance processes**: In order to work with our VCSE sector to deliver engagement, we must be able to procure work with minimal administrative overheads and pay organisations quicker.

- **Time and money**: Good quality, effective engagement requires adequate resourcing. Both time and budget for engagement should be factored in at the outset of the work we do, so as to ensure we work with local people and communities in a timely and impactful way.

Appendices

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A: We know the majority of engagement with people happens locally, led by our ICS partnerships

South East London Integrated Care System

Engagement currently takes place at all levels of our system. Through our ways of working work, we aim to further clarify how SEL (engagement) teams will work with one another and share resource across our ICS partnerships to facilitate sharing of insights, reduce duplication, carry out 'system level' engagement activities (as depicted by the blue arrows below) and facilitate delivery of our working with people and communities strategic framework across our partnerships.

Neighbourhoods
Working with people and communities where they live

Engagement planned and/or carried out by:

- Primary Care Network and Neighbourhood Groups
- Social prescribing link workers
- VCSE sector
- Local service providers
- Place based and system based engagement teams
- Healthwatch
- Community champions

Places
Shaping place-based health and care priorities, plans and service delivery

Engagement planned and/or carried out by:

- LCP Engagement leads
- Local councils
- Local service providers
- VCSE sector
- Healthwatch
- Primary Care Networks and Neighbourhoods
- Community champions
- ICB Borough-based Comms and Engagement leads

Provider Collaboratives
Shaping of plans, use of resources and collaborative improvement in acute, community and mental health specialist services

Engagement planned and/or carried out by:

- Trust/Provider public engagement teams (involvement, inclusion, experience etc.)
- Trust governors and members
- VCSE sector

SEL ICS – 'system level'
Strategic approach, working with the public to shape and develop system-wide priorities, plans and work (or work that spans multiple 'Places')

Engagement planned and/or carried out by:

- Project & Programme teams
- Partners on behalf of the ICS e.g. a provider, LCP, or local council
- ICB Engagement team
- VCSE sector
- Healthwatch
- Community champions

A: Our ICS partners are already collaborating via our partnerships to deliver brilliant engagement work with local people and communities. Examples include…

Neighbourhoods Working with people and communities where they live	North Lewisham PCN recently engaged local people and community organisations to understand the causes of health inequalities and poor vaccine uptake in the local population. This work identified issues such as a lack of trust in statutory organisations, barriers to accessing care, and poverty, and worked with the community to develop new ideas and solutions to these issues. The PCN also funds a North Lewisham Community Forum which runs every 2 months.
Places Shaping place-based health and care priorities, plans and service delivery	Bexley Local Care Partnership ran engagement sessions in January-March 2022 to review how urgent care in Bexley is delivered and co-produce actions to improve urgent care for people living in Bexley. The review found that urgent care services aren't accessible for the deaf community. A co-design group of healthcare professionals, other staff and local people then developed some key actions to deliver transformational improvements to disability access for urgent care. These actions have since been fed back to people who were involved in the engagement sessions earlier in the year.
Provider Collaboratives Shaping of plans, use of resources and collaborative improvement	South London Mental Health and Community Partnership has been involved in South London Listens, an initiative with Citizens UK and other statutory partners to hear the views of nearly 6,000 people across south London, particularly those disproportionately affected by mental ill-health. This resulted in a Community Summit where pledges were presented. Community leaders and statutory agencies are working together to develop action plans to take the agreed pledges forward. The findings will also inform the Community Mental Health Transformation programme and Children and Young People's mental health plans.
SEL ICS - 'system' level Working with the public to shape and develop system-wide priorities, plans and work	SEL ICS recruited, through an open and transparent process, people with lived experience of type 1 or type 2 diabetes from each borough to form a south east London wide group of people living with diabetes to work with the SEL Diabetes programme, at system level and in the relevant boroughs. A further open and transparent process was then undertaken to identify two members from the South East London Group of Community Members to sit on the South East London Diabetes and Obesity Delivery Board with all members receiving papers to be informed of the work and to potentially act as deputies if required. The purpose of the group is to feed community views and voices into the work of the programme and to inform the development of wider engagement. To this end, members of the group of community members informed the development of a service specification and took part in the procurement process to identify a community delivery partner to work with the wider community, with an emphasis on Black African, Black Caribbean and South Asian communities, to identify outcomes that matter to people and develop I statements to inform the outcomes framework.

# A: Working with people and communities at a 'system level'

From NHSE guidance and publications on ICSs, we know that the ICB and the ICP has a role in:

- Championing inclusion and transparency

- Challenging partners to demonstrate progress in reducing inequalities and improving outcomes

- Supporting engagement at neighbourhood and place to "ensure the system is connected to the needs of all communities it covers", and ensure strong public voice at both place and system levels

- Ensuring arrangements for working with people and communities in all parts of the system should be a source for genuine co-production and a key tool for supporting accountability and transparency of the system.

- ICBs will continue to have a "duty to consult patients and carers" on the delivery of functions, and ICBs will need to prioritise engaging with communities affected by inequalities

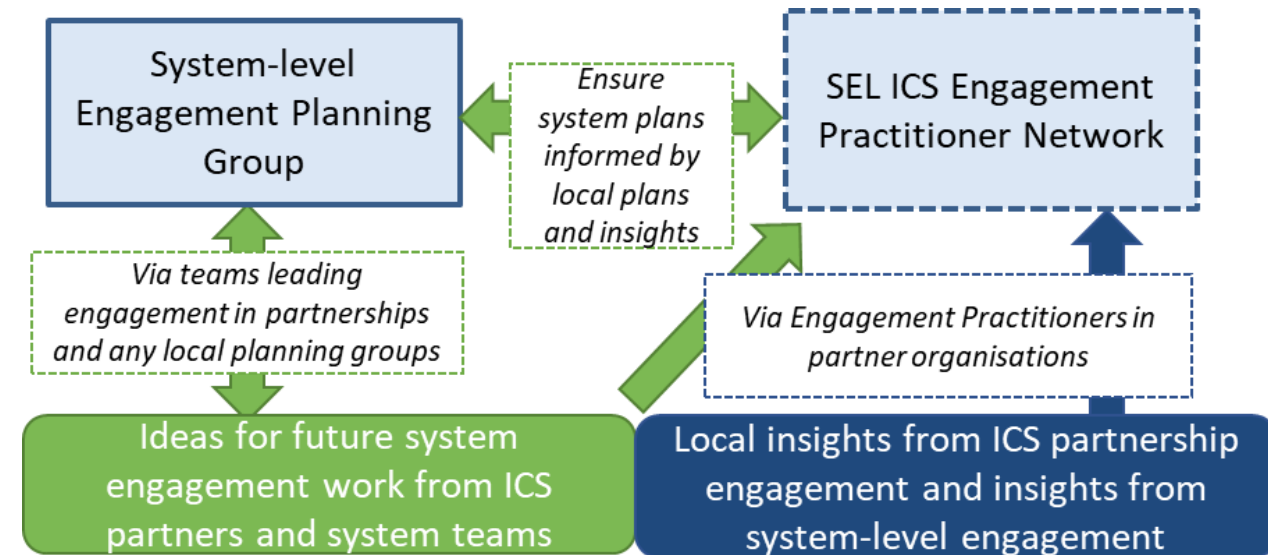We also believe that the ICB has a key role in:

- Enabling, connecting, supporting quality engagement work in our ICS partnerships

- Identifying and facilitating opportunities for coordination of system level/cross-system engagement

- Ensuring there is capacity at SEL level to support the rest of the system to meet our ambitions and ensure best practice becomes common practice
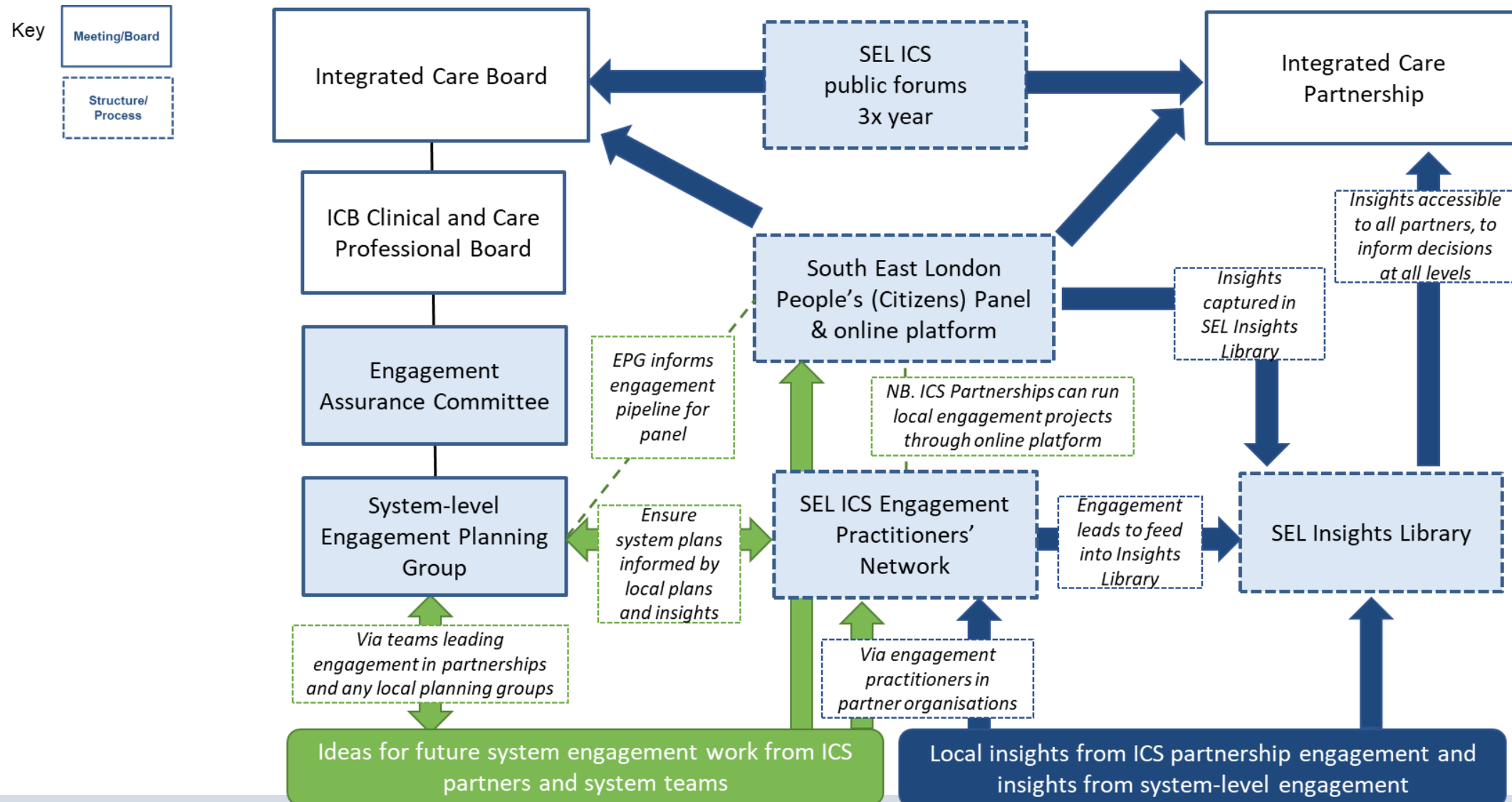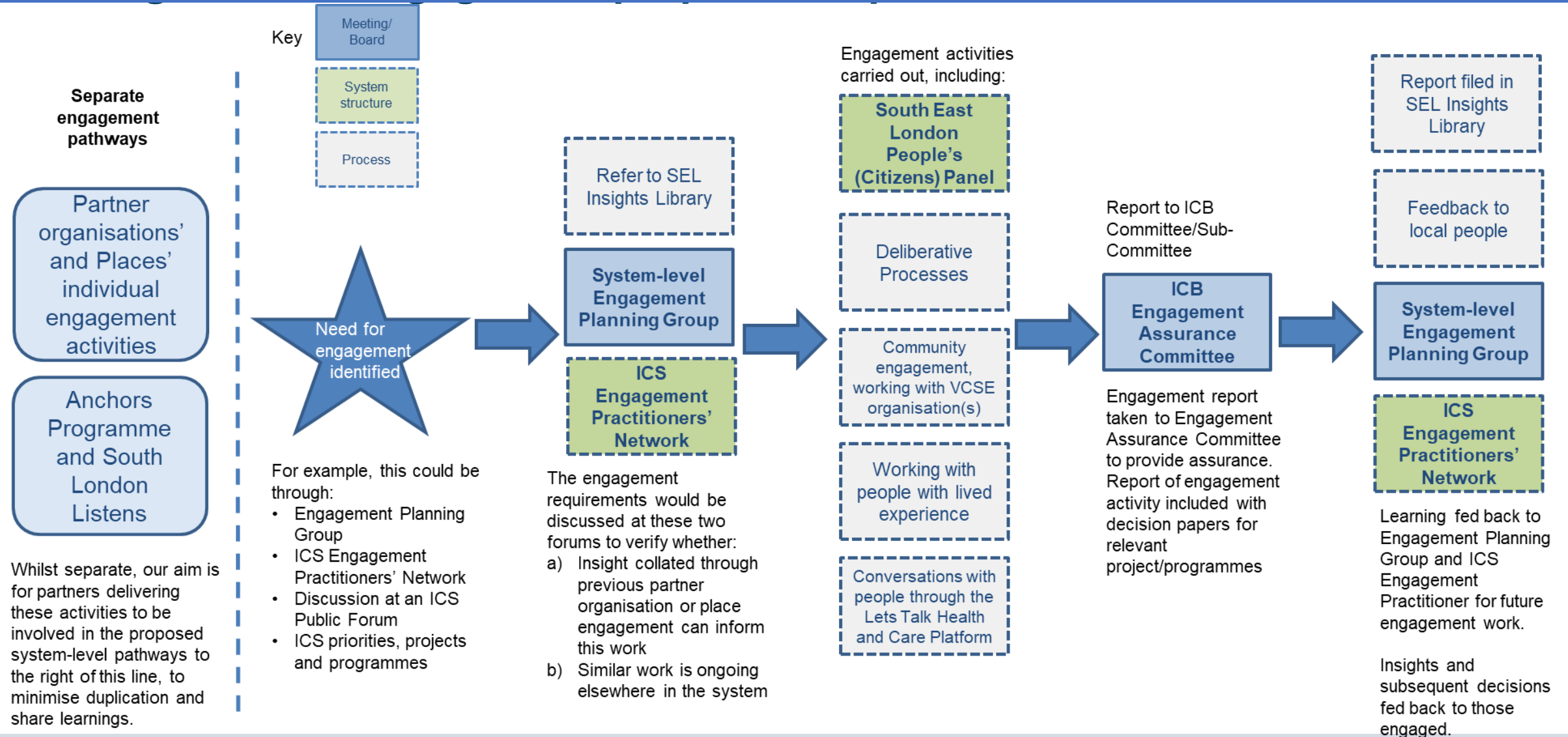
A: How do local engagement structures fit into the system-level engagement structures being developed?

