Community Action Research Programme

Model of delivery

North Central London Integrated Care System

1 Investment in grass roots VCSE partnerships focused on Core20 Plus

2 Systematic approach to increasing the voice of diverse communities

3 Population Health Improvement: connecting communities

4 Building strong community relationships

5 Developing solutions together

- We work with CORE20 Plus populations and local grass roots VCSE – developing community partnerships
- Investment of £200k across NCL - £40k per borough
- Ensuring we meet our statutory duties: NHS England statutory guidance requires ICB's to have ongoing open conversations with their local communities.

- We capture in-depth and high-quality community insights by working with grass roots VCSE and local communities – through peer-led research approaches.
- Ensuring we are engaging with CORE20 Plus and Key Communities.

- We connect local communities through effective health communications, addressing barriers to access and proactive navigation and signposting - tackling health inequalities and delivering population health improvement
- Recognising the assets which already exist within local communities.

- Communities are now more informed with positive experiences of NHS.
- Strong relationships are built & information continues to be shared with wider social networks.

- The community insights and outcomes are utilised through Borough Partnership development and the delivery of Population Health improvement.

Achievements:

This approach has led to the following key milestones/achievements:

- **Building strong and diverse VCSE partnerships in each Borough:** bringing together a lead facilitating organisation and grass roots organisations – equitably sharing funding and utilising the unique skills of each organisation to work with local NCL communities who experience high health inequalities, deprivation and barriers to access
- **Raising the voices of local communities** who experience high health inequalities and/or barriers to accessing services through targeted community research delivered through the VCSE;
- **Meeting communities where they are**, so they can raise issues which matter to them and set outcomes which are meaningful for their lives.
- Through a research & action approach issues are addressed as they arise, harnessing local VCSE and communities' strength to **both co-design solutions with local communities and people, and bring the services and support they need to them**.
- **Raising the knowledge of local healthcare services across VCSE organisations and local communities** through a local training programme – the impact for local communities goes beyond the scope of the programme. A simple training programme (i.e. workshop with some additional peer training / mentoring) to upskill the partnership's knowledge of local Borough health and care system and services.
- **Understanding the experiences and lives of local communities to effectively deliver Borough Partnership and population health priorities**
- **Innovative community research methods** used across each Borough VCSE partnership with local grass roots organisations given additional training in community research
- **A best practice Peer Network set up across NCL** – multiple VCSE partners & ICB working together and sharing learning

North Central London
Integrated Care System

Overview

How we worked

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The year-long Community Action Research programme commissions grass-root community groups to speak to CORE20plus and underserved communities through outreach, to understand access issues and signpost support, to reduce barriers and build trust.

Communities we worked with: a focus on underserved communities

776 people from underserved communities

85% were from a BAMER background

69% percentage identified as female

Latin American, Eastern European, Black Caribbean and African, Greek Cypriot, Bangladeshi, Turkish, Somali, Kurdish, Young migrant care leavers, carers, homeless, asylum seekers, CORE20 and more

Working with our VCSE

- Built strong and diverse VCSE partnerships in each borough
- Work with 33 VCSE organisations
- 28 grass roots VCSE organisations who have strong connections into local communities and early intervention skills
- 5 umbrella lead provider organisations bringing facilitation, business support and training skills

Community engagement activities

- Peer researchers
- Workshops
- Training sessions on health and care system
- Community navigation and connecting
- Innovative methods e.g. DJ Academy and community report cards.

*Please note Enfield will report later in the year.

VCSE we worked with

Borough	Lead VCSE Organisation	Grass roots organisations
Barnet	Inclusion Barnet	Colindale Communities Trust, Centre for Excellence, Bread n Butter, The Fun Unique Social Club
Enfield	Northside	Black Diamond, FAZ Amnesty, Out The Box, Brews, The DJ Academy, HCH
Haringey	Bridge Renewal Trust	Community Cook Up, Dalmar Heritage and Family Development, House of Polish & European community (HoPEC), SEWN TOGETHER, Turkish Cypriot Community Association (TCCA), You Vs You
Camden	Voluntary Action Camden	Life After Hummus, UMOJA - a partnership of African community organisations
Islington	HealthWatch Islington and Voluntary Action Islington	Imece Women's Centre, Choices, Disability Action in Islington, Community Language Support Services, Arachne Greek Cypriot Women's Group, Islington Somali Community, Kurdish and Middle Eastern Women's Organisation, Jannaty, Islington Bangladesh Association

