

For a meeting of the

SOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

to be held on

TUESDAY, 18 APRIL 2017

At

7:00 pm

in the

**Council Chamber, Croydon Town Hall, Katherine Street, Croydon,
Surrey, CR0 1NX**

Paul Martin, Chief Executive

Committee Members: Councillor Carole Bonner (Chairman), Councillor Sunita Gordon (Vice-Chairman), Councillor Margaret Mead, Councillor Raju Pandya, Councillor Andrew Day, Councillor Brian Lewis-Lavender, Councillor Peter McCabe, Councillor Margaret Buter, Councillor David Porter, Councillor Pathumal Ali, Councillor Claire Clay and Councillor Mark Thomas

Committee Administrator: Nicholas Garland ☎ 020 8891 7201; Nicholas.Garland@richmond.gov.uk

- 1. DECLARATIONS OF INTEREST**
Members are requested to declare any interests orally at the start of the meeting and again immediately before consideration of the matter. Members are reminded to specify the agenda item number to which it refers and the nature of the interest.
- 2. APOLOGIES FOR ABSENCE**
To note any apologies for absence and substitutes for the meeting.
- 3. MINUTES**
To approve the minutes of the meeting held on 18 January 2017.

Please contact us if you require this agenda in Braille, large print, on audio tape or in a community language.

**Democratic Services, York House, Richmond Road, Twickenham, TW1 3AA
Tel: 020 8891 7191 Fax: 020 8891 7701 Minicom: 020 8831 6001
Email: democratic.services@richmond.gov.uk**

4. SOUTH WEST LONDON FIVE YEAR FORWARD PLAN: UPDATE

PLEASE NOTE:

1. The next meeting of the Sub-Committee is to be confirmed
2. Members are reminded that they are required to securely dispose of agenda packs that contain private information.
3. For those members of the public with hearing difficulties induction loops have been fitted in the Council Chamber, Terrace Room, Salon and Room 7. In addition, there is an infra-red system installed in the Terrace Room. Neck loops and stetholoops are available in the Reception Office.

York House
Twickenham
TW1 3AA

6 April 2017

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Nese keni veshtersi per te kuptuar kete botim, ju lutemi ejani ne recepcionin ne adresen e shenuar me poshte ku ne mund te organizojme perkthime nepermjet telefonit.

Albanian

এই প্রকাশনার অর্থ বুঝতে পারায় যদি আপনার কোন সমস্যা হয়, নিচে দেওয়া ঠিকানায় রিসেপশন-এ চলে আসুন যেখানে আমরা আপনাকে টেলিফোনে দোভাষীর সেবা প্রদানের ব্যবস্থা করতে পারবো।

Bengali

જો તમને આ પુસ્તિકાની વિગતો સમજવામાં મુશ્કેલી પડતી હોય તો, કૃપયા નીચે જણાવેલ સ્થળના રિસેપ્શન પર આવો, જ્યાં અમે ટેલિફોન પર ગુજરાતીમાં ઈન્ટરપ્રિટિંગ સેવાની ગોઠવણ કરી આપીશું.

Gujarati

اگر در فهمیدن این نشریه مشکل دارید، لطفاً به میز پذیرش در آدرس قید شده در زیر رجوع فرمایید تا سرویس ترجمه تلفنی برایتان فراهم آورده شود.

Farsi

إذا كانت لديك صعوبة في فهم هذا المنشور، فنرجو زيارة الإستقبال في العنوان المعطى أدناه حيث بإمكاننا أن نرتب لخدمة ترجمة شفوية هاتفية.

Arabic

اگر آپ کو اس اشاعت کو سمجھنے میں کوئی مشکل ہے تو، براہ کرم نیچے دیئے ہوئے ایڈریس کے استقبال پر جا کر ملیئے، جہاں ہم آپ کیلئے ٹیلیفون انٹریپرٹنگ سروس (ٹیلیفون پر ترجمانی کی سروس) کا انتظام کر سکتے ہیں۔

Urdu

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਸ ਪਰਚੇ ਨੂੰ ਸਮਝਣ ਵਿਚ ਮੁਸ਼ਕਲ ਪੇਸ਼ ਆਉਂਦੀ ਹੈ ਤਾਂ ਹੇਠਾਂ ਦਿੱਤੇ ਗਏ ਪਤੇ ਉੱਪਰ ਰਿਸੈਪਸ਼ਨ 'ਤੇ ਆਓ ਜਿੱਥੇ ਅਸੀਂ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲਬਾਤ ਕਰਨ ਲਈ ਇੰਟਰਪਿਟਰ ਦਾ ਪ੍ਰਬੰਧ ਕਰ ਸਕਦੇ ਹਾਂ।

Punjabi

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Polish

Civic Centre, 44 York Street, Twickenham, TW1 3BZ; 42 York Street, Twickenham, TW1 3BW; Centre House, 68 Sheen Lane, London SW14 8LP; Old Town Hall, Whittaker Avenue, Richmond, TW9 1TP; Or any library.

SOUTH WEST LONDON JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

Minutes of the meeting held on Wednesday, 18 January 2017.

PRESENT: Councillor Carole Bonner, Councillor Andrew Day, Councillor Brian Lewis-Lavender, Councillor Peter McCabe, Councillor David Porter, Councillor Sunita Gordon and Councillor Mark Thomas

The Committee considered reports and **RESOLVED:**

104. DECLARATIONS OF INTEREST

There were no declarations of interest on this occasion.

105. APOLOGIES FOR ABSENCE

Richmond – Councillor Buter gave apologies.

Sutton – Councillor Gordon gave apologies.

Wandsworth – Councillor Clay gave apologies.

Croydon – Councillor Mead gave apologies and was substituted by Councillor Bennett.

Kingston – Councillor Pandya gave apologies and was substituted by Councillor Cottington.

106. MINUTES

RESOLVED that the minutes of the joint meeting held on 11 October 2016 be approved and signed by the Chairman.

107. SOUTH WEST LONDON SUSTAINABILITY AND TRANSFORMATION PLAN UPDATE - PAPER TO FOLLOW

Present, on behalf of South West London Collaborative Commissioning (SWLCC), were Kathryn Magson – SRO for SWL STP and Chief Accountable Officer, Richmond CCG, Dr Naz Jivani – Chair Kingston Clinical Commissioning Group, Kath Cawley - STP Programme Director and Rory Hegarty - Director of Communications and Engagement.

Members were updated on how the Sustainability and Transformation Programme (STP) had progressed since the previous meeting. It was explained that as per national planning requirements a two year operating plan for 2017/18-2018/19 was submitted at the end of December. It was added that agreed 2-year contracts had been agreed based on activity projections reflecting the out of hospital shift.

Actions aimed at reducing emergency hospital activity were outlined. These included multi professional 'Locality teams' being developed at a locality level, helping patients die where they wish and improving care for elderly patients; implementing ambulatory care proposals and more intensive support in the community reducing the need for hospital admissions.

Members were informed that SWLCC's working hypothesis was that there should be four acute sites across South West London with St. George's Hospital as a fixed point.

Officers updated members on the communication and engagement strand of the STP and said that residents would shortly be able to comment on the methodology. There would also be health and care forums in each borough along with other methods of grassroots engagement. It was added that 1,600 local organisations would be contacted encouraging them to take part in the process.

Following the initial presentation, Members were invited to ask questions. Members expressed a view that an actual timetable of what was happening and when was needed in order for Members to help their residents engage with the STP process. In response, officer said that a roadmap detailing this was currently being prepared and finalised.

Members commented that whilst it was welcomed that CCGs and NHS were meeting with representatives from all the Councils within the south west London STP footprint, it was necessary for them to engage more with the scrutiny process which was something which Members said they had expressed at the previous SWL JHOSC meeting. Scrutiny Members were also of the view that they needed to be in receipt of more communications than they had received thus far in order to help their residents engage with the process. Officers from SWLCC said that they could share their weekly communication updates and would also update Members on a daily basis this was deemed useful.

In response to a question on the public engagement process, officers said that there would be a process of public engagement over the coming year including events that residents across the boroughs and feedback gleaned from the public engagement events would be collated. Members expressed concern that the communication and engagement events scheduled for January and February had begun progress without being publicised enough. Officers said that there would be a continuing process of grassroots engagement and there were opportunities for residents to attend local meetings. It was added that SWLCC was working with council leaders to find out how to engage with residents in each respective borough. A Member said that they had e-mailed to sign-up for an event in Kingston and hadn't received a reply. Officers said there would be an event with councillors to get feedback that would be replicated across all the boroughs.

In response to a question from the panel as to what would happen if there was a mismatch between the proposals and feedback from residents, officers said that the feedback would be taken back to the programme boards for consideration and would be used to help shape further stages of the STP.

Members expressed concern about a possible implication of having four acute sites across South West London with St. George's Hospital as a fixed point would be that accident and emergency services within the area would be overwhelmed. It was added that this was a major concern for many residents who may not be able to travel longer distances should any local provision be moved elsewhere within the STP footprint. In response, officers said that the STP was looking to address key areas that increase pressures on acute Trusts such as staffing shortages. Officers said that an important consideration was that there was one of the major issues was relating to staffing levels rather than the estate and that it would be better to have 4 acute sites with the requisite staffing levels. They added that another factor was that within Primary Care there are not enough GPs and the STP was looking holistically across all the elements of healthcare provision.

In response to a question from Members, officers said that the plans were a working hypothesis and no decisions had yet been made. The process of engagement would be a process of listening and thinking about the next steps. This would include looking at the number of acute sites and getting out of hospital provision correct. It was added that the locality teams would ensure that services were delivered around the patient. Members commented that residents would be anxious that services would be cut as part of the process.

Members commented that residents' views were already known through previous consultative processes such as Better Services Better Value (BSBV) and what they wanted was accessible and local services. Officers said that the STP was looking at how to improve services and make them more sustainable including keeping patients out of hospitals. Officers reiterated that no decisions had been taken and no options had been discounted. Members said that cuts in social care, the closure of pharmacy provision and increasing pressure on GPs would have a detrimental impact on patients. Officers said that pharmacies would be tapped as a further resource and there was recognition of the role of social care and work was on-going with local authorities to ensure there was sufficient investment in health and social care.

Members questioned the consultation period which in their view was not adequate. Officers said that the consultation and engagement would be taking place over the space of a year with events held in each borough. It was added that engagement needed to be completed prior to the London Council elections in 2018.

Members asked what steps officers were taking in view of learning lessons from other authorities. Officers confirmed that they were looking into best practice from other STPs and also to learn lessons where aspects haven't been as successful as they might.

Officers said there would be 24 locality teams across south-west London which would care for defined populations of around 50,000 people. In response to a question regarding care for the most vulnerable 1 or 2 percent of these populations, officers said that the assumption of the STP would be to shorten the time spent in hospital, reduce emergency admissions and patients can receive more intensive support in the community. It was added that another aspect of service transformation would be to improve IT interoperability for GPs and subsequently roll out

across localities to help services work together as a system.

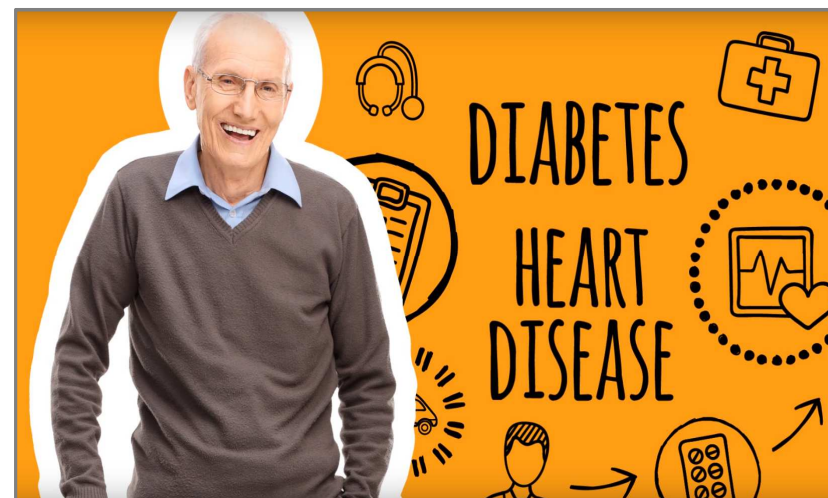
Members questioned whether there had been a response to the draft STP submitted to NHS England as part of the assurance process. In response, officer said that there hadn't been a formal response as yet. Members said that any response from the assurance process should be shared with JHOSC Members as soon as possible. It was added that the process had to fit in with the political cycle as there are no elections in 2017. It was also added there would be a 3 month consultation in autumn 2017.