- We know most of the engagement work with local people and communities in the SEL ICS will take place close to where people live or through the services they use, led by our ICS partners and partnerships. We also know from previous mapping exercises that there are a range of engagement processes and governance used in partners and ICS partnerships.

- These proposals for new governance and processes **do not replace** the structures and/or processes in place in our ICS partnerships or statutory partner organisations, due to the SEL ICS principles of subsidiarity and delegation.

- However, where there are **opportunities for cross-system engagement** or better coordination, these will be identified, scoped and facilitated through the system-level engagement planning group. System engagement is subject to assurance by the ICB Engagement Assurance Committee.

- Whilst the 'ways of working' work is ongoing, engagement practitioners from partner organisations form the **Engagement Practitioners' Network**, and it is this network that will act as a key convening group for engagement in south east London, to work collectively as well as share learning.

- Additionally, the **Engagement Planning Group** will bring together leads from across our partnerships to **align and coordinate system engagement** activities. There are similar engagement groups being established in our Local Care Partnerships, so we will ensure linkages between this system level group and local structures.

System-level Engagement Planning Group

Ensure system plans informed by local plans and insights

SEL ICS Engagement Practitioner Network

Via teams leading engagement in partnerships and any local planning groups

Via Engagement Practitioners in partner organisations

Ideas for future system engagement work from ICS partners and system teams

Local insights from ICS partnership engagement and insights from system-level engagement

South East London Integrated Care System

Key

Meeting/Board

System structure

Process

Separate engagement pathways

Partner organisations' and Places' individual engagement activities

Anchors Programme and South London Listens

Whilst separate, our aim is for partners delivering these activities to be involved in the proposed system-level pathways to the right of this line, to minimise duplication and share learnings.

Need for engagement identified

For example, this could be through:
- Engagement Planning Group
- ICS Engagement Practitioners' Network
- Discussion at an ICS Public Forum
- ICS priorities, projects and programmes

Refer to SEL Insights Library

System-level Engagement Planning Group

ICS Engagement Practitioners' Network

The engagement requirements would be discussed at these two forums to verify whether:
a) Insight collated through previous partner organisation or place engagement can inform this work
b) Similar work is ongoing elsewhere in the system

Engagement activities carried out, including:

South East London People's (Citizens) Panel

Deliberative Processes

Community engagement, working with VCSE organisation(s)

Working with people with lived experience

Conversations with people through the Lets Talk Health and Care Platform

Report to ICB Committee/Sub-Committee

ICB Engagement Assurance Committee

Engagement report taken to Engagement Assurance Committee to provide assurance. Report of engagement activity included with decision papers for relevant project/programmes

Report filed in SEL Insights Library

Feedback to local people

System-level Engagement Planning Group

ICS Engagement Practitioners' Network

Learning fed back to Engagement Planning Group and ICS Engagement Practitioner for future engagement work.

Insights and subsequent decisions fed back to those engaged.
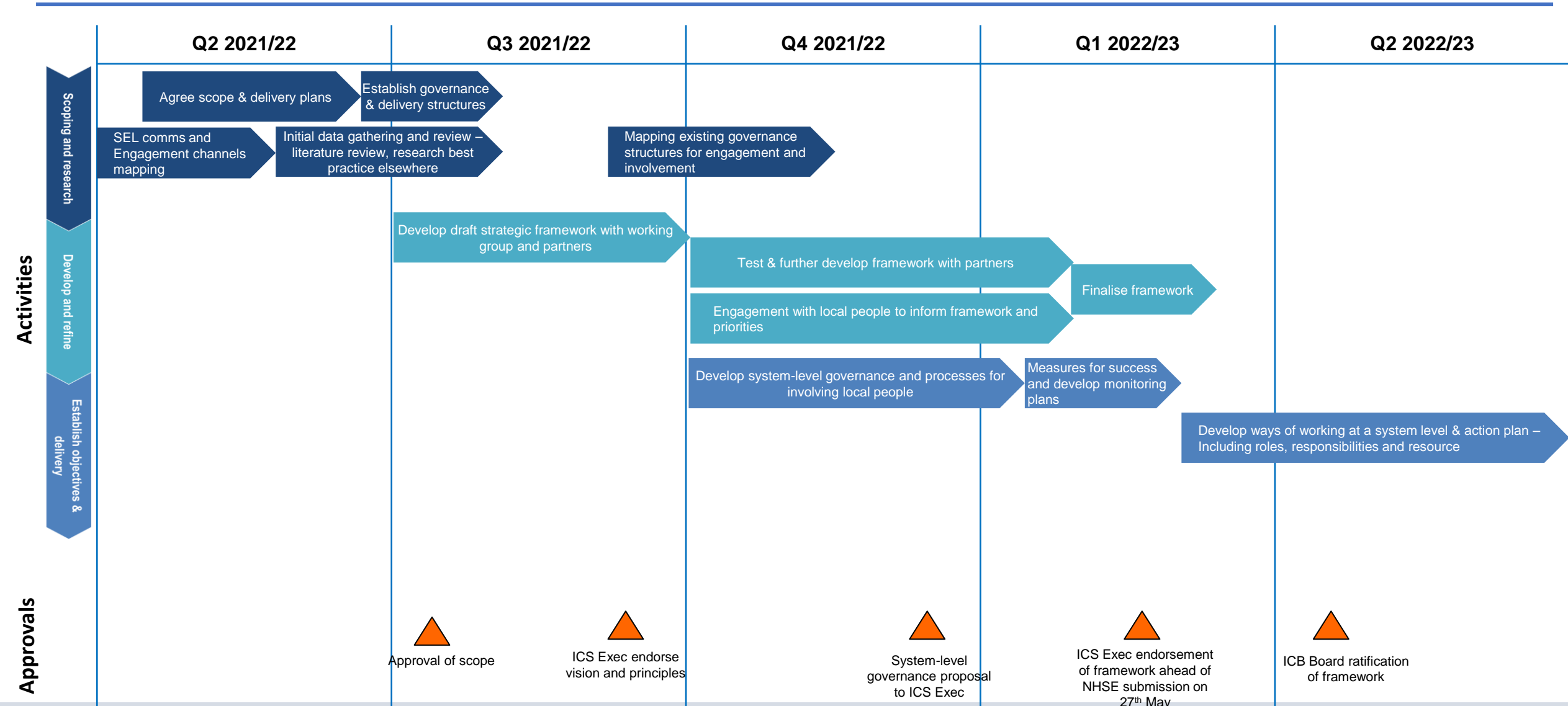
27