Programme reach

Population Health: Community Connecting

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- Community connecting is a key part of the programme. We connected over 500 local residents from underserved communities to a range of health and wellbeing support
- We have built knowledge in local communities through delivering health training sessions and information to 24 grassroots VCSE organisations
- We engaged with over 700 people experiencing high health inequalities to understand their experiences of Borough Partnership priorities. This is a rich qualitative data source to inform population health delivery plan and more
- We have held 'action-focused' workshops in boroughs, with Borough Partnership colleagues including local Councillors, PCN leads, council leads and ICB colleagues and VCSE Partnerships – working with partners to understand and address the feedback.
- A Population Health Workshop – feeding the research and approach directly into the Population Health Delivery Plan development and Research Engagement Network development
- Developed strong relationships with groups who we would usually struggle to engage with and have greatest 'need' e.g. homelessness refugee and migrant and young people.

Connecting communities

Support in getting immunisations

Help to register with GP

Food banks

Connect to health and wellbeing support

Mental health support

Signing up to a dentist

Housing support

Keeping warm in winter

Support for people getting benefits

Well-being activities

Pharmacy offer

Navigating healthcare system (non-English speakers)

We said, we did example

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Borough	Insight	Action
Barnet	Access to primary care with an initial focus on communicating information on GP services including what is available, how can you book, how long may you have to wait, how long you will have at the appointment.	• The insights around primary are were utilised to build targeted communications with specific communities. The communications are focused on communicating what services are available, how can you book, how long may you have to wait, how long you will have at the appointment. They are available in a range of languages, As well as using more traditional communication methods we are also undertaking community outreach to share and communicate the information. • The insights have formed a key evidence base for the development of the Grahame park neighbourhood. Alongside this, the partnership is now building on the insights as part of the Colindale Health hub development.
Haringey	Poor housing conditions was perceived as a significant driver of poor health and well-being, particularly amongst those participants with multiple complex needs. Supporting older people and their carers experiencing low mood and mental health issues or isolation Mistrust in services especially from the most vulnerable people led to a lower uptake in accessing services or attending routine appointments such as Cancer screening	• This insight has led to collaborating more closely with Homes4Haringey to hold housing surgeries and drop-in services to tackle housing issues and support communities to navigate the housing system better in general. • This insight was shared at the Age Well Board in Haringey's local authority with an aim to feedback these concerns and ensure system listening at a senior level. The insights here informed the local authorities Health and Wellbeing Strategy with an action to 'reduce social isolation through the development of multi-agency networks of support for people who are especially frail. • The insights with a focus group for women at a substance misuse support service highlighted that routine appointments such as cancer screening were often missed by this cohort. As a result, the charity Sewn Together arranged for a former service user and cancer survivor to talk about the importance of attending cancer screening appointments which was very well received by the group.

We said, we did examples

Borough	Insight	Action
Camden	The value of community connecting for our under-served populations. This includes communities not knowing what support and information is out there.	• We were able to secure 5- year funding for an in-house community connector post for African Camden communities connecting into a range of health and wellbeing support e.g. food banks, wellbeing activities, advocacy. • We are working with primary care practices to share findings and work together on co-producing solutions on key issues.
Islington	Access to primary care, consistent offer across Islington, treatment of non-English speakers Culturally appropriate messages and services for health prevention services.	• The findings from the primary care insights were shared with primary care commissioners, who attended a meeting with Healthwatch and our research delivery partners. Together we discussed the findings, the wider context and then suitable recommendations. The next steps are for Healthwatch and commissioners to work together to advocate for better communication of the pharmacy offer to residents as well as to ensure that resident voices inform conversations with GPs around service developments arising from the upcoming contract changes for GPs. • We are now supporting uptake of cervical screening in Somali and Turkish communities: culturally-appropriate call & recall and cancer champions
NCL	Community outreach / connecting was highlighted as an effective way to communicate & share information with underserved communities	• This feedback is now being utilised as a key piece of community insight across our communications and campaigns work. This includes through our winter resilience programme and as we plan our 'Healthy Hearts' NCL campaign • We have also included this as a key piece of learning for the newly set up ICS Research Engagement Network and aim to include this as part of ICS working principles around health research.