In response to a question regarding a bed audit, officers agreed to share the information with Members. Members asked when there would be further information in the public domain in order for the JHOSC to meet again. Officers said it was dependent upon feedback but suggested that around the end of March 2017 would most probably be a useful juncture to hold a further meeting.

It was **RESOLVED** that JHOSC meets again later in the spring to further scrutinise the development of the south west London STP.

CHAIRMAN

The meeting, which started at 7.02pm, ended at 8.47pm.



SWL Five Year Forward Plan: Update South West London JHOSC 18 April 2017

Start well, live well, age well

Public engagement update

- **Grassroots engagement:** 88 events during 2016/17, covering all protected groups more than once – details and evaluation attached. Propose to run this programme for a further year. Local Healthwatch organisations manage funding for local activities; NHS attends and talks to individuals/groups about local health services
- **‘Talking Healthcare’ programme. Phase 1:** public forums have taken place in Sutton, Croydon, Kingston, Richmond and Wandsworth. Merton forum is on 25/4. Full independent report will follow last event; very initial headline feedback is attached. **Phase 2:** letter to over 1,000 organisations went out on first week of April, updating them on programme, requesting any further feedback and offering to attend local meetings. **Phase 3:** Evaluation of events and potentially further round of events
- **‘You Said We Did’:** we will produce regular reports on feedback from engagement and our response to it. Continuous engagement approach.

National context: Next Steps on the NHS 5YFV

On 31 March, NHS England published '**Next Steps on the NHS Five Year Forward View**'. Sets out what has been achieved and key changes which will take place across the NHS nationally :

- Improved **cancer care** aimed at saving an extra 5,000 lives a year through new one-stop testing centres, screening programmes and state of the art radiotherapy machines.
- Boosting **mental health** services by increasing beds for children and young people to cut out of area care, more beds for new mothers and more mental health professionals in the community and hospitals to prevent crisis admissions.
- Better access to **GP services** with everyone benefiting from extended opening in the evenings and weekends, newly designated 'Urgent Treatment Centres' and an enhanced 111 service to ease pressure on A&Es.
- Better care for **older people** by bringing together services provided by GPs, hospitals, therapists, nurses and care staff, cutting emergency admissions and time spent in hospitals.
- **Driving efficiency and tackling waste** to make money invested in the NHS go further, including the latest treatments and technology.

South West London context: Cancer

SVFV says: Improved **cancer care** aimed at saving an extra 5,000 lives a year through new one-stop testing centres, screening programmes and state of the art radiotherapy machines.

SWL context:

- SW London has **continued to achieve 62 day cancer waiting time** standard over the last 12 months.
- We are committed to ensuring people with suspected cancer are **diagnosed and treated more quickly**, with improved access to diagnostic tests. We have already had pilots on the new **28 day faster diagnosis standard** and plans in place for improving **access to diagnostics** for key tumour types.
- We have clear priorities for **improving care for people living with and beyond cancer**, including holistic cancer care reviews and more structured support for people within primary care living with cancer as a long term condition.
- We are working across SW London and NW London in place through Royal Marsden Partners Cancer Vanguard in order to drive more **population-based planning of cancer services and reduce variation across West London.**

South West London context: Maternity

SVFV says: 44 Local Maternity Systems will be in place from April 2017, leading and delivering transformation of maternity services by implementing Better Births for their STP, including:

- **Providing more personalised, safer maternity services** with women having access to unbiased evidence-based information.
- Working to achieve the **national maternity ambition to reduce the 2010 rate of stillbirths, neonatal deaths, maternal deaths and brain injuries** in babies that occur during or soon 62 after birth by 20 per cent by 2020, demonstrating progress towards the national ambition to reduce rates by 50 per cent by 2030.

SWL context:

- **SW London Local Maternity System** established, building on the existing SW London Maternity Network. It includes representation from CCGs, Trusts, Local Authorities, patient representatives
- **SW London Pioneer for Maternity Choice and Personalisation** – one of 7 national programmes piloting ways to improve choice and personalisation for women, including improved access to unbiased information about the current services available and personalised care planning along the pathway.
- **We are committed to improving continuity of carer** for women, and have prioritised this for 2017/18.
- Trusts will share plans and areas of best practice, including learning from incidents, to address neonatal deaths, still births and maternal deaths. This will form part of the **SW London Maternity Delivery Plan** by October 2017.

South West London context: Primary care

5VFV says:

- **General practice is the bedrock of NHS care.** General practice provides over 300 million patient consultations each year, compared to 23 million A&E visits. So if general practice fails, the NHS fails.
- **Improving access** to primary care services is a top priority for patients. Other areas of focus for 17/18 and 18/19 are:
 - Boosting **GP numbers**
 - **Expanding multi-disciplinary teams** e.g. clinical pharmacists, mental health therapists, physician associates and general practice nursing
 - Modernising primary care **premises**

SWL context:

- **By Q3 17/18, 8-8 access to routine primary care, 7 days a week, will be available across SWL.**
- We are working to **pilot clinical pharmacists in practices in SWL**; some pilots are already underway and through bids to the national clinical pharmacy scheme, more will come online in 17/18.
- **Locality Teams** are a key priority in the SWL STP; these are multidisciplinary teams working at scale to proactively manage the care of those with complex health and care needs. Primary care is the foundation of these locality teams (see slide 8 for more detail)
- **Primary Care Estates programme** underway; approximately 40 projects funded through Improvement Grants and ETTF currently in progress to improve primary care estate across SWL

Integrated care: 5YFV

5yFV says:

“The traditional divide between primary care, community services, and hospitals - largely unaltered since the birth of the NHS - is increasingly a barrier to the personalised and coordinated health services patients need.

Long term conditions are now a central task of the NHS; caring for these needs requires a partnership with patients over the long term rather than providing single, unconnected ‘episodes’ of care.

Increasingly we need to manage systems – networks of care – not just organisations. Out-of-hospital care needs to become a much larger part of what the NHS does. And services need to be integrated around the patient.”

SWL context: Integrated care

- In SWL, Locality Teams are our main mechanism for driving integrated, multi-disciplinary working.
- Locality teams will be multi-disciplinary teams focussed on the health of a local population of at least 50,000 people. These teams will work collaboratively with GPs and other primary care providers to support people to live healthy lives, care for themselves and maintain their independence as long as possible by providing proactive, high quality coordinated community based personalized health and care services.
- The teams will build on existing community based health and social care infrastructure to establish integrated ways of working which will bring together; social care, mental health, community health, secondary care, primary care, voluntary sector and home care.
- The teams will have a particular focus on support for adults with complex health and social care needs with the aim of proactively managing and supporting this cohort to ensure they are able to maintain their independence in their own homes.
- Each sub-region (Croydon, Sutton, Kingdon/Richmond, Merton/Wandsworth) has produced a draft business case for how they are going to transform out of hospital services, which includes the implementation of locality teams.
- **All sub-regions will implement locality team working during 2017/18**

Developing the new model of care for SWL



- Having listened to feedback, we are ensuring that we develop the future health and care model for SWL, based on each Local Transformation Board (LTB) determining local need, rather than a 'top down' plan for acute services.
- The four LTBs – Croydon, Sutton, Kingston/Richmond and Merton/Wandsworth – are being tasked with developing their local health and care model, while we will consider services that cut across the four sub-regions and may need to be consolidated.
- We will continue to need all the hospitals we currently have. We don't think every hospital has to provide every service. So our future focus will be on developing and modelling plans for each of the four sub-regions at local level – what services can be provided in the community, what each hospital can provide. Aim is to build a model of care for the SWL region which is built from the bottom up, not a top down solution at SWL level.

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‘Talking healthcare’: summary of activity to date – 5th April 2017

People in Croydon, Kingston, Merton, Richmond, Sutton and Wandsworth are being asked for their input as the local NHS continues to plan for the future of healthcare in south west London.

All parts of the local NHS – hospital consultants, doctors, nurses, therapists, hospitals, mental health trusts, pharmacists and commissioners - have worked together and with local authority colleagues and members of the public on a draft Five Year Forward Plan to improve local health services and make them sustainable for the long term.

During 2017, the NHS aims to build on many years of dialogue with local people in a new and wide-ranging ‘conversation’ across south west London, which is being called ‘**Talking Healthcare**’. The programme is in three phases.

Phase 1 has seen Health and Care Forums taking place in five boroughs, with one more event to follow (Merton on 25th April).

The events are independently facilitated by OPM and have been led by the local CCG and Trust, supported by the local authority in two boroughs (Richmond and Kingston).

Events were widely promoted through NHS networks, with the help of local authorities where possible. Adverts were placed in the local press, local groups were invited to attend, targeted Facebook advertising and tweets were used to promote attendance.

Attendances to date

Event	Date	Number of participants
Sutton	1 st February	30
Croydon	7 th February	33
Kingston	8 th February	35
Richmond	2 nd March	55
Wandsworth	14 th March	44

Feedback is being collated into a single report from the six events by OPM. They have shared with us the 'headline' questions raised in the five events to date and this is attached as an appendix. It should be noted that this is initial headline feedback and that a full report will be prepared after the final forum.

Phase 2 is now underway (April onwards). Over the next two months, we will be encouraging people to have their say in a variety of ways – at local meetings, via social media or by responding directly in writing to the ideas being put forward. The NHS will also be carrying out an online survey to gather people's views on what matters to them about their NHS. We have written to over 1,000 local organisations, updating them on the STP, asking for any further feedback or queries and offering to attend local meetings. We will be increasing our activity on social media to support this.

During phase 2, we will publish **OPM's independent report** of the six events.

Phase 3 will involve an evaluation of the work to date, including the Health and Care Forums, which we hope to run again in future.

How to get involved in 'Talking Healthcare'

- Go along to a Health and Care Forum in your area – dates listed below and available at www.
- Follow @SWLNHS on Twitter, using the hashtag #talkinghealthcare
- Invite NHS spokespeople to your meetings to talk about the Five Year Forward Plan
- Write to South West London NHS, 120 The Broadway, Wimbledon SW19 1RH.

Grassroots engagement programme

'Talking Healthcare' is one strand of our engagement. We are running a separate grassroots engagement programme, working with local Healthwatch organisations. During 2017/18, we spoke to 88 grassroots community organisations, so we could discuss the issues with people the NHS does not always succeed in talking to about its services. This included people with physical and learning, disabilities, children and young people, older people, black and minority ethnic communities, mental health service users, LGBTQ communities, faith groups, homeless people, carers, Gypsy, Roma Travellers, asylum seekers and several others. Conversations have taken place both individually and in groups.

We propose to run this grassroots engagement programme again in 2017/18.

NHS SW London Talking Healthcare Events



Introduction

OPM Group has delivered five out of the six planned 'Talking Healthcare' engagement events, with the final event in Merton due to be held on 25 April 2017.

During each event, in addition to topic-focused table discussions there were two rounds of plenary Q&A. This document summarises the questions participants asked during these plenary sessions.

Please note, this document is not a summary of the overall findings. A full report summarising all the discussions will follow once the final event has been completed.

Event	Date	Number of participants
Sutton	1 st February	30
Croydon	7 th February	33
Kingston	8 th February	35
Richmond	2 nd March	55
Wandsworth	14 th March	44
Merton	25 th April	-

Summary of participants' questions

Clarification questions

- What is a care navigator?
- Locality teams – who is on them, how many, where are they based?
- How have concerns around access to medical records been factored into plans?

Principles of the STP

- How can we do better with less money? How convinced are you that these changes are going to work?
- I'm not the millions of people out on streets and it strikes me there's a profound dishonesty: you're saying it's making things better but avoiding issues of why we're not raising income tax to pay for the NHS and the medical recruitment crisis.

