

1. Listening to residents and communities

Introduction

We want to improve the health and wellbeing of residents living across north central London (NCL) in Barnet, Camden, Enfield, Haringey and Islington. We are building on our existing partnership between the health and care system, with our local NHS trusts, GPs, CCGs, councils.

Our aim is to have the greatest positive impact for the health and lives of north central London residents: tackling health inequalities; effectively planning health services; becoming more efficient; and developing collaborating working with our partners to deliver integrated care.

Listening to residents and communities around the development of our plan has been part of ongoing engagement with our communities and stakeholders through our usual channels including:

- Engagement Advisory Board – we share draft plans for engagement through this group whose membership includes the five Healthwatch organisations, Voluntary action, CCG Lay Members, and an elected member from each council.
- Autumn 2018 – ICS simulation event
- Jan 2019 Inter-great events with staff and stakeholders
- Priority workstream programmes including clinical leadership and resident engagement, through a variety of means, such as:
 - **Health and care closer to home:** Healthwatch member on boards, engagement with patient and public groups in relation to strategy for general practice
 - **Urgent and emergency care:** resident representative on workstream board
 - **Planned Care:** patient representatives for teledermatology/neurology boards and ongoing patient engagement throughout adult elective orthopaedic review including shaping new service model and options appraisal process
 - **Mental Health:** Experts by Experience group
 - **Prevention, analytics and population health:** currently recruiting for a resident reference group
 - **Maternity;** working with group of 15 new and expectant mothers to research and document service users' experience
 - **Children and Young People:** engagement events through local football teams
 - **Digital:** engagement with community groups, Healthwatch organisations, clinical leaders, health and care staff, adult social care users' group and resident representatives on board
- Collaboration and engagement with stakeholders around the creation of borough based integrated care partnerships and Primary Care Networks
- Collaboration and engagement with stakeholders around the creation of a single Clinical Commissioning Group
- Formal governance structures of all NCL STP partners

- Specifically commissioned work from Healthwatch organisations and other community and voluntary groups based upon a gap analysis

Approach taken to engagement: developing and finalising our plan

We have a firm commitment to the value of resident and community engagement throughout NCL and our plan has been informed part of ongoing engagement relating to NCL's priority workstreams and local borough based relationships, as well as some additional activity specifically related to the NHS Long Term Plan.

Early in 2019 we carried out a gap analysis to identify where we already had information from resident and community engagement. We used this to identify priority areas for focused pieces of engagement and selected the following areas: Diabetes care (Haringey), Learning disability and autism (Enfield and Barnet), cancer screening, (Barnet), Cardiovascular disease, high blood pressure, cholesterol (Camden) Dementia (Islington).

In addition we have carried out targeted engagement with diverse communities and vulnerable groups in each borough, including patients with long term conditions, refugee and migrant communities, communities in areas of high deprivation, families and young people living with HIV, communities across the nine protected characteristics, learning disability service users, residents registered as blind, deaf service users, young people and families, parents with infants under four years old and mental health service users.

Our approach has been to use the channels, mechanisms and relationships that are already established in NCL, where possible. We have worked closely with our partners and community and voluntary sector organisations, including the five Healthwatch organisations, to involve local people, particularly focusing on seldom heard groups, such as those with dementia or learning disabilities.

Feedback has highlighted that we need to consolidate what we know about residents' health and care needs and what local people already have told us is important to them. We need to make sure that these concerns and priorities have been acted upon and addressed. We should also be clear where people can have real influence and help to shape decisions.

Phased engagement on our plans:

Phase one (April to June): The five Healthwatch organisations in NCL were commissioned to engage with residents, including a survey and series of focus groups. Key resident health and care priorities from this work used as themes to help shape our draft plans

Phase two (July to September): engagement across NCL and at a local level with residents on these specific issues in more detail, including targeted engagement with specific seldom heard