Insights

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The most recurrent insights from the communities were access to primary care and the pressures of Cost of Living; this has exacerbated the impacts of the pandemic.

Primary care

- Difficulty experienced in accessing GP appointments which in turn can impact access to further services. In addition this led to many attending A&E for non-urgent conditions.
- Communities perceived access being more difficult and experiencing poor customer care when English was not a first language – with a lack of cultural sensitivity
- Pre-COVID is regarded as something of a golden age for primary care.
- Communicating basic information of GP services is a priority – what is available, how can you book, how long may you have to wait, how long you will have at the appointment
- In the main, when people did get a GP appointment patient experience was high
- The need for culturally competent/specific community organisations / champions to work alongside primary care to support access.

Pharmacy

- Pharmacy services had high resident feedback and were viewed as safe and accessible spaces offering efficient services.
- Residents were keen to see more free services offered in pharmacy settings (e.g. diagnostics)

Cost of living

- Communities were unable to afford basic energy and food costs, had extreme stress around paying basic household bills and some were worried about accessing benefits as this is on-line and they may not have laptops and where this is the case phones are often pay as you go.
- Participants found the combined challenges of Covid-19, staying warm, affording food and accessing health services overwhelming.
- Good health means being able to meet basic needs and at the moment this is challenging for communities who experience the highest health inequalities.

Key insights

The most recurrent insights from the communities were access to primary care and the pressures of Cost of Living; this has exacerbated the impacts of the pandemic.

Holistic care
- Residents see their health and wellbeing holistically and are keen to see this better reflected in the way services treat and support them
- Local communities, particularly those managing a LTC, all spoke of the need for more holistic or person-centred approaches to care and to be treated as a whole person rather than a health condition.
- It was further highlighted the wider issues which impact people's health & ability to access services e.g. housing, domestic violence. Local people felt there need to be processes in place to both flag these issues when accessing health services and holistic support.

Housing
- Lack of good quality and affordable housing came out as another major issue affecting communities' health
- Overcrowding, poor housing and not knowing how to access support.

Important role grass roots VCSE play across health and social care system
- Grass roots VCSE are a safety net for our underserved communities
- They often fill the gap between statutory services and support and local communities who face the highest health inequalities;
- And provide connection to local community support
- Cost of Living is also impacting grass roots community organisations – who provide a vital role in local community but we are at risk of losing.

Lack of Trust
- There is significant distrust between our underserved communities and statutory services
- There is a sense that there is huge amount of community research without follow through action
- There is real interest and desire to develop solutions together;
- But a need to focus our efforts on two or three focused areas to really see tangible change and impacts.
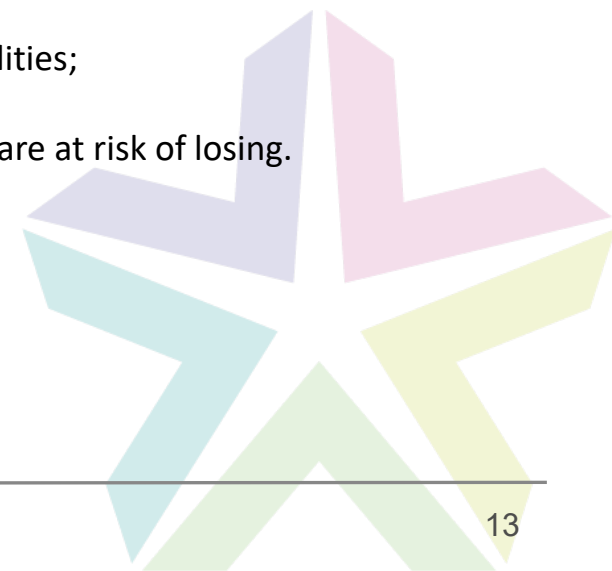
Key insights on communicating with residents

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Community Connecting

- Importance of 'community connector' roles - working with grass roots organisations we were able to reach multiple communities who are at risk of / face high health inequalities and brought health information, support and services to them instead of expecting local people to come to us.
- Community organisations hold considerable expertise on how best to share information within their wider communities as well as being able to easily reach their service users through existing communication channels including social media sites, whatsapp groups, newsletters, community radio and television, however they must be properly resourced to do this.
- Feedback from residents demonstrated that they valued receiving information in their own language and having the opportunity to go over important points with their VCSE partner to check their understanding.