- You're moving services from acute sites to communities as a principle of the plan – but, there isn't a shred of evidence of where it's improved outcomes. Who will be held responsible for 1000s of people's lives who will be put at risk?

Requesting more detail

- Having read the summary, I think it's at a high aspirational level. Is the detail already worked out? And how will it all be co-ordinated?
- What's the 'Plan B'? If the evidence base in this plan turns out not to be valid and it isn't cheaper and it's better to have people in hospital, what is the fall-back position? This plan looks like a lot of high level aspirations.
- In the STP proposal – there's a possibility that one of the sites for acute services will close – do you know which one it is? When does it start? How will the impact be mitigated against? how will you assure the population that they will have a safe and secure acute service?
- Are there any planned changes to admin practices and reducing cost of admin?
- Intermediate care – when you are medically well enough to not be in hospital, but you can't care for yourself and go home – this seems to be missing in your document. Are local authorities involved and can you give time table to when more flesh can be put on the plan?
- It looks like the NHS is trying to shift care resources towards communities. How can you be sure that funds released from cuts will go back into care in the community? How will you be sure commissioners will have the skills they need to commission this different type of more complicated community based services?

Funding / finances

- Where will the money come from?
- Why weren't finance issues regarding the buildings not picked up earlier (when they were highlighted in CQC reports etc.)?
- You have a charitable trust at St. George's – is there an attempt to go into the private sector to raise money?
- We're all aware of the financial pressures, it costs money to make systemic changes – how will these be paid for? The NHS doesn't have a good reputation for making system-wide changes, who/which body is delivering the STP?
- Is NHS asking for extra money for care packages for people coming out of hospital, better IT systems to cope with the change or money to finance the changes?
- How much money is spent on contracting services to private or for-profit orgs and how much will be in the future?

- Concern that full draft of STP doesn't have figures or they don't add up. Where's the funding go to come from, where's the staff going to come from. STP needs to be a careful calculation – has the maths been done and when can we see the detail?

Resourcing and skills

- What consideration has been given to workforce / resourcing? Especially with GPs retiring and often not being available? How are you thinking to manage better access to GPs with the issues that you've raised around resourcing?
- The STP aspirations are not really disputable, but one of the areas we've been discussing is the skills mix i.e. who does what. Is that being looked outside of hospitals and is there an issue around staff doing extra things?
- Ensuring that there are adequate levels of staff: will community care teams, etc. have enough staff to provide quality care? Are there plans to reshuffle staff or lose staff? Or recruit new staff?
- How are you going to educate all staff about mental health – being able to deal with it and see the signs of it to refer people on?
- What is the CCG going to do to attract and retain people from the clinical professions, especially in the light of upcoming changes such as Brexit?

Implementation

- We've heard a lot about locality groups, changes within GP practices and so on, but I'm still very confused about the order of priority. Who decides what? There's confusion about the linkages and relationships.
- How will integration of mental services be achieved when experiences haven't borne this out?
- The changes will require a big change in culture, (this is also true of outcomes based commissioning) how are you upskilling your staff in different ways of working? We need a culture change to do things *with* the patient not *to* them.
- There's a constant bed blocking situation and we need to look outside the box. Now there are problems with cut backs in care homes. Some hospitals now providing their own care homes as it is cheaper to build block of flats with carers rather than pay for the overheads of specialists in a hospital. Let's do something different. Can a hospital pay for care home? The cost compared to being in a hospital bed would be lower. This would be a revenue not capital expense so I'm not sure the NHS allows it, but then you could do it as a capital project?
- Staying for the right length of time for planned admissions – this means discharges need to be planned before you go in.

- You are wanting to move things into the community, but I've been to meetings like this that focus on better health and better value and nothing has actually happened or come of the meetings and plans. Why didn't you do it then? And why will it be different this time?
- Why don't you wrap your services (social care, primary care) around the A&E more effectively, rather than this being the third attempt to try to change human behaviour (to try to encourage people to not go to A&E)?

Current situation / context

- What is the CCG doing at present for prevention and intervention for people with Mental Health? I understood IAPT budget has been cut and cut again.
- I seem to hear about a lot of surgeries closing all around the area and real difficulty in getting appointments and this doesn't seem to be helping the situation when we are supposed to be helping people getting out of A&E. How are you going to sort that one out?
- Hubs: this seems to result in smaller practices closing down – what are you going to do about that?
- Patients and carers have to visit medical centres frequently – and there are concerns about a lack of fit-for-purpose services - too much going on in a small space (e.g. not enough space for patients waiting, consultants, X-ray room, nurses etc.) It's all very well to say we want these hubs but they aren't ready, they aren't fit for purpose. Do the community hubs actually have the capacity?
- Wilson Hospital and the lease being up – there is also a mental health services provider there – are they going to carry that on or is that closing as well? And why are we seeing the Wilson walk-in closed?
- Where have locality teams be delivered successfully in the UK so far? Any examples?

Community involvement

- I was wondering what can be done to help people in the community, relating to prevention? What activities are planned relating to prevention?
- The key thing is access to alternative forms of service. You didn't mention local neighbourhood groups e.g. U3A (University of the Third Age) who have large email lists to educate people e.g. about where drop-in centres are.

Communications

- What is the plan to improve communications between agencies and between agencies and the public?

- A lack of communication about existing services seems to be an issue. Sutton has really awesome service about mental health, but no one who has come to this table has known about it. Maybe before we start talking about anything else, we need to talk about paying for marketing (dissemination of information to residents about what services already exist).
- Why don't you have pharmacist at the CCG table giving input?

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South west London & Surrey Downs grassroots engagement programme Evaluation report

April 2016 – March 2017



Drafted: April 2017

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1. Executive summary

NHS England provided a grant of £99,000 to the south west London collaborative commissioning in March 2016, to run a programme of engagement, extending reach into seldom heard communities. The project was funded in response to a report from the London Health Commission which identified a number of challenges for the NHS engaging the public on service change – notably around people feeling distant from services and not having opportunities to influence local change.

To address these challenges, we developed a project that would enable us to have meaningful and sustainable conversations with local communities. By working with Healthwatch organisations, we provided small grants to local grassroots groups to run events/activities enjoyable to their population. We attended these sessions to speak to people about their experiences of local services.

This report reflects on the success of the engagement approach. It provides background information, details of the process and some lessons learned which can be taken into consideration if a similar model was used again in the future. A further report will be produced that examines how the feedback has been taken on board at a programme level – and the impact it has had on our plans and thinking.

Between April 2016 and March 2017 we used £72,000 of the funding to run **88 sessions**, reaching over **5000 people** and having in-depth conversations with over **1600 individuals**. By providing a pot of money to local Healthwatch organisations we were not only able to capitalise on the extensive community connections that they had developed with local grassroots organisations, but we were also able to strengthen our own relationship with them as key stakeholders in health and care.

Feedback from each session was captured and shared with the local commissioners and providers, the organisers of the events and with the relevant Healthwatch organisation – to enable it to inform local developments. It was also logged centrally by our team and fed into each work stream through the assistant directors. This two pronged approach meant that the feedback was able to enhance local intelligence as well as informing and shaping plans on a pan south west London and Surrey Downs basis. A ‘You Said, We Did’ report is currently being drafted to demonstrate what has been done as a result of the feedback.

The programme sought to engage with communities whom, traditionally, the NHS struggles to hear from. Organisations who work with individuals representing the following groups (with protected characteristics) were eligible to apply for grassroots funding:

- Children and young people and their families
- People with learning disabilities
- People with mental health conditions
- Older people
- People for whom English is not a first language
- People with physical disabilities/ long term conditions.
- LGBT communities
- People from different races and of different religions
- Carers
- Socio-economically deprived communities

And locally determined 'harder to reach' communities.

There was some key learning from the process and if the funding were continued the following changes would be implemented:

Process and administration – Making a consistent application pack across the boroughs with two waves of application.

Engagement mechanisms – The programme would have to be the main source of funding and ensure our presence is integral to the session and people are clear about our aims

Updating questions more frequently – Need to continually check that our questions align with the latest thinking on the STP.

Reach – Targeted approach to groups that have been underrepresented within our previous year's feedback.

2. Introduction and background

The NHS in south west London ran an extensive and pioneering programme of grassroots engagement, talking to groups the NHS does not usually reach about the issues facing local health services and their views on emerging proposals. The programme was funded by a grant from NHS England and run in partnership with 7 local Healthwatch organisations (Croydon, Kingston, Merton, Richmond, Sutton Wandsworth and Surrey).

The project was funded in response to a report from the London Health Commission which identified a number of challenges for the NHS engaging the public on service change:

- The NHS belongs to everyone but people don't feel involved in it
- The system feels remote from those who use it
- Important decisions are made in a 'black box' without taking into account local views
- Services have historically been designed by providers not service users or front line staff
- There are too few opportunities for citizens to shape NHS strategy

To address these challenges, we developed a project that would enable us to have meaningful and sustainable conversations with local communities. By working with Healthwatch organisations, we provided small grants to local grassroots groups to run events/activities enjoyable to their population. We attended these sessions to speak to people about their experiences of local services.

The grassroots work aimed to address these challenges by developing an approach that:

- Was based on community development – to build and deploy community resources through working in partnership with the local voluntary sector
- Focused on reaching diverse and seldom heard groups
- Aimed to create meaningful discussions with range of people (broad and deep)
- Developed sustainable, continuous engagement, including building relationships with local groups and health champions
- Narrowed the gap between patients and the public and healthcare services.

The unique element of this project was the benefit that each stakeholder gained from the project. Local Healthwatch organisations were able to strengthen their relationships, build their evidence base and raise awareness of their work. Local grassroots organisations were able to run an activity that was enjoyable to their local community - many of which helped to

build community cohesion and reduce social isolation. And we were able to have meaningful conversations with local people about their experiences of health services – in an environment that was comfortable to that population. By capturing the contact details of people who attended the events and the people who organised them, we were also able to maintain an on-going dialogue by keeping in touch with them about opportunities to get involved.

Key elements of the work:

- The funds were used for a range of activities, run and hosted by local groups that their local people would find positive and enjoyable. Examples of such events include: a silent disco for children with autism, afternoon tea for individuals experiencing mental health problems, fun day for children and young people.
- During the events/activities we were able to discuss local health issues and to listen to the views of those participating in a way that suited that population
- All feedback from events was recorded and fed into the development of the strategy – helping to ensure patient voices are at the heart of service change. It was also shared with local organisations to influence local services and plans.

3. Methodology

3.1 Participants

Through this project, we aimed to develop meaningful conversations with seldom heard communities. Whilst we recognised that these communities would differ across boroughs, however, in general we focused on those people from groups with protected characteristics, as defined by the Equality Act (2010). We also enabled local Healthwatch organisations to suggest other local communities that were harder to reach in each borough.

3.2 Process

To successfully deliver this programme, we worked collaboratively with local Healthwatch organisations and grassroots groups.

Each Healthwatch organisation was invited to manage a pot of funding (£10, 000) that local grassroots groups could apply for to run events/activities enjoyable to their population. Up to £3,300 of the funding could be used to cover their administration costs. Local grassroots organisations could apply for the remaining £6,700 to run activities or events that were suitable and enjoyable for their local population with each activity or event costing between £350 - £750.

Each Healthwatch was able to set their own application guidelines with a request that groups applying for the funding should be from seldom heard groups and there would be an opportunity at each event for NHS staff to attend and speak with individuals.

Healthwatch organisations used their connections and communication channels to promote this opportunity to local groups, particularly those groups with protected characteristics/seldom heard voices. They advertised the opportunity through their websites and via social media. Some Healthwatches used a more targeted approach by making direct contact with those organisations that they thought would benefit from the funding. Each organisation was able to apply for the funding and Healthwatch would check the application and then let the organisation know if they were successful in receiving the funding.

Once this process was completed, the information was passed onto the programme team for contact to be made with the local organisation; congratulating them on being successful in the application process. Arrangements were then made for attendance at the event, including discussions around what the most appropriate way to speak to people on the day.