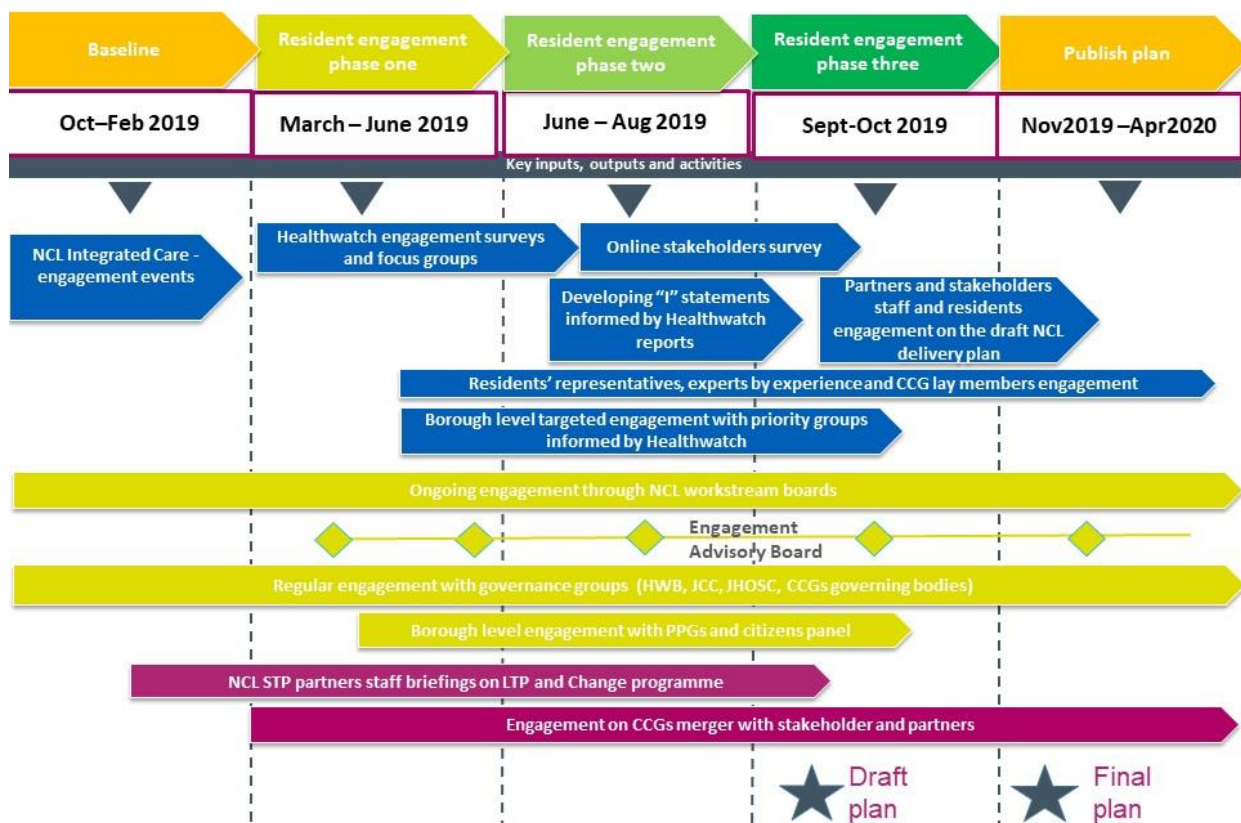
Phase three (September to November): engagement and seeking feedback from our communities on our draft plans and the London vision ahead of the full submission of our plan in mid- November. **Plans are available on our website to increase transparency of the process:**

<http://www.northlondonpartners.org.uk/draftresponseLTP>

At every stage, input has been sought by NCL health and care partner organisations, from: our staff, CCG members, clinicians, the voluntary and community sector, elected members including those who sit on scrutiny committees, patients and residents and others.

Engagement with residents and communities is very much part of ongoing conversation and will not stop when our plan is published. We have used the insight to identify areas where we can engage more with residents. We have built communication and engagement mechanisms into our workstreams, borough partnerships and into the creation of our integrated care system.