B: How the strategic framework was developed

We have developed this framework through engagement with local communities (appendix C), multiple 1:1 conversations with key stakeholders and discussions with the following groups:

- A **steering group** was established and led by Anu Singh, strategy lead and, at the time, interim chair of Partnership Southwark (Anu is now a SEL ICB NED). This met five times Oct 21 – Jan 22. Membership included partner organisation engagement practitioners, Healthwatch, members of the public/people with lived experience and VCSE organisations.

- Established a **SEL Engagement Practitioners' Network** with meetings in November, February, April and May at which this framework was discussed.

- Discussions with **Healthwatch South East London Patient Group** and **Healthwatch South East London Managers** and **SEL Community Champion coordinators.**

- SEL acute and mental health **Provider Collaborative** committees and at relevant meetings within each of our **Local Care Partnerships'** governance structures.

- SEL CCG's **Engagement Assurance Committee**, SEL CCG's **Equalities Committee** and SEL CCG **Learning Disabilities and Autism Forum**

- **SEL ICS Population Health Executive, SEL ICS Primary Care Leadership Group**

We also carried out a **mapping exercise** of current engagement mechanisms within our partnerships, and gathered insights from recent engagement work by SEL partners, both of which have informed our approach to developing this work and the outputs.

B: How the strategic framework was developed

Activities

Scoping and research

- Agree scope & delivery plans
- Establish governance & delivery structures
- SEL comms and Engagement channels mapping
- Initial data gathering and review – literature review, research best practice elsewhere
- Mapping existing governance structures for engagement and involvement

Develop and refine

- Develop draft strategic framework with working group and partners
- Test & further develop framework with partners
- Finalise framework
- Engagement with local people to inform framework and priorities

Establish objectives & delivery

- Develop system-level governance and processes for involving local people
- Measures for success and develop monitoring plans
- Develop ways of working at a system level & action plan – Including roles, responsibilities and resource

	Q2 2021/22	Q3 2021/22	Q4 2021/22	Q1 2022/23	Q2 2022/23

Approvals

- Approval of scope
- ICS Exec endorse vision and principles
- System-level governance proposal to ICS Exec
- ICS Exec endorsement of framework ahead of NHSE submission on 27th May
- ICB Board ratification of framework

C: Community engagement to support strategic framework development

Identified communities to target

- Feedback from engagement leads from partner organisations and public health helped to identify 14 groups/ communities that we seldom hear from across our ICS partnerships

Light touch procurement process

- Received 13 bids

- Commissioned 6 small, local organisations to deliver engagement activities to support the development of the strategy

Engagement period

- Organisations engaging with local people until mid May

- Wider engagement via the Let's Talk Health and Care Platform

Feedback informs strategy

- Initial draft of strategy (by 27 of May) to include engagement feedback

C: Community engagement to support strategic framework development

Organisations commissioned	Target audience	Boroughs
Act for Change	Young people who have experienced trauma	Bexley/ Greenwich
Creating Ground	Women from migrant backgrounds (primarily from Africa)	Greenwich/ Lewisham
Lambeth Links	LGBTQ+	Lambeth, Southwark and SEL wide
Panjshir Aid	Afghan community	SEL wide
East African Association	Somali women	Lambeth, Southwark with links to Greenwich
South East Greenwich Islamic Centre	Bengali community	Greenwich

Focus of engagement was to understand:

- How individual circumstances affect day to day lives and health and wellbeing
- What barriers are faced in accessing health and care
- What we can do to reduce those barriers
- How we build relationships and earn trust within communities
- Understanding how we need to work differently to support communities to share their views with us

What happened:

- Heard from over 200 local people of all ages from our diverse communities
- Activities included: surveys, 2 events, 11 focus groups, 1:1 interviews, 4 creative/ forum theatre sessions, 1 deep democracy session
- Understood experiences of those who may: have mental health problems, be single parents, be vulnerably housed or experiencing unsuitable living conditions or suffering economic and food poverty

D: How will we work with local people and communities at a 'system' level – ICB and ICP (1/3)

Commitment 1: Being accountable to our local people, and ensuring we are transparent

- **Holding open sessions for the public before ICP** and **ICB** meetings to facilitate less formal discussions with decision makers. This would be in addition to established public Q&As in meetings.

- **ICS Public Forums** every four months (3x per year) to establish a more regular dialogue with local people, updating people on progress and providing the opportunity for people to ask questions or feedback. These will be open sessions so any member of the public may attend. This proposal builds on the successes of the March 2022 public engagement sessions on SEL ICS development. One meeting a year will constitute the ICB Annual General Meeting. These forums will involve those in our system who have some form of public representation roles e.g. lay members on Local Care Partnership committees, NHS Foundation Trust Governors. We will use these forums to feedback to local people what the impact of their engagement has been and what we have done.

As statutory organisations we often aren't comfortable or experienced in having conversations and open discussions with our local people and communities. Therefore, to ensure two proposals above are effective, we will also:

- Develop a **programme of visits for ICS Executives** to local community sites, to meet local people and listen to their stories.

- Work with **VCSE organisations** who know our local populations to provide some **light-touch facilitation** support during bigger-scale conversations with our communities, like the ICS Public Forums.

Additionally, we know it is important that ICB board papers are accessible. To improve on just sharing ICB board papers online we will:
- **Use scoring software** to improve readability and accessibility of ICB Board papers.

- Record leadership giving **video summaries of board meetings** in plain English.

- Conduct board meetings in **more accessible spoken language.**

- **Look at introducing a rotating programme** of system Board/formal meetings at community or partner venues. To facilitate the continued high engagement we have seen through virtual meetings, public meetings should **alternate between being held in a community venue and being held virtually** (or providing virtual access from a venue where this can be facilitated easily). For virtual meetings, begin to use Teams rather than Teams Live so meetings are more interactive than they currently are, building on learnings from the March 2022 public engagement sessions on the ICS development.

These proposals will enable us to further build on our relationships between our partnership, the board and public.