3.3 Engagement approach

At each session, the programme team, local CCG and Healthwatch were invited to attend. Where sessions had a specific focus towards a work stream, the assistant directors, or other work stream people, were also invited to attend or send questions that would be relevant for the engagement team to ask – this helped to ensure that the conversations were relevant to local priorities within each area of the STP.

The programme and local CCG attended each session and spoke to attendees about their experience of local services. During the events, the engagement team had a dedicated slot/opportunity to discuss local health issues and to listen to the views of those participating. This was through a variety of mechanisms such as 1:1 conversations, focus groups or group discussions.

The sample sessions below demonstrate the breadth in reach and provide some examples of the types of activities and engagement approaches used. For a full breakdown of sessions by borough, please see appendix 1

Mencap Kingston held a pampering day for people with learning disabilities. At the session we ran a café where people were able to speak to us about their experiences of local

services. We used a number of tools to support this including a dice throwing game with visual cues that prompted people to think about their experiences of local services.

Vineyard community centre, Richmond, held a BBQ for people who used their homeless drop in service and food bank. Over 120 people attended. We spoke to people in small groups and on a one-to-one basis whilst they enjoyed the food.

Kingston Carers Network held an evening of music and dance for local carers. We joined people at their tables and had small group discussions.

The Clockhouse Estate held a community fun day for people who were affected by social and economic deprivation. We had a stall at the event and spoke to people on a one-to-one basis.

Kew Community Trust held a Ukulele concert for older people who were socially isolated. We ran a small focus group with attendees.

The African Caribbean Heritage Association in Sutton ran a health workshop with people affected with long term conditions. We spoke to people in small groups and on a one-to-one basis. They also received information from the local 'Live Well' and public health team.

Goldcrest Community Centre in Croydon ran a roller disco for children between the ages of 11-16. We set up a comments graffiti wall, where bricks were used to ask questions about local services and children were encouraged to write/draw their responses on the wall.

3.4 Data gathering and analysis

The questions asked at each session were tailored to the audience. For general members of the public, discussions were kept quite broad focussing on the case for change. If we attended a session with a particular community that aligned to key areas of the STP – the questions were tailored accordingly. For example, at a session for people with anxiety and depression, we focussed on questions relating to our mental health priorities. At sessions with the homeless community questions honed in on urgent care, primary care and mental health.

At each session notes were taken in real time. A report was drafted per event which themed the feedback under key work stream headings. Under each work stream heading, additional

themes were pulled out if discussions revolved around a particular topic – for example ‘access to GPs’ under primary care. Or ‘crisis support’ under mental health.

Each event report was shared with the local grassroots groups and checked for accuracy/additional input. It was then shared with the local CCG, relevant providers and the local Healthwatch organisation. This enabled the data gathered at the event to feed into the local intelligence of each borough.

In addition to sharing the feedback with local colleagues, we also recorded the feedback in a central log that was categorised by work stream area. This enabled us to draw out themes per work stream – areas that were of particular concern for local people.

The feedback has been collated and themed into work stream reports which have been shared with the leads of each STP area. We are in the process of taking them to each work stream group to get a response as to how the feedback has been taken on board, and what impact it has had on our plans and thinking. In the future, we recognise that this needs to be done on a more regular basis in order for it to influence developments in a timelier manner. We are in the process of writing a ‘you said, we did’ report which will detail what has been done as a result of the feedback received from this programme. We hope that this will be ready to publish at the end of April 2017.

Mid-way through the project we undertook a gap analysis of reach – both in terms of protected groups and work stream areas discussed. This identified that we needed to take a more targeted approach towards reaching carers, maternity services users, cancer service users and LGBT communities. Healthwatches were very supportive in reaching out to those groups in the second half of the project.

4. Profile of reach

This project was in response to a report by London Health Commission which identified a number of challenges for the NHS engaging the public on service change:

- The NHS belongs to everyone but people don't feel involved in it
- The system feels remote from those who use it
- Important decisions are made in a 'black box' without taking into account local views
- Services have historically been designed by providers not service users or front line staff
- There are too few opportunities for citizens to shape NHS strategy

The grassroots engagement programme gave an opportunity to develop meaningful conversations with people who might not normally have the opportunity to feed into the development of local services. It enabled us, as a programme, to have transparent conversations about some of the challenges facing local health services and to discuss some of our ideas about how they could be improved. We were able to test early thinking as well as ask broad questions to local people about their experiences.

4.1 Number of events

Each Healthwatch was given a guideline to hold between 7-12 events for the year 2016/17. In total, we ran 88 sessions which went above our original target of between 49 – 84. The table below details how many events there were in each borough, how many people attended each event, and of those people, how many we had in-depth conversations with.

4.2 Number of individuals reached

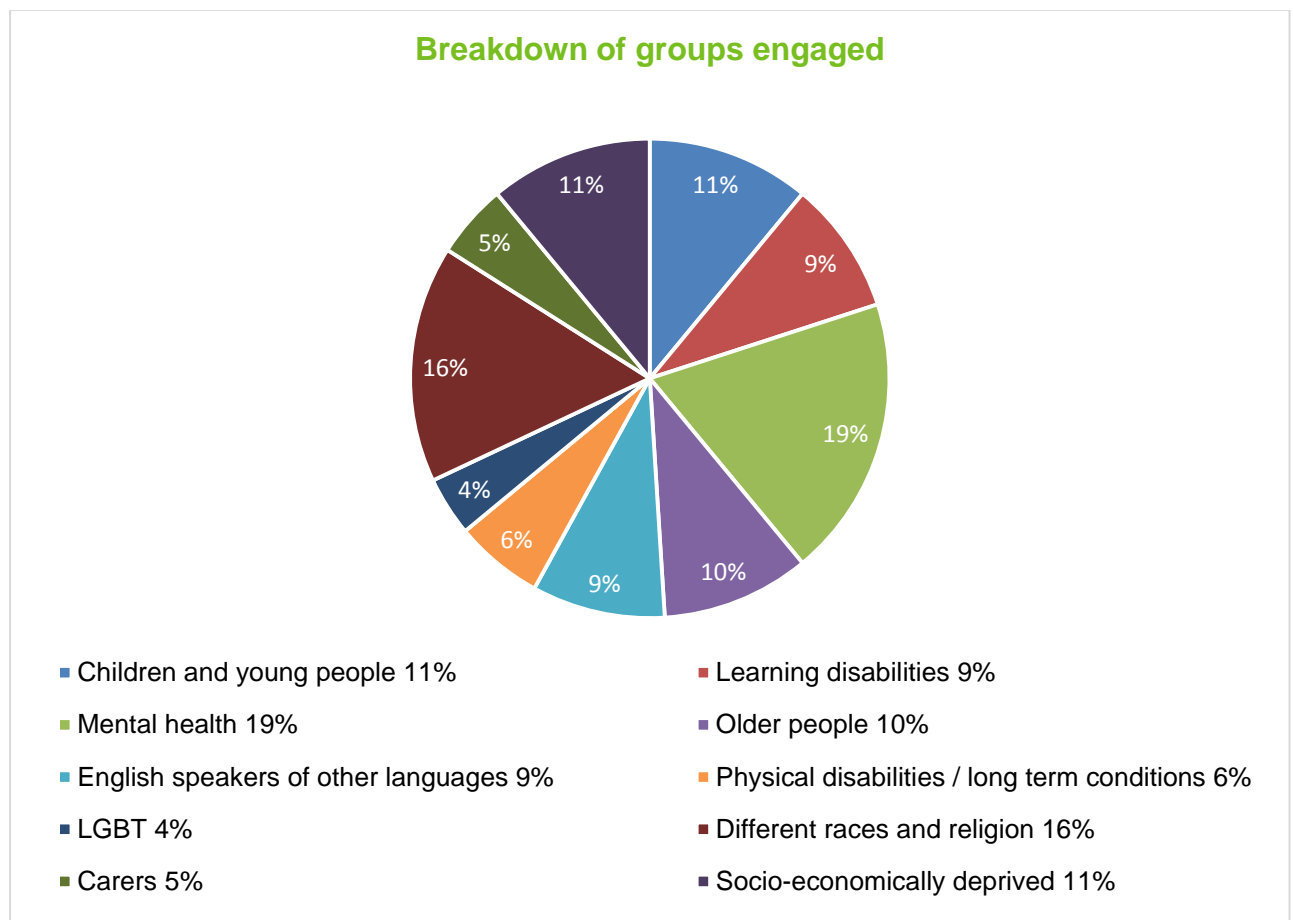
Borough	Events Held	No. people attended	No. of people spoken to
Croydon	11 events	464	222
Kingston	15 events	580	302
Merton	10 events	1822	250
Richmond	18 events	853	344
Sutton	13 events	662	284
Wandsworth	10 events	432	160
Surrey Downs	11 events	250	111
TOTAL:	88 events	5063	1678

4.3 Breakdown of groups

The grassroots engagement programme sought to engage with individuals from traditionally seldom heard communities. Priority funding was given to the following community groups:

- Children and young people and their families
- People with learning disabilities
- People with mental health conditions
- Older people
- People for whom English is not a first language
- People with physical disabilities/LTCs
- LGBT communities
- People from different races and of different religions
- Carers
- Socio-economically deprived communities

The programme spoke to a large number of individuals from each priority group; as represented in the graph below:



Please see appendix 2 for a full break down of groups reach across work streams

5. Impact

This programme of work had a positive impact on our programme, local health services, local Healthwatch organisations and local grassroots groups and the individuals that attended each session. These impacts are summarised below.

5.1 Impact on the work of our programme – across south west London and Surrey Downs

A key purpose of this piece of work was to enable local people to be able to influence service planning, development and delivery. We had to ensure that there were robust mechanisms in place for recording the data at each session, analysing it and feeding it into our work streams.

At each event, colleagues captured what was said by local people. This was taken back to the office and written up into a themed report within a week of the session. The report was then shared with the local CCG, provider, Healthwatch organisation as well as the group and people who attended the session.

The outputs from each session were logged in an overarching spread sheet - categorised by work stream. These work streams include: urgent and emergency care; planned care; maternity services; children and young people's services; learning disabilities; primary care; mental health; out of hospital; work force; information and technology.

Feedback under each of these work streams was themed under key headings and fed into the relevant working group via the assistant directors, for consideration. Not all work streams have had the opportunity to consider the feedback in full; however, early indicators from the Mental Health Network (MHN) suggest that their forward plan of activities has been influenced by what they heard. Examples below:

- Crisis support. The MHN recognised that more still needs to be done to support people in crisis as too many are going to A&E. Outputs and intelligence from the grassroots work fed into the bids that were submitted around improving psychiatric liaison services.
- Further work will be done to pick up transition between levels of care e.g. role of the VCS/peer support in supporting people to step down from care following a crisis
- Issues around equality and diversity will be strengthened in their work plans

A full 'You Said, We Did' report will be produced in April 2017 – which provides a detailed breakdown of how the feedback has influenced our work and plans.

A second objective for this piece of working was strengthening our relationships with local groups and individuals. As a result of attending the 88 sessions, we now have a database of local groups and organisations that we can work with in the futures when we need to have more in-depth conversations about different elements of the STP.

5.2 Impact on local health services in south west London and Surrey Downs

Feedback from each session was also shared with Clinical Commissioning Group as well as local providers. Colleagues have fed back that they found the sessions enormously useful in boosting their community intelligence. Many don't have the resource to conduct this work themselves and this has enabled them to benefit from the information gathered at the sessions. In the next couple of months we will be running a learning session with local colleagues to reflect on the strengths and weaknesses of the approach and look at the opportunities for running a similar programme next year.

Although we don't have a full picture of what local change this has led to, a couple of examples are sited below:

Feedback from an event with the Tamil community in Croydon indicated that, as a community, they were far more likely to visit A&E with minor concerns than seeking care elsewhere. Following the grassroots feedback, Croydon CCG has met with the local Tamil women's group to talk through the most appropriate services to meet their needs. Most of the women have young children so they have been able to share messages about the redesigned urgent care services and 111. This contact has brought up a number of additional issues, especially around translation services, which is an area that the CCG are currently looking at. As a result of the grassroots work, the CCG has been able to support some vulnerable families to both access the right services at the right time and feed into proposed service improvement in translation services.