Outreach

- Work with local businesses like local shops, barbers / hairdressers, nail / beauty salons, take outs – where people regularly go to share health information and materials.
- Alongside this, outreach work (such as manned information stalls / pop up clinics) in places where people in particular communities commonly go, such as community locations & spaces, the specialist supermarkets, barber shops

Communication materials

- Provide information in a range of formats including visual information and information in community languages, working with community members or organisations to develop materials where possible
- Use the broadest range of communication channels to promote services considering not just the groups that a service directly targets but also those who may support them to access services (e.g. friends/family members) as well as through media channels commonly used, such as community Newspapers/ Radio/TV.

Case study

A participant spoke about how he had become concerned he may have been exposed to HIV so went to the hospital A&E to ask to be tested. He reported that he was told he had to access testing through his GP, however he was not registered with a GP and so he left, frustrated, and only accessed testing several weeks later because it was being offered at a clinic at Mulberry Junction (a single persons homelessness service).

He told us that whilst he had tested negative '*I could of passed it on, to other people, it needs to be available straight away*' . Through this project participants were offered practical support to register with the GP, but these examples highlight the importance of this being available at the point of help seeking and how providing essential services in the places where they are can increase their use. This is also important because these groups can find having to travel distances to reach services particularly challenging, as one participant explained *'I've got no money, so I walk everywhere, if it's too far to walk I'm not going'.*

Case study

Mindful Mamahood - engaging Somali women with mental health services in ways tailored to their needs.

Mindful Mamahood partnered with IAPTs to engage with women attending their regular coffee mornings. IAPTs was seen to be accessible to younger generations of Somali women, who spoke English fluently/well, and were more comfortable talking about their mental health. For older generations however, where language is more likely to be an issue and for whom there may be greater levels of stigma attached to seeking mental health support, a different approach was adopted. The organisation arranged for an older female Somali psychotherapist to come in and run a workshop at a local mosque, speaking to older women about mental health. The event was seen as very successful in providing a safe space for people to talk about the issues and led to some participants going on take up specialist support.

Mindful Mamahood was founded by a group of mothers who recognised a rising problem in their community with many young muslim mothers experiencing crippling mental health issues and isolation

Learning

Learning

Interest and desire: Local communities are willing to be involved and we must make sure there are a variety of ways to raise their voice including decision making and planning, responding to surveys, participating in focus groups, volunteering, short sessions, digital. Throughout our engagement work local communities have shaped, planned, promoted and involved themselves in initiatives – this has meant local people feel more informed, more active, more willing to make healthier lifestyle choices and less isolated.

Willingness to participate in locally driven and delivered activity: An important strength to the success of our work has been working with and engaging local communities through outreach, community-based projects and utilising community centres & locations. We have learnt through our work that local residents respond positively and are willing to try new things when:

- opportunities are local
- when friends and neighbours are also participating
- when they are being promoted by trusted local agents
- when they have had some involvement in defining priorities and shaping action
- This willingness to get involved in community-based activity above all else, is a major strength within our communities.

Learning

Community volunteers: The effectiveness local volunteers have in encouraging and supporting neighbourhood involvement cannot be replicated by outside formal services.

Local knowledge: Our work has drawn from the pool of local knowledge within our local communities.

Relationships: The strength of well-established family, social and community relationships is a significant asset. Our work has built on a number of types of local connection including strong intergenerational familial ties, ethnic and cultural connections, user groups of local services and activities. These connections have served to promote activities, share information and encourage participation.

Local organisations and forums: We work with a broad range of large and smaller organisations who are rooted in our local NCL communities and have strong and trusted relationships with these communities.

Every research opportunity should also be seen as an opportunity to share key health promotion and information, and to signpost local communities, building local knowledge.