D: How will we work with local people and communities at a 'system' level – ICB and ICP (2/3)

Commitment 2: Making decisions, setting direction and priorities in partnership with people & communities

- **Begin to use deliberative processes, including events, Citizens' Summits/Assemblies/ Juries** for local people to have informed, in-depth discussions with us. This will inform our priority setting, policy development and aid deliberation of tricky trade offs. Participants would be recruited from our SEL ICS People Panel (see Commitment 3 next slide). Like the ICS Public Forums, we will look to recruit some light-touch VCSE facilitation during these conversations would be beneficial.

- **Establish a system-level Engagement Planning Group** – this group will facilitate planning and coordination of SEL ICS 'system level' engagement activities. The group will horizon scan to ascertain what 'big ticket' projects are coming up to ensure coordinated and early engagement, or where there are opportunities for teams across the system to collaborate on engagement work to reduce duplication. It will act as an editorial board for pipeline ideas for the People's Panel (see Commitment 3 next slide). This will be a closed membership of ICS-wide project/programme management staff and ICS partnership leads (for example, someone from our APC), as well as Healthwatch and representatives from key VCSE sector partners. The group will be chaired by the ICB Exec lead for people and community engagement (see Commitment 3 next slide).

- **Develop an ICB Engagement Assurance Committee**, building on the current SEL CCG Engagement Assurance Committee. This committee will receive reports on engagement work undertaken prior to decision making and provide assurance to the ICB Board that ICB business has effectively engaged local people and communities, in line with the ICS principles for engagement. It will also provide recommendations to teams who bring reports to improve the quality and effectiveness of engagement activity. This will be a closed membership of local people from south east London, and chaired by an independent chair.

- Feature regular **public, patient, user, carer and staff stories** at ICB Board meetings. These stories will provide the ICB Executive with real-world examples of the challenges and issues local people and communities face and bring to life some of the insights we receive from our engagement work.

- We will develop a **SEL insights library**, which will enable partners to share findings from their engagement work with other teams in the system as well as access insights from engagement work others have done. This will again aid to reduce duplication in engagement work and maximise the value of engagement work.

D: How will we work with local people and communities at a 'system' level – ICB and ICP (3/3)

Commitment 3: Working with people and communities in new ways to transform health and care and support health and wellbeing

- Assign senior **leadership capacity** to champion and lead on changes to how we work with local people and communities. This includes an ICB Non-Executive Director to champion people and community engagement, and an ICB Executive Director with formal responsibility for leading delivery of the SEL ICS working with people and communities strategic framework.

- **Develop an ICS People's Panel (Citizens' Panel) to enable ongoing discussions and 'temperature checking' with a demographically representative section of our population in terms of age, gender, ethnicity across each place**, openly recruited (aiming to recruit 1,000 members) to be hosted on the **Let's Talk Health and Care South East London (letstalkhealthandcareselondon.org)** to:
  o influence strategy and planning;
  o improve quality;
  o support service redesign and transformation;
  o and understand local people's views and aspirations around health and care

This is an agile way for local people to have sight of and inform decision making, and thus also facilitates accountability. Findings and outcomes of discussions can be segmented to provide rich insight for place.
On an ad-hoc basis, invite members to attend workshops for detailed deliberation of system issues (see deliberative processes under Commitment 2, previous slide).

E: Developing an engagement toolkit

Who it is for:

Any member of staff working on projects and programmes being led by the ICS. It does not replace existing ways of working and structures at LCP and neighbourhood levels.

Aims of the guide:
- Support staff to undertake engagement work by themselves with varying degrees of input from the engagement team, at all levels of the system
- Be an educational tool to help develop skills and competence

Overview of content

The guide includes:
- Why engagement is an important part of how the ICS works and the standards we work to (including legal duties)
- How we work with partners across the ICS
- What insights are already available to support work
- What channels already exist to engage with different communities
- When, how and who to engage with
- How to decide what methods of engagement are best for the project (taking into consideration barriers for different communities e.g. digital access)
- How to ensure engagement makes a difference
- What different terms such as "engagement", "involvement" and "co-production" really mean
- Top tips
- The support available– from the ICS engagement team, wider resources and training, as well as engagement planning templates
- Best practice
- How engagement fits into programme management and governance structures

Training will also be provided to augment and bring the toolkit to life and to support skills development and confidence in carrying out engagement work and using different engagement methods and channels.

F: NHSE 10 principles for engagement

| NHSE engagement principles	How we are addressing these
1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS	Our ICS partnerships have agreed to adopt the SEL principles (pg 7). Deliver through system structures (pg 12, 13, 26, 28) and ways of working work (pg 16).
2. Start engagement early when developing plans and feedback to people and communities how their engagement has influenced activities and decisions	Our ICS partnerships have agreed to adopt the SEL principles (pg 7). Deliver through system structures (pg 12, 13, 26, 28) and ways of working work (pg 16).
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect	To be delivered through new system processes particularly around how insights are shared around the system and feed into decision making forums (pg 26). Emphasis on feeding back to communities on impact of change and communities holding us to account for change (pg 7, 9).
4. Build relationships with excluded groups, especially those affected by inequalities	A priority for our strategy, this is addressed in our engagement principles (pg 7) and our strategic aims (pg 9)
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners	See page 8.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust	Deliver through system structures (pg 12, 13, 26, 28, 33) and ways of working work (pg 16).
7. Use community development approaches that empower people and communities, making connections to social action	Through sharing power and working with communities who experience inequalities (pg 7-9); understanding and working with community assets (pg 20), closer working with VCSE and community orgs (pg 18, 31, 32).
8. Use co-production, insight and engagement to achieve accountable health and care services	To be delivered through new system processes particularly around how insights are shared around the system and feed into decision making forums (pg 26). Also covered in our aims (pg 9).
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities	See page 9 and 17.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places.	This strategy has been developed based on local best practice. Deliver through system structures (pg 12, 13, 26, 28) and ways of working work (pg 16).

G. Our partnership brings together health care organisations, local authorities and other partners from across our six boroughs

The London boroughs of Lambeth, Southwark, Lewisham, Greenwich, Bromley and Bexley are home to two million people, supported by:

- The six South East London local authorities, delivering and commissioning a wide range of care services and wider services important to health and well being
- 212 individual GP Practices, alongside community pharmacies, dentistry, optometry, organised within neighbourhood-based 35 Primary Care Networks
- Guy's & St Thomas' NHS Foundation Trust
- King's College Hospital NHS Foundation Trust
- Lewisham & Greenwich NHS Trust
- Oxleas NHS Foundation Trust
- South London & Maudsley NHS Foundation Trust
- Bromley Healthcare CIC
- King's Health Partners, our academic health science centre
- Thousands of local voluntary & community organisations
- NHS South East London Clinical Commissioning Group

We come together to provide health and care support and services as a "system of systems" through:

- our work as South East London Integrated Care System
- our Provider Collaboratives
- our six Local Care Partnerships
- our 35 Primary Care Networks
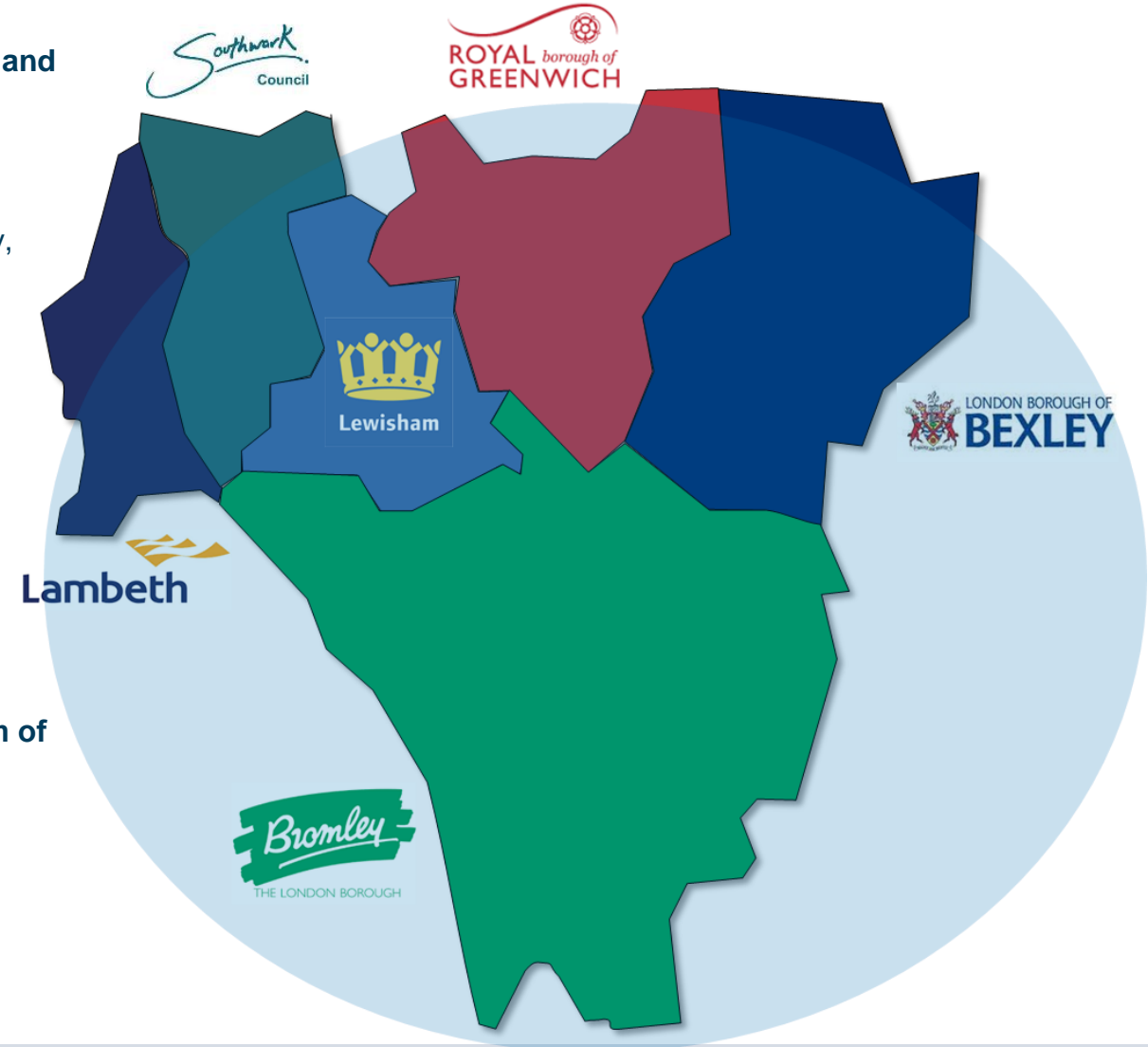
G: Overview of our population characteristics in south east London

Growing and aging

South east London has a population of around 1.9 million, with some very densely populated areas; Lambeth and Southwark are in the top 9 most densely populated boroughs in England. We forecast yearly population growth over the next ten years, although the rate of growth will lessen over this period.

The split of young and aging population varies between our boroughs currently but generally, like most of the country, our population is aging. Our forecast population growth is pronounced in the older populations of 64-75 year olds, and there is an increase in the age distribution of over 65s over this ten year period.

Highly diverse

The proportion of the population who are black and minority ethnic ranges from 19% in Bromley to over 50% in Lambeth.

South east London has a higher than average proportion of residents that identify as LGBTQI+. Lambeth and Southwark have the second and third largest lesbian, gay and bisexual communities in England.

There is a large prison population, with over 3,500 adult men and young adults across four prisons situated in Greenwich and Lambeth.

SEL projected population growth 2016 - 2029 (ONS)

Population (1,000s)

Legend: 80+, 65 - 80, 20 - 64, 0-19
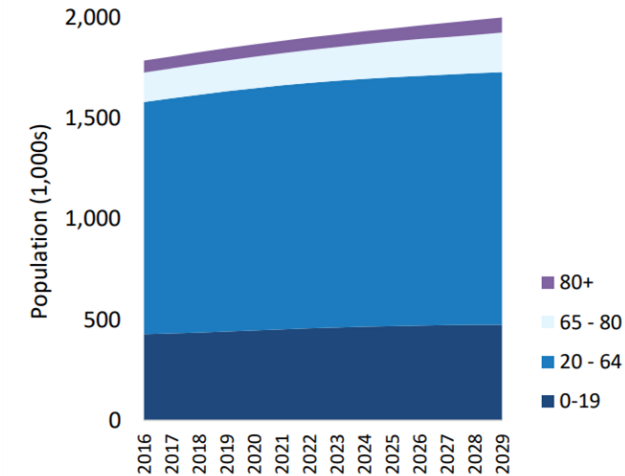
Differences in healthy life expectancy at birth (males) between least and most deprived areas for boroughs in south east London, London region, England (2015-17)

Differences in healthy life expectancy (year)

| Bexley	Bromley	Greenwich	Lambeth	Lewisham	Southwark
11.4	13.3	9.6	6.4	8.0	9.4
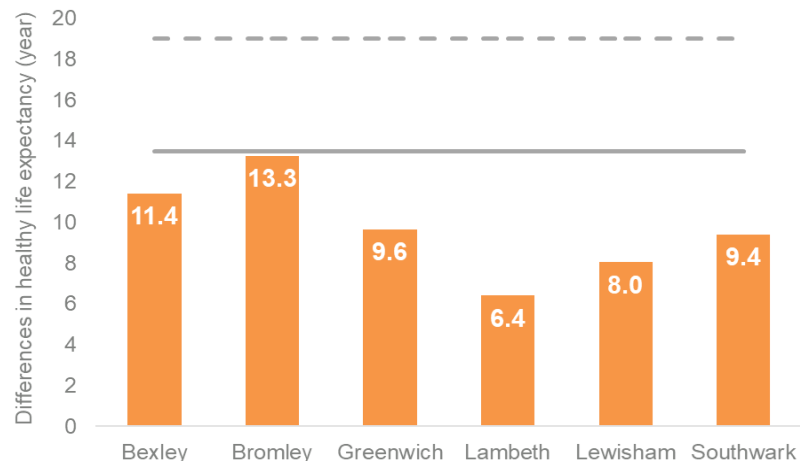
Significant Levels of Deprivation

Four of our six boroughs, Lambeth, Southwark, Lewisham and Greenwich, rank amongst the 15% most deprived local authority areas in the country

Life expectancy and healthy life expectancy

Life expectancy and healthy life expectancy at birth remain below the national and London averages for many of our boroughs. Between our boroughs, life expectancy is similar but healthy life expectancy does vary significantly, particularly for females.