Following a session with refugee and asylum seekers the CCG have also met with Lingua House recently, another service that the grassroots programme introduced them to, to support young refugees and asylum seekers to engage in the prescribing engagement which help the CCG to ensure that they could incorporate seldom heard voices into the process.

5.3 Impact for local Healthwatch organisations

We have worked very closely with local Healthwatch organisations to deliver this programme of engagement. They had a key role in promoting the opportunity to local groups - supporting them to apply for funding. Each Healthwatch organisation developed their own system for assessing the applications to ensure that they met the objectives of the programme. Mostly this involved a panel of volunteers reviewing each application against a set of criteria.

Throughout the grassroots project, staff attended south west London Healthwatch meetings to review progress and approach. Of note, the programme brought a mid-point review to the September (2016) meeting which detailed reach across protected groups and work streams. Off the back of this, Healthwatch were able to target engagement with groups where we had received less feedback from. These included: cancer service users; carers and LGBT communities.

The project had a twofold impact for local Healthwatch organisations. Firstly it enabled the organisation to extend their reach into groups that they had previously not had contact with. It helped them to build their relationships with local groups, developing further networks and alliances.

Secondly, the project enabled them to supplement their community intelligence by attending the sessions and speaking to local people about their work priorities. For example, Wandsworth Healthwatch attended a session we ran with 'Free 2 B' a group supporting LGBTQ+ communities. During this session, they were able to ask people to complete a survey looking at the mental health needs of this community. This has subsequently been written up into a report - [found here](#)

We asked local Healthwatch organisations involved in the project, to share their experiences. A sample of their feedback is noted below:

Testimonies from Healthwatch organisations

"At all of the events, we were struck by the level of turnout and participation, and the sheer sense of community spirit and goodwill on display. The hospitality was amazing"

Healthwatch Croydon

“We anticipate that this will have enabled us to reach around 1,000 people through 18 events by end of March 2017. The value for money of this is excellent with cost of around £10/person engaged.”

Healthwatch Richmond

“Through the grassroots project, Healthwatch has built strong relationships with 13 local community group activities that have given access to over 1000 people”

Healthwatch Sutton

“We believe that these one-off events may have some future resonance, and relevance, and help to inspire the building of strong and resilient communities.”

Healthwatch Croydon

“To add to all these benefits, local people have been able to come along to a funded ‘fun’ event that has made their day, week, month more pleasurable!”

Healthwatch Sutton

5.4 Impact for local grassroots organisations and individuals

We conducted an (anonymous) online survey with local grassroots organisations to find out more about the impact that the funding had on their organisations and individuals accessing the activity. Key findings are noted below:

Building capacity and reach

Grassroots engagement enhanced the sustainability of groups and **58% indicated that the funding allowed for their organisation to reach people they would not have normally spoken too**. Importantly, the funding also allowed groups to focus more strongly on their community-directed purpose. **46% of groups reported an increase in the number of people who accessed their service** as a result of the grassroots activity. The funding **helped 62% of the organisations increase the awareness of the services offered**.

Benefitting individuals and local community

The work of groups funded by the grassroots engagement contributed to **improving opportunities for social interaction and reducing isolation**.

- **87%** of beneficiaries indicated the activities reduced individual isolation and by having more opportunities to socialise was a positive experience

- **70%** indicated that their participation in the group had increased their **wellbeing or happiness**.
- The majority (**63%**) of groups reported that their funded work had a positive impact in their local area.
- Increased awareness of activities and services offered by funded groups created more opportunities for community involvement and had a **positive impact on community spirit** locally.

Testimonies from grassroots organisations and groups

“The event enabled awareness raising of the various voluntary and statutory services available in the community”

“Improved their 'connection' to us, ensured they felt valued and the support they provide is valued by the organisation - hopefully positively affecting retention”

“The funding was an integral part of the social activity and the team were really supportive before the event and on the day”



6. Learning from the process/approach

Towards the end of the project, the programme team set up interviews with local Healthwatch organisations and circulated an online survey to local grassroots groups to not only find out more about the impact of the work – but also to capture learning about the process. This has been distilled and summarised below.

6.1 Process for awarding funds

As each Healthwatch had different governance arrangements and processes for conducting their work, each organisation was given the freedom to agree their own local process for allocating the funding to local groups. Once the decision had been made, and applications reviewed, Healthwatch organisations then informed our programme of successful applications together with supplying relevant contact details, so that arrangements can be made to engage with the group. Once we had the contact details, colleagues in the programme contacted the relevant grassroots organisations to discuss the session in more detail and take their advice about the best way to speak to people on the day.

The funding guidelines sent to each organisation by SWLCC were brief and all Healthwatch organisations agreed that this was positive in assisting them in ensuring the process was simple for organisations applying.

Key learning: Although the administration allowed for local flexibility around delivery - a future improvement would be to have a consistent cross borough process, with clearer criteria applied to this. We also recommend awarding the funding in two waves to enable us to better address gaps after a mid-point review and allow for a more targeted approach.

Feedback received on this element of the process was positive with organisations commenting on how easy they found the process

“The process of applying for funding was smooth and we were able to receive the funds in good time”

6.2 Relevancy of attendees

Although it was specified that the organisation applying for fund needed to be from a south west London borough, or from within the Surrey Downs CCG catchment area, there were no guidelines on where attendees needed to reside. This was a challenge in terms of collating feedback and whilst this was not a common occurrence, there were occasions where attendees were from boroughs not within the area boundaries.

Key learning: A future improvement would be to specify on the application form that attendees are required to be living within one of the STP boroughs.

6.3 Depth of questions and alignment to STP

At the beginning of the grassroots engagement programme we asked quite broad questions which built on the general case for change in south west London. We asked people about the challenges they had experiences with local services and whether they had any ideas for improvements. In November 2016 the STP was published and provided more detailed thinking about how services could be improved. We worked with programme staff to refine our questions to better reflect the current thinking in the STP. The questions we asked at sessions still remained quite broad.

When local commissioners or work stream leads were able to attend the sessions, discussion was often better informed. Their subject knowledge expertise enabled a deeper line of questioning to be taken.

Key learning: moving forward it will be important to ensure that the questions asked at the sessions relate to current priority areas and thinking in the STP. To support this, we recommend two changes. Firstly, we suggest that the application process includes a breakdown of key work streams so that local groups can indicate what their attendees would want to talk about. Secondly, we recommend that a suite of materials is produced on an on-going basis that aligns to current STP thinking as this evolves. And that these are reviewed throughout the year to ensure they are current and relevant. If at all possible, we would also recommend that commissioners and work stream leads attend more sessions as this would add further value, insight and depth to the discussions. We also recognise that informing people of potential changes and what is expected of them will be just as important as getting their views.

6.4 Impact of feedback

We developed very robust systems for capturing feedback, sharing it with colleagues and analysing it and recording it per work stream. However, as a programme we need to find a more systematic way of feeding the comments into our different work streams. During this initial pilot phase, although feedback was trickled to work streams throughout the year, a full report of themed feedback wasn't shared until the end of the year.

Key learning: We recommend that feedback is collated, themed and shared with work streams on a bi-annual basis, with interim reports taken to each clinical work stream for consideration. A 'you said, we did' report should be produced after each round of feedback.

6.5 Type of event

The types of events we sponsored were quite varied – ranging from community fares to roller discos. And while we tailored our approach to the type of session and audience, there are some common points of learning.

Whilst larger events could be accessed by more individuals, we often found that we struggled to engage fully with individuals and were unable to have in-depth conversations. At most of these events we were not the main source of funding – and the sessions would have happened with or without our input.

Events where we spoke to individuals on a 1:1 basis or held focus groups, proved more fruitful in terms of engaging and gaining rich feedback from individuals. These smaller events tended to be solely funded from the grassroots programme.

Key learning: our recommendation for the future is to make it a condition of funding that our grant makes up the majority of the money needed for the session. We are not suggesting that we need to be sole funders; however, having a majority share will mean that our presence is an integral part of the session. Our hope is that this will also encourage local groups to think about how we can be integrated into their activity – enabling us to have more meaningful conversations.

6.6 Type of engagement mechanism

Quite early in the programme, we recognised the need to develop the ways we engaged with individuals and this involved development of tools to engage with certain groups. For example, the following dice was used when engaging with those with learning disabilities:

We found this aided our ability to communicate with services users and understand more about their experiences of local services.

Key learning: moving forward we would like to develop a suite of tools that enable us to meaningfully engage with a range of people – including better systems for speaking to people with learning disabilities and children and young people.



On one occasion we attended a session with people who had quite profound learning disabilities. Although we had discussed how best to communicate with people ahead of the session, in reality it was a very challenging situation during which we were unable to discuss issues relevant to our STP.

Key learning: for groups and individuals where communication will be particularly challenging (for example people who don't have English as their first language, or people with significant complex disabilities) we may need to seek support from a specialist organisation to ensure that we are able to communicate in an appropriate and meaningful manner.

6.7 Local insight and input

Local CCG engagement teams were often keen to attend events to support gathering information on both a local and pan south west London level. By having the support of CCG colleagues, we recognised the importance of local knowledge as this enabled appropriate signposting to services if needed. Going forward, we hope to have the continued support of local CCG teams and will also invite local providers and local authorities to attend.

7. Conclusion

This project enabled local people to influence how services are planned and delivered on a regional south west London level as well at a local level. It was grounded in a community development approach – providing multiple benefits for all those involved. It surpassed our expectations in terms of reach into communities and influence on local services and behaviours. The work was shortlisted for a national award; it has been fully supported by local Healthwatch organisations and championed by our Patient and Public Engagement Steering Group and local leaders. We are intending to extend the programme into 2017/18 by carrying forward £28,000 of the original NHS England funding and supplementing it from our STP budget.

Acknowledgement

For the last year we have worked hard to deliver this grassroots engagement programme – providing genuine opportunities for members of the public to speak to us about local health care in an environment that suited them. The outreach approach enabled us to reach people we would not normally speak to. The team, and wider partnership, worked over many evenings and attended sessions across 27 weekends to deliver this piece of work – we are very grateful for these efforts as they proved to be incredibly worthwhile. It involved 88 voluntary and community groups, over 5000 local people, seven local Healthwatch

organisations, and colleagues from Clinical Commissioning Groups as well as programme commissioners. None of this work would have been possible without their hugely valued time and support. We would also like to thank the programme's Patient and Public Engagement Steering Group – for their support and encouragement and for helping to shape the project from the beginning. Finally, we would like to thank NHS England for funding and for their continued support throughout the programme.