NCL Long Term Plan: Engagement Plan on a Page



Guiding themes and priorities from resident engagement

After speaking with residents and communities across NCL these are some of the concerns and priorities we heard again and again, and examples of what is in our plan to address them:

Residents said this was important...	Some examples of what we are doing...
Better access to services	Introducing care navigators to signpost people to the right service
Patients involved in discussions and shared decisions about their care	Children and young people with epilepsy and their families being involved in the development of local epilepsy services

Access to clear and accessible information for patients, including easy read versions and access to interpreters	Health Futures providing clear, accessible information for people with diabetes on how to look after their condition and stay well
Empathy and understanding around cultural or disability-related needs	Trialling a new system for women who do not attend smear test appointments, by offering them a self-sampling kit
Patients given knowledge to keep themselves well and support wellbeing	Social prescribing in GP practices to support people to stay active, eat well, reduce isolation and contribute to their community
Patients given choice, and care being planned and delivered to meet each individual's needs	Residents supported to have personal health budgets, including for mental health, to best meet their individual needs for care
Use of technology both to increase access to services and to health information	Residents to have access to online consultations and video consultations
Better joint working between health and social care	Working across the NHS, public health and social care to identify people at risk of conditions such as diabetes and cardiovascular disease
Focus on prevention and proactive care	Increase community teams and ensure physical health checks for adults with serious mental illness and learning disabilities are being carried out
Everyone gets the same care, regardless of where they live	Whole system approach to tackle some issues, such as asthma and air quality, to ensure that everyone gets a fair chance to live a healthier life.

These are just a few examples of how we are addressing residents' concerns and priorities and there is much more in our plan.

Our engagement principles

In order to support our engagement and make sure we are communicating and engaging with residents and communities in a meaningful way we have set standards for our engagement work which has been endorsed by NCL's Engagement Advisory Board. We will:

- identify, understand, listen to and respond to our stakeholders
- put residents and patients at the heart of our work – by making sure they are involved early and represented in discussions
- ensure equality impact assessments are robust
- ensure residents and communities have opportunities to influence our work
- engage with residents experiencing the greatest health inequalities
- build and protect local relationships with residents, communities and community groups
- be clear about why we are engaging with patients and the public
- listen and respond to feedback, being honest about what we can and can't do
- be clear about the impact that resident engagement has made

- involve voluntary, community and representative groups as partners and enablers
- work with our health and care partners rather than creating additional systems, processes and channels
- be open and transparent by providing accessible, clear, meaningful and timely communications

Engagement activity to date

3.1 Public engagement	
<ul style="list-style-type: none"> • NCL level – Inter-great ICS Simulation events, residents’ survey • Borough level – engagement with PPGs, voluntary and community groups (e.g. Bridge Renewal Trust) 	
<p>We have engagement with a wide range of community and voluntary groups including:</p> <ul style="list-style-type: none"> ○ General practice patients through PPGs ○ Long term condition patients ○ Carers ○ Refugee and migrant communities ○ Age UK – older people ○ Healthwatch; local people, refugee and migrant communities ○ Help on your Doorstep; communities in areas of high deprivation including young people and children 	<ul style="list-style-type: none"> ○ Body and Soul: local HIV charity (working with families and young people) ○ Youth Forum and young people’s health engagement group ○ Last Years of life service users and carers: Voice for Change ○ Local communities across the 9 protected characteristics ○ Learning disabilities service users ○ Deaf service users ○ Mental health service users ○ Young people
3.2 Staff and clinical engagement	
<p>We have engaged with:</p> <ul style="list-style-type: none"> • Local NHS and council senior management teams • CCG staff – clinicians, commissioners, administrative staff, GPs, Chief Executives and Chief Operating Officers, Medical directors, Primary care providers • NHS Trusts – clinicians, nurses, AHPs • Local authority management, council Leaders, and social care staff 	<p>Through these mechanisms:</p> <ul style="list-style-type: none"> • Meetings, events, staff briefings, • Management meetings, implementation and design groups, • NCL STP newsletter, weekly CCG bulletins, • intranet, primary care providers, • Communication and Engagements network meeting • Integrated Care Partnership and borough partnership groups • Lunch and learn sessions

3.3 Political engagement

We have engaged with:

- Councillors – Council Leaders, Joint Health Overview Scrutiny Committee, Health and Wellbeing Boards, Committee Members for Adult Social Care and Health
- MPs and local councillors

Through these mechanisms:

- Monthly meeting JHOSC chair and Strategy director
- JHOSC meetings (March, September)
- Briefings and meetings at borough level
- Engagement Advisory Board

Partnership with Healthwatch

- NCL level – survey took place across NCL with over one thousand people taking part – summary report and borough reports produced
- Borough level – focus groups were held in the following areas identified during gap analysis work – cancer screening, learning disabilities and autism, dementia, cardiovascular disease, high blood pressure, cholesterol and diabetes