This difference in life and healthy life expectancy may be attributed to deprivation. Between the least and most deprived areas within a borough, healthy life expectancy can vary by up thirteen years and life expectancy at birth by up to nine years.

G: Our borough populations in south east London share some commonalities, but also have their own unique characteristics, complexities and needs
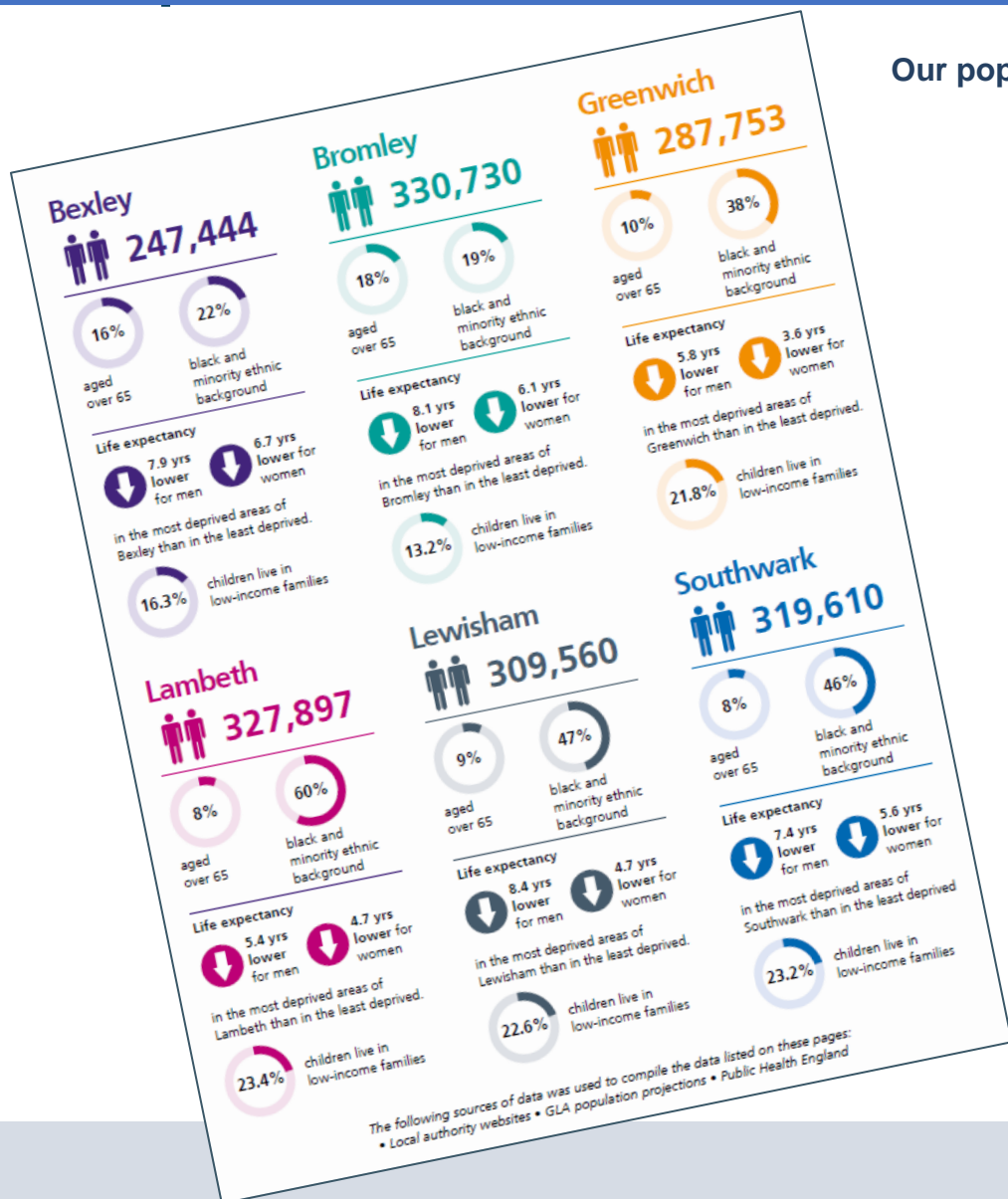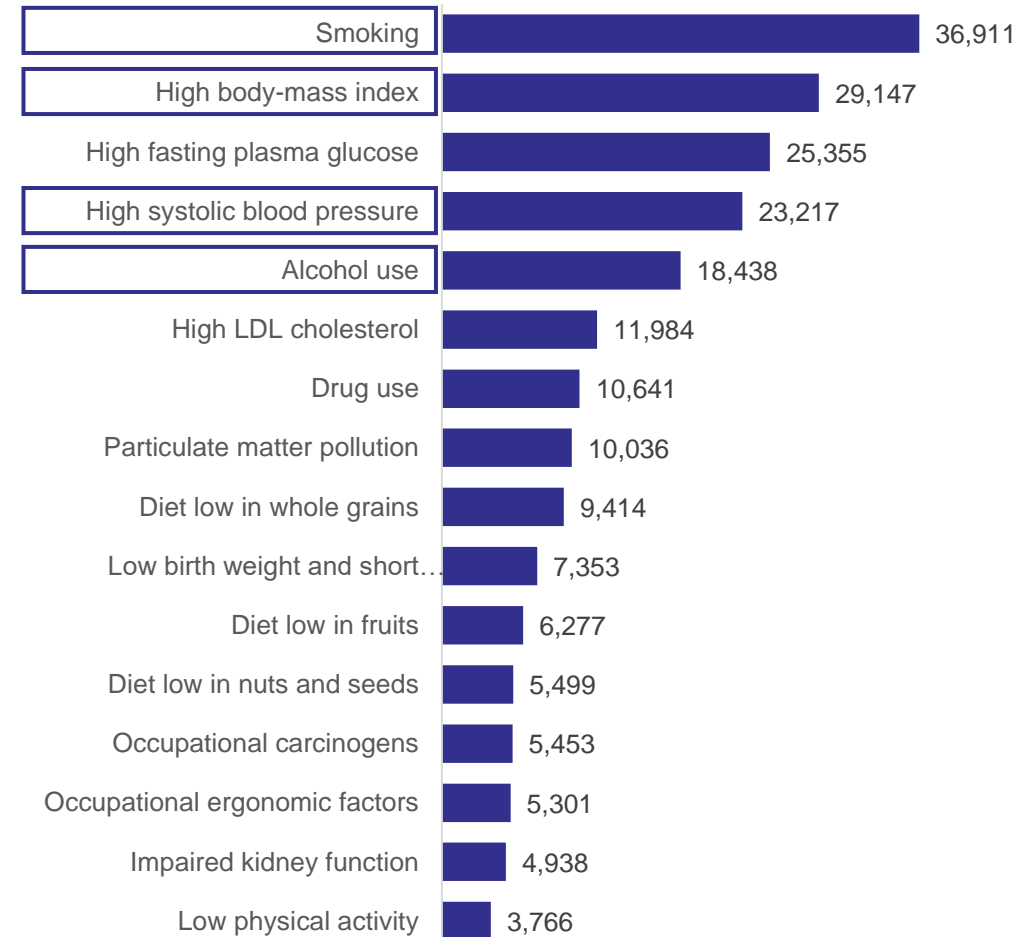
Our populations as described in our January 2020 NHS Long Term Plan response:

- **Bexley** - Population is estimated to increase by 9% between 2019 and 2030. One in six people are over 65 and projections show that Bexley has a population that is ageing. Bexley has a relatively younger, ethnically diverse and deprived population towards the north.

- **Bromley** - An ageing population, the proportion of people aged 65 and over is expected to increase to 19% by 2027. 19% of the population are from BAME backgrounds, with children and young people make up the highest proportion of the BAME population.

- **Greenwich** - Almost 25% are under 19 and around 10% are over 65, and about 20% of the population are from BAME backgrounds. Greenwich has particular challenges including high levels of deprivation, inequalities and unemployment.

- **Lambeth** - A young and diverse population, 51% are between 20-44 and over 50% of the population are from the black, Asian and minority ethnic (BAME) community. People can live for between 15 and 20 years in poor health.

- **Southwark** - A comparatively young and diverse borough with more than 120 languages spoken and 39% of residents born outside the UK. Around 15,000 children under 16 live in low income families. The 40th most deprived local authority in England and the 9th in London.

- **Lewisham** - 25% of the population are under 19 and almost 10% are over 65. A very diverse borough 47% of the population are from a BAME background. In 2015 Lewisham ranked as the 48th most deprived local authority in England and 10th in London.

G: There is a high prevalence of factors that we know have a major impact on health and wellbeing, including obesity, smoking and alcohol consumption

- High blood pressure, poor mental health, obesity, smoking and alcohol are driving poor health and mortality in our populations.

- We know that there is scope to significantly improve prevention, detection, health promotion, management and treatment of these and related conditions.

- Long term conditions associated with the 'vital five' include hypertension, anxiety, depression, diabetes, heart disease, cancer, respiratory disease, liver disease and cancer.

The Vital Five

1	2	3	4	5
Blood pressure	**Obesity**	**Mental health**	**Tobacco dependency**	**Alcohol consumption**

Disability adjusted life years (DALYs) by risk factor, boroughs in south east London, both sexes, all ages, 2017
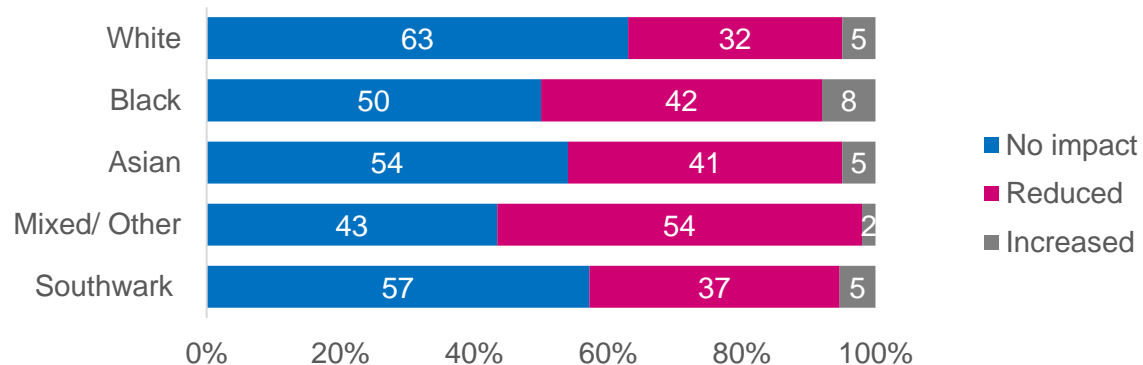
Risk factor	DALYs
Smoking	36,911
High body-mass index	29,147
High fasting plasma glucose	25,355
High systolic blood pressure	23,217
Alcohol use	18,438
High LDL cholesterol	11,984
Drug use	10,641
Particulate matter pollution	10,036
Diet low in whole grains	9,414
Low birth weight and short…	7,353
Diet low in fruits	6,277
Diet low in nuts and seeds	5,499
Occupational carcinogens	5,453
Occupational ergonomic factors	5,301
Impaired kidney function	4,938
Low physical activity	3,766

- There are extremely high levels of deaths attributable to social-economic inequalities in our boroughs.

- Ethnic minorities are suffering the greatest economic hardship, which in turn will impact on health.

- 44% of Black respondents to a local survey reported struggling to pay rent/ mortgage, utilities, food

Borough	Relative rank (of 326)	Observed deaths	Expected deaths	Attributable deaths	% deaths attributable to socioeconomic inequalities
Lambeth	38	10,692	5,837	4,855	45%
Lewisham	62	10,377	5,900	4,477	43%
Southwark	69	10,004	5,735	4,269	43%
Greenwich	70	9,881	5,682	4,199	42%
Bexley	181	9,363	6,653	2,710	29%
Bromley	252	11,604	9,172	2,432	21%

Figure 1: The impact of COVID-19 on household income, by ethnicity (ComRes survey)

Ethnicity	No impact	Reduced	Increased
White	63	32	5
Black	50	42	8
Asian	54	41	5
Mixed/ Other	43	54	2
Southwark	57	37	5

D. Lewer et al, Premature mortality attributable to socioeconomic inequality in England between 2003 and 2018: an observational study (The Lancet Public Health, 2019). See data: https://public.tableau.com/profile/rob.aldridge#!/vizhome/MATI_19_1 1_25/MATI_dashboard

H: Acknowledgements

This strategic framework was developed in collaboration with SEL ICS partners, stakeholders and local people.

With thanks to the SEL ICS working with people and communities steering group, who gave so much of their time to help develop this, as well as members of the Engagement Practitioners' Network who will have seen multiple versions and iterations of this strategic framework.

Additionally thank you to colleagues in SEL ICS who took the time to provide feedback over email and at SEL meetings where this strategic framework was socialised.

And a special thank you to the local people we spoke to and the voluntary, community and social enterprise sector organisations we worked with to inform the development of this strategy.