8. Appendices

Appendix 1

CROYDON

Date / Time	Local Group / Venue	Target Audience	Event	Engagement mechanism	Numbers attended	Numbers spoken to
Wednesday 6th July 2016 11:00 - 14:00	Croydon People First St Michael & All Angels Church Hall, West Croydon	Learning disabilities	Health Big Day event. Stalls showcasing different aspects of health, with information for people with learning disabilities to independently look after their own health. Coffee Bar serving healthy drinks and snacks and demonstrations of healthy cooking on a low budget, including making your own fruit juice.	Focus group 1:1 conversations	30	10
Wednesday 20th July 2016 10:00-13:00	Advice Support Knowledge Information Haslemere Hall Thornton Heath	BAME women	From Margins2Mainstream seminar - The event provided perspectives and presentations on the under representation of women from BME communities in civic life. This will include leadership positions, governance, and civic roles. The seminar examined the barriers that exist to BME women's engagement and participation within mainstream institutions.	Focus group	60	25
Friday 12th August 2016 17:00 - 21:00	Croydon Drop In Goldcrest Community Centre, New Addington,	Children & Young People	Celebrating International Youth Day for disadvantaged 11 - 18 year olds. Two roller disco drop in session. 5 questions on the wall and then asked children and young people their views on these questions relating to local NHS services.	1:1 conversations	60	25
Saturday 1st October 2016 12:00-15:00	The My World Centre Ltd Shirley Parish Hall, Croydon	Children & Young People/ Parents & Carers/ Learning Disabilities/Autism	Art and craft activity. A range of floor activities for children and light refreshments, along with a raffle with prizes. The day helped reach and engage families in Croydon and to helped build a community approach to Autism and related conditions and gave families the opportunity to not feel so isolated but part of a community within Croydon.	Stall as a base - 1:1 discussions as people are walking around looking at stall.	30	15

Saturday 15th October 2016 11:00 - 16:00	Empowering Tamil Families Oasis Academy	BAME Women	Family fun-day for Asian families to promote health and well-being. Talks on healthy eating, yoga, and common health issues for Asian people (diabetes and heart disease) and also a taster session in yoga, dance, and beauty therapy.	Stall as a base - 1:1 discussions as people are walking around looking at stall. Translator provided	100	20
Sunday 16th October 2016 14:00 - 17:00	LinguaHouse CIC CVA Resource Centre	Refugee/Asylum, Children & Young People	A celebration of LinguaHouse for young people between the ages of 14- 25. There were presentations on the stage and a short production shown	1:1 conversations. Translator provided	50	20
Friday 28th October 2016 12:00 – 16:00	JAGS Foundation Jury's Inn hotel	Children & Young People, BME	'Sister Figure' was a one day workshop focussing on health and well-being. The workshop, an afternoon of therapeutic taster sessions, spoken word provided an interactive well-being and Information sharing opportunity for young women and girls aged 12-21.	Focus group 1:1 conversations	25	25
Saturday 29th October 2016 13:00 - 16:00	AYDA Centre Haslemere Hall, Thornton Heath	BME women, Children & Young People	Support session around discussing initiatives to support women and children facing FGM and other related health issues.	1:1 conversations	15	15
Saturday 12th November 2016 13:00 - 16:00	Blessing Family Association Healthy Living Centre in Thornton Heath	BME, Children & Young People and families	Healthy Lifestyles Information Day looking at balanced diets and different exercise activities such as dance sessions, as well as providing advice on sustaining healthy lifestyles in Thornton Heath. The advice workshop trained parents about simple changes they can make to their diets, prepare a simple healthy meal and how to encourage their children to eat more healthy food, meal planning, how to incorporate exercise into their schedules and clubs that their children can get involved in.	1:1 conversations Translator provided	15	15
Friday 18th November 2016 13:00-16:00	MIND Croydon Mind East Croydon Hub	Mental Health & Carers	A tea party for Hub clients, Carers and Friends in Need projects.	1:1 table discussions	50	40
Wednesday 30th November 2016 13:00 - 17:00	Wellbeing You Ltd Bridge Place Residents Association	Older People	Health and Wellbeing Day organised in collaboration with Bridge Place Residents Association. A day where those attending accessed health checks namely blood pressure, BMI, Blood Cholesterol/ sugar etc. As well as health stalls, games, food and a raffle for the residents.	Stall as a base - 1:1 discussions as people are walking around looking at stall.	29	12

KINGSTON

Date / time	Local group / venue	Target audience	Summary/event details	Engagement mechanism	Numbers attended	Numbers spoken to
Wednesday 23rd March 2016 13.30 -15.30	RISE Kingston Quaker Centre	Homelessness Substance misuse Mental Health	Photography exhibition taken by people who are homeless and audio commentaries from people with lived experience of homelessness.	1:1 conversations at the start and then break out into 45 minute focus group	40	16
Friday 22nd April 2016 18:30 - 21:30	Kingston Carers Network St Mark's Church, Surbiton	Carers Families	Celebration evening of food, music and dance for carers in Kingston	1:1 conversations, group table discussions	60	30
Saturday 14th May 2016 11:00-15:00	Mencap Searchlight Community Centre, New Malden	Learning disability	Pampering and wellbeing day for people with learning disabilities and their carers including massage, yoga and healthy lifestyles talks.	Easy Read materials - survey, 1:1 conversations	45	15
Monday 27th June 2016 10:00 -14:00	Refugee Action Kingston Piper Hall, Kingston	Refugees Asylum seekers Migrants	Health fare event. Information day for individuals to gain further information on subjects relating to their health. Individuals were able to express their views on health and care concerns.	Stall as a base - 1:1 discussions as people are walking around looking at stall.	50	15
Saturday 27th August 2016 17:00 – 21:00	Kingston Environment Centre New Malden	BAME communities Mental Health Carers Single Parents	Information evening which included a barbecue, fresh fruit smoothie making and interactive live music.	1:1 conversations	50	15
Saturday 3rd September 2016 12:00 – 18:00	Cambridge Road Estate, Kingston	Families Children and Young People BAME	Family fun day for residents of Cambridge Road Estate. Activities included donkey rides.	Stall as a base - 1:1 discussions as people are walking around looking at stall.	100	5

Monday 12th September 2016 12:00 – 15:00	Kingston independent living centre, Chessington Safari Hotel	People with physical disabilities	Information day about local disabilities services including speakers from: Inclusion London and Department for Work & Pensions.	X 2 Focus Groups	50	50
Thursday 29th September 2016 12:00 – 15:00	St Peter's Church, Kingston	Older People	Vintage Banquet and fun afternoon. Games and chair based activities, followed by an afternoon banquet lunch.	1:1 conversations	50	20
Thursday 6th October 2016 17:30 – 21:00	Taking over the asylum: RISE, Kingston E-Co-op, Kaleidoscope Club	Mental Health Carers	A evening drop in session comprising of music, spoken poetry, food and soft drinks	1:1 conversations	40	15
Monday 5th December 2016 12:00-14:00	Tamil Community First Aid Marys Hall, Kingston	BAME	An informative first aid session for the Tamil community based in Kingston. Lunch will be traditional with guest bringing in food.	1:1 conversations	20	15
Thursday 8th December 12:00-17:00	St Peter's Church, Kingston	Older people	A Christmas Celebration for the guest of St Peter's Church. There will be carol singing, chair based exercises and a Christmas dinner.	1:1 conversations and focus group	45	45
Friday 20th January 2017 14.30 - 16:30	Community Care Task Group Florence Villa, Teddington	Individuals with Neurological Conditions	Coffee morning for people who have experienced neurological conditions.	Focus Group	10	10

Thursday 23rd February 2017 10:00 – 13:00	Nanoom - Korean Community Day	BAME	A morning and afternoon session which will be a keep fit class in the morning and then a game to help those with limited English learn new words. Interpreters will be available.	Focus group and 1:1 conversations with interpreter.	10	6
Thursday 9th March 2017 18:00 – 21:00	Kingston Eco-Op (an employment based service), Sun Group (PD support group) and Fast Minds (Adult ADHD support group). John Bunyan Church	Learning Disability/ Mental Health/ADHD/Autism/Carers	A evening drop in session comprising of music, spoken poetry - speaking about their experiences of ADHD and Mental Health with food and soft drinks	1:1 conversations	45	15
Sunday 19th March 2017 15:00 – 21:00	Kingston LGBT Forum Ravens Ait	LGBTQ+	A film festival showcasing new directors and celebrating LGBTQ+ films	1:1 conversations	65	30

MERTON

Date / time	Local group / venue	Target audience	Summary/event details	Engagement mechanism	Numbers attended	Numbers spoken to
Saturday 28th May 2016 12:00 – 18:00	Healthy Schools Project Merton Canon House Outdoor Space, Mitcham	Families Carers Children & Young People BAME	Fun event to bring together children, young people and their families to showcase the work of healthy schools programme There was a bouncy slide, exercise tasters, smoothie bikes and circus skills.	Stall as a base - 1:1 discussions as people are walking around looking at stall.	500	50
Saturday 23rd July 2016 13:00-18:00	St Teresa's Community Project St Teresa's Church, Morden	Children and young people, older people People for whom English is not a first language People from different races and of different religions Carers Socio-economically deprived communities Working age men and women who use NHS care in Merton.	Community family fun day which included competitions suitable for all the family, music and a showcase of the work of St Teresa's Community Project. BBQ and individuals from different cultures and communities present.	Share a stall with Public Health and have 1:1 conversations with people	200	10
Wednesday 10th August 2016 13:00-15:00	Merton LGBT+ forum Morden	LGBT+ communities Transgender	Coffee morning for individuals from the older LGBT community to share their personal experiences. Food and soft drinks will be provided.	A focus group after informative session	18	6

Saturday 13th August 2016 11:00 – 20:00	Community Event (Care of MVSC) Pollards Hill Sun Fest	Children and young people, older people People for whom English is not a first language People from different races and religions Socio-economically deprived communities, Carers Working age men and women who use NHS	Community event for people of Pollards Hill. Fun activities and health information Local GP and Pharmacist were available to speak to individuals on their health needs. Food provided outside with live music.	Share a stall with Public Health and have 1:1 conversations with people as they get blood pressure checked.	800	20
Thursday 22nd September 2016 14:00-18:00	Friends in St Helier (F.I.S.H) The Hub aka Tooting and Mitcham Football Ground,	Older People Carers	Tea dance for all elderly members and the elderly residents of Merton. Singing and dancing and food provided.	Float around 1:1 conversations, joint table discussions	120	50
Tuesday 11th October 2016 13:00 - 16:00	Focus 4-1 Vestry Hall Mitcham	Mental Health Carers	Celebration event for World Mental Health Day with chair based exercises and food provided.	X 2 Focus Groups	30	30

<p>Tuesday 18th October 2016 11:00 – 14:00</p>	<p>African Educational Cultural Health Organisation (AECHO) Vestry Hall, Mitcham</p>	<p>Older people People with physical disabilities, BAME women, Socio-economically deprived communities People for whom English is not a first language</p>	<p>A series of six weekly, 3 hour long workshops for residents from East Merton using the medium of Art & Craft to convey messages highlighting the benefits of good health and nutrition not only to the individual but to the whole community. After the workshops, participants were encouraged to form a support group, meeting in homes or other agreed settings with a support worker from the organisation on hand to answer any questions and refer them to the appropriate health agencies.</p>	<p>45 Minute Focus Group</p>	<p>8</p>	<p>8</p>
<p>Saturday 5th November 2016 17:00 – 23:00</p>	<p>FUSION - Merton Multicultural Centre Colliers Wood Community Centre</p>	<p>Older people People with physical disabilities BAME women Socio-economically deprived communities People for whom English is not a first language</p>	<p>An evening of music and dancing from around the world. Singing and an opportunity for the audience to get involved with karaoke. Food was provided.</p>	<p>1:1 conversations and surveys</p>	<p>100</p>	<p>30</p>
<p>Wednesday 7th December 2016 12:00 – 15:00</p>	<p>Social Anxiety Communities Involvement (SACI) Vestry Hall Mitcham</p>	<p>Women Mental Health BAME</p>	<p>Social anxiety seminar to explore the needs of those experiencing anxiety and bring together various communities, whilst sharing food.</p>	<p>Surveys</p>	<p>16</p>	<p>16</p>

Friday 9th December 2016 09:30 – 12:30	Association for Polish Family PYZA Colliers Wood Community Centre	People who English is not a first language from the Polish and Eastern European community	Cultural event called Mikolajki which is Saint Nicholas' Day. In Poland it's celebrated on the 6th of December and it celebrates Nikolaos of Myra, on this day, children usually receive presents, sweets, fruit and nuts from Saint Nicholas.	Focus Group	30	30
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SUTTON

Date / time	Local group / venue	Audience	Purpose/summary	Engagement mechanism	Numbers attended	Numbers spoken to
Wednesday 13th July 2016 11:00 – 15:00	Sutton SCILL on behalf of Fibromyalgia Pop in Club SCILL, Sutton	Long Term Conditions Older People Mental Health	Celebratory event held to celebrate 4 years of the fibromyalgia pop in club and to also promote weekly health sessions.	1:1 conversations	40	10
Monday 18th July 2016 12:00 – 14:00	Home start Group – Sutton Glazed All Over, Surrey	Carers	Summer Social for volunteers together, to say thank you and provide them the opportunity to meet each other informally. The volunteers work on a one-to-one basis with families and children under 5.	1:1 conversations	20	20