Governance links

Engagement has been through the following governance structures:

- CCG Governing bodies (decision making)
- NCL Leadership Group and Advisory Board
- Health and Care Reference Group
- Committees/ workstream programme boards
- Joint Commissioning Committee, Health and Care Cabinets

This has happened at:

- Borough level
- NCL level
- programme level

Ensuring voices are heard

We have following actions and recommendations to manage risks and ensure stakeholders, staff and residents are listened to and their views and voices are reflected in our plans:

- **Our approach to engagement needs to be appropriate and inclusive**
Engagement is continuous and ongoing and our approach has been reviewed and approved by NCL's Engagement Advisory Board. We are committed to ongoing robust engagement at both borough and NCL level and will:
 - Have borough based engagement programmes to involve communities in these plans.
 - Have an online NCL wide engagement programme via websites for people to get involved – NCL's Residents' Health Panel being launched in November with around one thousand residents signed up

- Publish a public facing document which explains our plan *Healthier Lives in NCL*
- Develop a clear log of feedback received and how this has made an impact
- **One of our aims is that the NCL plan will be locally ‘owned’ and we are working to ensure that local communities can meaningfully input into the development of local plans. We want to be open and transparent about the process**

Draft plans have been published on our website -

<http://www.northlondonpartners.org.uk/draftresponseLTP> - and we will promote to invite our partners and residents to contribute to shaping our plan as we move to delivery

- **We need to respond to residents, staff and community groups involved in engagement**
- **Need to be clear about how their input has impacted our plans and future work and set out opportunities for future engagement and involvement in our work.**
- **We are working to design integration care systems, and need to ensure that residents are able to understand what changes mean for them. Some of the terminology is confusing and assumes a level of knowledge about health and care**

This is part of ongoing conversation that will continue well into 2020 as borough partnerships are formed and we can be clearer about how integrated care systems will look in NCL. We will ensure the plans for local engagement sits within a structured framework, enabling a range of channels to involve residents in planning; develop a deeper understanding of health needs, patient experience, and “what works”; and hear the resident voice at the right time and place to shape decisions.

Future engagement and next steps

We are using the insight we have gained from our engagement to feed into our delivery plan and help us identify what further ongoing engagement we need to do. This is very much part of an ongoing conversation, and engagement with residents and our communities will not stop when we publish the delivery plan.

We have built communication and engagement mechanisms into our workstreams, borough partnerships and into the creation of our integrated care system. We will continue to work with residents to co-design and co-produce health and care services around the needs of individuals living here. Next steps will include:

- Engagement at local level through all areas of delivery, including priority workstreams
- Online engagement through the new NCL Residents’ Health Panel and other partners’ channels
- NCL Engagement Advisory Board meetings
- Patients involvement through PPG forums and NHS FT patient engagement
- Specific engagement through formal public consultation and Equality Impact Assessments for transformation programmes
- Staff and clinical engagement through bulletins, briefings and engagement events
- Governance bodies engagement
- Development of our partners’ Comms and Engagement Network for sharing best practice
- A new Residents’ Reference group (to support population health, analytics and digital)

- Development of engagement approach for borough partnerships making use of mature embedded engagement processes of partners, particularly councils, that are a foundation to support borough based engagement.
- Borough based partnerships will give us opportunities to build on strong local relationships and work with communities experiencing health inequalities to agree outcomes that matter to them
- We will use different methods of engagement to shape services and will be clear where people can have influence on decision making and shape their own care; from involvement and consultation to co-design
- We are scoping a system approach to support and increasing volunteers involved in service delivery. We have high levels of volunteering, for example, including well developed peer support and befriending networks, which we would like to develop.
- Recruitment and retention of workforce from local communities: look at employment pathways into health and care for local residents.

How residents and staff can get involved:

- By joining our Residents' Health Panel:
<https://conversation.northlondonpartners.org.uk/> (in development)
- In developing local borough Integrated Care Partnership:
www.northlondonpartners.org.uk
- Review our more detailed plans on our website: www.northlondonpartners.org.uk
- Get updates on progress by signing up for our newsletter:
<https://mailchi.mp/d5a0aa77bde9/signupnewsletter>