Saturday 23rd July 2016 13:30 – 16:00	Clockhouse Community Hillcrest Halls, Surrey	Families Carers Children & Young People Socio-Economic Deprived	Family fun day for residents of Clockhouse Estate in Sutton. There was a live singer and other entertainment throughout the afternoon along with a hand drumming session.	A stall in the health area joined with SCILL. 1:1 discussions	100	10
Friday 29th July 2016 14:00 – 17:00	Sutton Seniors Forum Salvation Army Hall	Older People	Sutton Senior Forum's Twentieth Birthday. Tea, Scones and Music and 'Meet the NHS'. Event helped to reduce the social isolation of older and vulnerable people in Sutton.	1:1 and table discussions	100	45
Friday 12th August 2016 14:00 – 17:00	Nickel Support	Learning Disabilities Mental Health Carers	Up-cycling event where people can network over a buffet and hot drink and gave people the opportunity to get involved with some of the activities Nickel Support undertake (e.g. up-cycling).	Use stall as base and speak to people on 1:1 basis	30	10
Thursday 15th September 2016 19:30 – 21:30	No Panic North Cheam Resource Centre	Mental Health Carers	No Panic meeting The event was for people who experienced anxiety/panic attacks. A fish and chip meal was provided and individuals were able to discuss their experiences of mental health services in Sutton.	1:1 discussions and table discussions	40	30
Friday 30th September 2016 10:00 – 16:00	Sutton Old Peoples Welfare Committee 139 Brighton Rd Sutton	Older People	Open day where there were various activities throughout the day including chair based exercises, live entertainment, bingo, play your cards right, art / crafts, buffet Information stands from other related organisations, hand massage and Hairdressing.	Based in health area - 1:1 discussions	75	30
Monday 10th October 2016 10:30 – 13:00	Macular Society - Older People and Carers Holiday Inn Sutton	Long Term Condition	Thank you event for people with age related macular degeneration (AMD). The event was part of the monthly meeting to thank service users and give them a fish and chip lunch.	Table discussions	40	40

Friday 14th October 2016 11:00 – 16:00	Wallington Older People's Community Day The Centre, Wallington	Older People	Community day for the older people of Wallington. Activities included yoga, dancing, hand drumming, indoor bowls, art.	Use stall as base and speak to people on 1:1 basis.	75	30
Thursday 10th November 2016 11:00 – 16:00	African Caribbean Heritage Association(ACHA)	BAME Older People	BME day – the day provided perspectives and presentations on the under representation of older people from BME communities in health and health promotion.	Focus group	75	25
Friday 10th November 2016 18:30 – 20:00	St Teresa's Church St Teresa's Field	Children & Young People Families Older People	Family Fireworks Evening included side stalls, fun activities for children, young people, older people & families, competitions, music and topped out with a spectacular fireworks display.	Surveys	40	15
Friday 28th November 2016 17:00 - 20:00	The Royal Association for Deaf People (RAD) Sutton Salvation Army	Long Term Conditions	Social drop-in event raising awareness on health & wellbeing matters. Early evening snacks and hot & cold drinks included. Communication was secured by BSL interpreters.	1:1 conversations	20	13
Wednesday 22nd December 2016 12:00 – 15:00	Women's Aid Sutton Women's Aid	Children & Young People Women	Christmas Party for women and children residing at the refuge and for those who have left within the past year or so. There were food and surprise activities, (e.g. Santa, a Christmas Elf). The event was a one off party with the purpose of bringing together women and children who experienced stress, anxiety and depression to a fun, stimulating but also relaxing afternoon designed to enhance the season's positive aspects.	1:1 discussions	7	6

RICHMOND

Date / time	Local group / venue	Audience	Purpose/summary	Engagement mechanism	Numbers attended	Numbers spoken to
Saturday 11th June 2016 12:00 – 17:00	Crane Road Neighbourhood Watch Scheme 36 Crane Road, Twickenham	Older People Carers Families Children & Young People	Street party to bring together neighbours from Crane, Gould, Edwin and Colne Roads	1:1 conversations with people	55	25
Wednesday 13th July 2016 12:30 – 15:30	The Vineyard Community Centre Richmond on Thames	Homeless Mental Health Substance Misuse Socio-economic deprived	Information event which included a BBQ for our service users of the drop-in and the food bank, our volunteers and our supporters.	1:1 conversations as people are eating their lunch	120	18
Monday 8th August 2016 12:00 – 16:30	Key Community Trust St Luke's Church	Older People Carers	Ukulele concert for older people to reduce social isolation. The ukulele players played songs from 1920s - 1940s	1:1 conversations	38	20
Sunday 25th September 2016 14:00 – 16:00	Twickenham, Richmond Area for Parents of Hearing Impaired Children (TRAPHIC) Happy Potter Cafe - Teddington	Children & Young People Physical Disabilities - Hearing Impairments Carers	Pottery Workshop at Happy Potter Ceramics for children who have a hearing impairment who live in the borough of Richmond.	1:1 conversations with parents	25	8

Saturday 15th October 12:00 – 17:00	All Saints Church -	Mental Health Carers Older People East Sheen Avenue	Mental Health awareness day -The aim of the event was to raise awareness and greater understanding locally of mental health issues which affect our community. The event consisted of three elements; 1. A free Art Exhibition of work from 8/10 artists 2. A Panel discussion and Q&A in the Church, with some of the artists, MIND and other expert representatives. 3. A classical concert will take place on Sunday night at 6.30pm-8.30pm. James Cryer, the All Saints Organist, has organised the concert as part of the successful All Saints Concert Series.	Have a stall - speak to people 1:1	100	14
Saturday 22nd October 2016 10:00 – 13:00	REWA - Richmond Ethnic Women's Association. Whitton Community Centre	BAME Families Children & Young People Mental Health	Happy Soul Event - an annual festival to promote messages of mental wellbeing in ethnic minority communities. Activities included: face paint; pottery; cup cake decorating; making hand puppets; henna.	Have a stall - speak to people 1:1	100	15
Saturday 19th November 2016 09:00 – 12:00	Hampton Medical Practice	Older People Children & Young People Mental Health Working Age Population	Morning session with Hampton GP practice Patient Reference Group to talk to patients as they wait for their Saturday GP appointment	1:1 conversations and focus group	30	15
Monday 28th November 12:00 – 15:00	Richmond MIND Richmond Royal	Mental Health Carers	Awareness event which included lunch for service users at Richmond MIND	1:1 conversations	35	11

Tuesday 31st January 2017 16:00 - 18:00	Whitton True Access Whitton Youth Zone	Learning Disabilities Mental Health Carers	Graffiti hoodies - the event was for young people with learning disabilities/mental health to help them design hoodies.	One of two sessions – Engagement team attended session two.	0	0
Sat 4th February 2017 15:00 – 18:00	SEND Family Voices Langdon Down Centre	Carers Families Children & Young People Learning Disabilities Physical Disabilities	Afternoon of magical activities and music – provided by entertainers specialising in working with children and young people with additional needs.	Have a stall and speak to people on a 1:1 basis. Send out surveys.	75	55
Tuesday 7th February 2017 18.30 - 20.30	Whitton - True Access Whitton Youth Zone	Learning Disabilities Mental Health Carers	Graffiti hoodies - the event was for young people with learning disabilities/mental health to help them design hoodies.	1:1 conversations	32	30
Friday 3rd March 2017 18:00 – 21:00	Ethnic Minority Advocacy Group Whitton Community Centre.	BAME	Celebratory multicultural event which was an evening of food, music and a visit from the Mayor.	Have a stall and speak to people on a 1:1 basis.	100	30

Monday 6th March 2017 10.30 - 12.30	Art & Soul Group Orleans House Gallery	Learning Disabilities Mental Health Carers	Art & Soul is a creativity and wellbeing programme for adults with lived experiences of mental health and physical challenges. The event was a session where individuals were able to express their views on local health services through the use of	1:1 conversations	8	8
Tuesday 7th March 2017 12:00 – 17:00	Age UK – Richmond Twickenham Wellbeing Centre,	Older people	Afternoon tea and dance for service users of Age UK Richmond. Activities included an afternoon lunch, choir, tap dancing and singing sessions.	1:1 conversations	75	35
Tuesday 28th March 2017 16:00 – 18:00	Octagon Club Orleans House Gallery	Learning Disabilities Children & Young People Mental Health	Arts and craft session where individuals and their Carers were able to express their views on local services through the use of art.	1:1 conversations	30	30
Friday 24th March 2017 13:00 - 15:00	The Mulberry Centre West Middlesex University Hospital	Those affected by cancer	Afternoon tea took place at the Mulberry Centre which is for clients who are residents of Richmond who are affected by cancer.	1:1 conversations	30	30
Friday 28th March 2017 16:00 – 18:00	Transition Club Whitton Youth Zone	Learning Disabilities Children & Young People Physical Disabilities	Arts and craft session where individuals and their Carers were able to express their views on local services through the use of art.	One of two sessions – Engagement team attended session one	0	0
Tuesday 9th May 2017	Achieving for Children	Children & Young People	Details to be confirmed	Future event	0	0

WANDSWORTH

Date / time	Local group / venue	Audience	Purpose/summary	Engagement mechanism	Numbers attended	Numbers spoken to
Sunday 12th June 2016 12:00-15:00	Be-Enriched Tooting Graveney	BAME Children & YP Carers Families Older People Socio-economically deprived	Street Party to bring people together to celebrate the diverse community on the Queen's birthday and sample some traditional foods.	1:1 conversations	60	25
Wednesday 17th August 2016 13:00 – 17:00	Carney's Community Festival Carneys Hall	Children & Young People	Positive lifestyle event , which is aimed at 12 - 25 year olds to teach them the skills of boxing and yoga.	Use stall as a base and then talk to people 1:1	85	15
Wednesday 7th September 2016 14:00 – 17:00	Baird Court Residents Association 36 Balham High Road	Older People Mental Health	Craft event in Richmond Park to enjoy the scenery and draw and sketch what they see. The event was an opportunity to socialise outside by having refreshments in the Café in the park.	1:1 conversations	12	12
Monday 3rd October 2016 12:00 – 17:00	Hope Community Fun Day Tooting Neighbourhood Centre	Mental Health Older People BAME Socio-economically deprived	Afternoon fair for people recovering from mental illness and will include music, tea and talks at the Tooting Neighbourhood Centre. The <i>Hope project music group</i> entertained on the day along with dance sessions.	1:1 conversations	50	15
Wednesday 17th October 2016 16:00 – 18:30	Free 2 b	Young People LGBTQ+	Community event to raise awareness of LGBTQ+ inequalities, promote an inclusive ethos and showcase our support services for local LGBTQ+ communities.	1:1 discussions - will share a stall with Healthwatch. Talk to people as they are walking	55	10

				around		
Wednesday 2nd November 2016 09:30 – 11:30	Neighbourhood Network 197 Balham High Rd	Mothers & Children Carers	Rhyme Time for under 5 s and parents and carers followed by a crafts games and a social session for the children, parents and carers and other adults from the neighbourhood.	1:1 discussions	35	15
Friday 23rd December 2016 17:00 – 20:00	A 2nd Voice Tooting United Reform Church	Learning Disabilities Autism Carers	Stay and play Christmas event for children with autism and their families/carers.	Survey	55	29
Wednesday 18th January 2017 (rearranged from 23rd November) 11:00 – 12:00	S.T.O.R.M Young's and Lucas Court	Mental Health	Art Therapy Workshop to raise awareness of the great service that gives people an opportunity to share their problems (in a safe environment) and express their thoughts and emotions in a different way.	1:1 conversations	15	3
Saturday 28th January 2017 10:00 – 15:00	Supporting Relationships and Families (SRF) York Gardens Library	BAME Carers	Seminar with a guest speaker from the Wandsworth Bereavement Counselling Service to persons who have experienced bereavement and those who care for children who have experienced bereavement	Focus group	30	30
Tuesday 7th February 2017 10:00 – 11:30	WAND Parent Champion Scheme Parent Champions Battersea	Children & Young People Families	Awareness event for current members of the Disabled Children's Register(c1,200) and potential members of what is out there to help parents and other carers of children with SENDs	1:1 conversations	35	6

SURREY DOWNS

Date / time	Local group / venue	Audience	Event Name	Engagement mechanism	Numbers attended	Numbers spoken to
Friday 2nd December 2016 16:30 – 21:00	DEBRA The Goose Café	Local school children/parents residents from nearby care home	Christmas Event/ Street Party involving all the Bishopsmead Parade of shops to raise money for small local charity in Bookham.	Surveys	Unknown	Unknown
Tuesday 6th December 12:00 – 15:00	Carers Support - Mole Valley Denbies of Dorking	Carers Socio economically deprived communities	Afternoon tea and carers support mole Annual General Meeting with carers and those who are cared for are invited to join.	1:1 conversations	40	15
Thursday 15th December 2016 11:00 – 14:00	The Meeting Room Kings Church, Epsom	Homeless people Learning Disabilities Ex-offenders Socially isolated	Christmas party for individuals who access The Meeting Room organisation. Lunch provided, along with quiz and music.	1:1 conversations	25	11
Saturday 25th December 2016 12:00 – 17:00	Dorking Christian Centre	Socially Isolated Homeless Ex-Offenders Mental Health	Christmas Day lunch for service users and volunteers. Christmas music and songs.	Surveys	Unknown	Unknown
Sunday 22nd January 2017 14:00 – 17:00	Dorking Day of Wellbeing Odd Fellows Hall	Parents and children with emotional and mental health Socially isolated adults	Wellbeing and holistic therapy with massage stall and hand therapy.	Surveys	Unknown	Unknown

Sunday 19th February 2017 11:00 – 14:00	Meditation and Art Workshop Abercorn Room in Painshill Park	Aimed at all	Mediation and art workshop focusing on holistic approaches, massage therapy and calming techniques.	Surveys	Unknown	Unknown
Friday 17th March 2017 19:30 – 21:30	Carers Support Mole Valley Bourne Hall	Gypsy, Roma & Traveller Women	Information event for Gypsy, Roma, Traveller women to find out further information about local services including financial support.	1:1 conversations	20	10
Sunday 19th March 2017 12:00 – 18:00	Leatherhead Theatre Group	Aimed at all	Leatherhead Spring Fare.	1:1 conversations	100	10
Thursday 16th March 2017 19:00 – 21:00	Mary Frances Trust - Men on Bikes Leatherhead Leisure Centre	Mental Health	Health event for men to come together to discuss mental health. Food provided and an opportunity to ride indoor bikes and meet and greet with horses.	1:1 conversations	15	15
Saturday 25th March 2017 12:00 – 15:00	Carer Support Elmbridge Moseley Community Centre,	Carers Families Older People Mental Health	Closing meeting for the Carers Support - Elmbridge. A ploughman's lunch provided along with African drumming and dancing	1:1 conversations	25	25
Monday 27th March 2017 12:30 – 15:00	Free Wheelers Theatre Company Bridge Centre	Variety of disabilities physical, learning and sensory. Socially Isolated	Theatre production with an accapella group coming in to sing with The Free Wheelers.	x4 Focus Groups	25	25

APPENDIX 2 Feedback received by protected group and work stream area

The table below details the groups we went to see, which protected characteristic they had and the topic of feedback received.

Group	Work stream theme									
	Children and young people	Maternity	Urgent and Emergency	Primary Care	Mental health	Out of Hospital	Cancer	Planned care	IM&T	Workforce
Children and young people and their families	Merton - CYP - 28.05.16 Sutton - CYP - 18.07.16 Croydon - CYP - 12.08.16 Wandsworth - CYP - 02.11.17	Richmond - Families - 11.6.16 Wandsworth - CYP - 02.11.16 CYP - 07.02.17 - Wandsworth	Richmond - Families - 11.6.16 Sutton - CYP - 18.07.16 Sutton - CYP - 23.07.16 Croydon - CYP - 24.10.16 Wandsworth - CYP - 02.11.16 CYP - 07.02.17 - Wandsworth	Merton - CYP - 28.05.16 Richmond - Families - 11.6.16 Sutton - CYP - 18.07.16 Sutton - CYP - 23.07.16 Croydon - CYP - 24.10.16 Sutton - CYP - 23.07.16 Croydon - CYP - 16.10.16 Wandsworth - CYP - 02.11.16 CYP - 07.02.17 - Wandsworth Richmond - CYP - 04.02.17	Richmond - Families - 11.6.16 Sutton - CYP - 23.07.16 Croydon - CYP - 24.10.16 Richmond - Families - 25.09.16 Richmond - CYP - 04.02.17	Croydon - CYP - 12.08.16 Richmond - Families - 25.09.16				

<p>People with learning disabilities</p>	<p>Richmond - CYP - 04.02.17</p>		<p>Kingston - LD - 24.05.16 Croydon - LD - 06.07.16 Sutton - LD - 12.08.16 Surrey Ds- 27.03.17 - LD</p>	<p>Croydon - LD - 06.07.16 Sutton - LD - 12.08.16 Croydon - LD - 1.10.16 Surrey Ds- 27.03.17 - LD</p>	<p>Sutton - LD - 12.08.16 Wandsworth - 23.12.16 - LD Richmond- 06.03.17 - LD Surrey Ds- 27.03.17 - LD Richmond - 13.03.17 - LD</p>			<p>Surrey Ds- 27.03.17 - LD</p>		
<p>People with mental health conditions</p>		<p>Wandsworth - MH - 18.01.17</p>	<p>Sutton - MH - 15.12.16 Kingston - MH - 6.10.16 Wandsworth- MH - 3.10.16 Merton - MH - 11.10.16 Richmond - MH 15.10.16 Wandsworth - MH - 18.01.17 Kingston - MH - 09.03.17</p>	<p>Sutton - MH - 15.12.16 Wandsworth- MH - 3.10.16 Kingston - MH - 6.10.16 Merton - MH - 11.10.16 Richmond - MH 15.10.16 Merton - MH - 7.12.16 Wandsworth - MH - 18.01.17</p>	<p>Sutton - MH - 15.12.16 Wandsworth - MH - 3.10.16 Kingston - MH - 6.10.16 Merton - MH - 11.10.16 Richmond - MH 15.10.16 Richmond - MH - 28.11.16 Merton - MH - 7.12.16</p>	<p>Sutton - MH - 15.12.16 Merton - MH - 11.10.16</p>	<p>Kingston - MH - 6.10.16 Wandsworth - MH - 3.10.16</p>	<p>Merton - MH - 7.12.16</p>	<p>Merton - MH - 7.12.16</p>	<p>Richmond - MH 15.10.16</p>

Older people			Sutton - OP - 26.07.16 Richmond - OP - 08.08.16 Wandsworth - OP - 7.09.16 Merton - OP - 22.09.16 Sutton - OP - 14.10.16 Sutton - OP - 30.09.16 Croydon - OP - 30.11.16 Kingston - OP - 08.12.2016	Sutton - OP - 26.07.16 Richmond - OP - 08.08.16 Wandsworth - OP - 7.09.16 Merton - OP - 22.09.16 Kingston - OP - 29.09.16 Croydon - OP - 30.11.16 Kingston - OP - 08.12.2016 Richmond - OP - 07.03.17	Merton - OP - 22.09.16 Kingston - OP - 08.12.2016	Wandsworth - OP - 7.09.16 Kingston - OP - 29.09.16 Sutton - OP - 30.09.16 Croydon - OP - 30.11.16 Kingston - OP - 08.12.2016	Sutton - OP - 14.10.16	Sutton - OP - 26.07.16 Merton - OP - 22.09.16 Kingston - OP - 08.12.2016 Richmond - OP - 07.03.17		
People for whom English is not a first language	Merton - Polish - 09.12.2016	Merton - Polish - 09.12.2016	Kingston - Refugee 27.6.16 Croydon - Tamil - 15.10.16 Richmond - REWA - 22.10.16 Merton - Polish - 09.12.2016	Kingston - Refugee 27.6.16 Croydon - Tamil - 15.10.16 Richmond - REWA - 22.10.16		Kingston - Refugee 27.6.16 Merton - Polish - 09.12.2016				

Pregnant women and those who have recently given birth										
People with physical disabilities/LTCs			Sutton - Fibromyalgia - 13.07.16 Kingston - Phys dis - 12.09.16 Sutton - Macular - 10.10.16 Sutton - Hearing - 28.11.16 LTC - 20.01.17 - ME	Sutton - Fibromyalgia - 13.07.16 Sutton - Macular - 10.10.16 Sutton - Hearing - 28.11.16 LTC - 20.01.17 - ME	Sutton - Fibromyalgia - 13.07.16 Kingston - Phys dis - 12.09.16 Sutton - Macular - 10.10.16 Sutton - Hearing - 28.11.16 LTC - 20.01.17 - ME	Kingston - Phys dis - 12.09.16 Sutton - Macular - 10.10.16 Sutton - Hearing - 28.11.16 LTC - 20.01.17 - ME	Sutton - Fibromyalgia - 13.07.16 Richmond - Cancer - 24.03.17	Sutton - Macular - 10.10.16 Sutton - Hearing - 28.11.16	Kingston - Phys dis - 12.09.16	
LGBT communities			Merton - LGBT - 10.08.16 Kingston - LGBT - 19.03.17	Merton - LGBT - 10.08.16 Wandsworth - LGBT - 19.10.16 Kingston - LGBT - 19.03.17	Merton - LGBT - 10.08.16 Wandsworth - LGBT - 19.10.16 Kingston - LGBT - 19.03.17					
People from different races and of different religions	Croydon - BME - 12.11.16 Wandsworth - BAME - 28.01.17	Kingston - BAME - 05.12.16 Surrey Ds - 19.02.17 - BAME	Croydon - BME W - 20.07.16 Merton - BAME - 05.11.16 Sutton - BAME - 10.11.16 Croydon - BME - 12.11.16 Kingston -	Croydon - BME W - 20.07.16 Merton - BAME - 05.11.16 Sutton - BAME - 10.11.16 Croydon -	Croydon - BME W - 20.07.16 Croydon - BME - 12.11.16 Wandsworth - BAME - 28.01.17 Surrey Ds -	Merton - BAME - 05.11.16 Kingston - BAME - 05.12.16	Surrey Ds - 19.02.17 - BAME	Sutton - BAME - 10.11.16 Wandsworth - BAME - 28.01.17 Richmond - 03.03.07 - BAME	Wandsworth - BAME - 28.01.17	Merton - BAME - 05.11.16

			BAME - 05.12.16 Wandsworth- BAME - 28.01.17 Kingston - 23.02.17 - BAME	BME - 12.11.16 Kingston - BAME - 05.12.16 Wandsworth- BAME - 28.01.17 Kingston - 23.02.17 - BAME Richmond - 03.03.07 - BAME	19.02.17 - BAME Richmond - 03.03.07 - BAME					
Carers			Kingston - Carers 22.4.16 Surrey D - Carers - 05.12.16 Surrey D - 25.03.17 - Carers	Kingston - Carers 22.4.16 Surrey D - Carers - 05.12.16 Surrey D - 25.03.17 - Carers	Kingston - Carers 22.4.16 Surrey D - Carers - 05.12.16 Surrey D - 25.03.17 - Carers	Kingston - Carers 22.4.16				
Socio-economically deprived communities		Kingston - socio - 27.08.16 Surrey - Homeless - 15.12.2016 Surrey – Women’s Aid - 22.12.16	Kingston - Homeless 23.03.16 Richmond - Homeless 12.07.16 Merton - Socio - 23.07.16 Merton - Socio - 13.08.16 Wandsworth - Socio - 17.08.16 Kingston -	Kingston - Homeless 23.03.16 Wandsworth - Socio - 12.6.16 Richmond - Homeless 12.07.16 Merton - Socio - 23.07.16 Merton -	Kingston - Homeless 23.03.16 Richmond - Homeless 12.07.16 Wandsworth h - Socio - 17.08.16 Kingston - socio - 27.08.16 Surrey - Homeless -			Wandsworth h - Socio - 12.6.16		Kingston - Homeless 23.03.16

			socio - 27.08.16 Surrey - Homeless - 15.12.2016 Surrey - Homeless 25.12.16	Socio - 13.08.16 Wandsworth - Socio - 17.08.16 Kingston - socio - 27.08.16 Surrey - Homeless - 15.12.2016 Surrey - Women's Aid - 22.12.16 Surrey - Homeless 25.12.16	15.12.2016 Surrey - Homeless 25.12.16					
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