North Central London
Integrated Care Board

Health Campaign Brief: Community Connecting - Advocacy and Support for Primary Care

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Overview

We're looking for local VCSE organisations to work with us to deliver an advocacy and support project for primary care.

This is an exciting funding opportunity for local organisations to work together to engage with local residents and to support our Your Local Health Team campaign.

Interested organisations should submit their bid by **5pm on Monday 25 November 2024.**

Project overview

There are usually several planned campaigns for North Central London (NCL) residents that overlap in terms of target audiences and timings. This includes access to primary care, uptake of key vaccinations, and keeping well over winter. This year, we have created an overarching campaign to integrate our messaging. The campaigns have been branded under the umbrella term 'Your Local Health Team'.

There is an opportunity to maximise efficiencies in our engagement approach and ensure that different messages are shared in a coherent and impactful way using a single voice and making every contact count.

More detailed campaign plans will be created for primary care, vaccinations, and self-care through the winter period; however, this document outlines how these campaign strands on primary care, vaccinations, and self-care over winter can come together in a consistent and impactful manner.

National and local campaigns through communications using advertising and social media can only reach mainstream audiences and therefore we propose to follow and build on the engagement approaches used in existing community connectors programmes in NCL including the Community Connector hypertension programme, Community Action Research, Research Engagement Network, and Groundworks' Healthy Hearts programme, alongside other Health Inequality Fund schemes which support our population health improvement and integrated care strategy by connecting Core20PLUS5 communities, people and their families on health and prevention, alongside understanding key issues and priorities that matter to our local communities.

This engagement approach aims to tackle health inequalities by focusing on the most underserved communities across NCL. The communities themselves have welcomed a connector approach that offers more holistic support with their health and wellbeing. As such, the programme intends to inform and support communities through a wide range of our campaign topics.

We are keen the programme is shaped with local communities on both the delivery approach and understanding how the campaign aligns with additional community health priorities. We expect the provider to be able to demonstrate a strong presence and connection within the borough(s). We aim to build on work with community leaders as current evidence demonstrates they are best placed to communicate within their respective communities and explore behavioural changes that support improved health outcomes.

The funding for this work should be used to ensure that as many people as possible within these areas and to offer education and awareness-raising. We will share some English language materials to support these campaigns and you are welcome to adapt these customisable templates as appropriate. We also propose an advocacy and support strand to this work, building on the work of our Community Action Research Programme which began in April 2022. This programme provided us with significant insights around barriers to accessing healthcare and meaningful ways to overcome this (in the voice of communities themselves). Through advocacy and support we can help communities to access services, where appropriate, with the potential to also explore addressing barriers and education around early intervention/healthy lifestyle choices. Sub-contracted partners should be fairly reimbursed for their participation.

We are looking to build on and coordinate with current programmes' approaches and avoid duplication. Therefore, this work will need to include mapping wider connector activities in our areas and complementing those. The delivery model will involve a lead facilitating voluntary and community sector (VCSE) organisation and grassroots organisations with reach into some of the specified target communities outlined below.

When working with wider Integrated Care System partners the above approach provides the opportunity to support the prevention and/or treatment of long-term conditions and support people to live in better health for longer, aligning to NCL ICB's population health goals.

Programme aims and objectives

- Building on current programmes' strong voluntary, community and social enterprise sector (VCSE) partnerships, which include lead facilitating organisations and grass roots organisations – equitably sharing funding and utilising the unique skills of each organisation to work with local communities
- Building on current programmes – exploring further training to upskill the VCSE partnerships and community connectors' knowledge of the key priority areas, recruiting and supporting community connectors within relevant wards across communities.
- Increasing understanding in target communities around how to access health advice and services, self-care, when to seek help and how as well as embedding that learning for the long-term benefits of residents.
- Empowering communities to manage their health and to know how access to services when needed.
- Encouraging and supporting communities to use digital means to book primary care appointments and self-manage around minor ailments to reduce

pressure on local services, working with the current digital inclusion programme.

- Using previously gathered key information about community barriers to accessing primary care to do targeted work with our communities to further explore how we may address and overcome these barriers.
- Work in collaboration with the Primary Care Networks (PCNs), so local practice nurses can also attend events (where they will be able to answer more challenging questions as well as check patient records).
- Work with partners to identify key events for the involvement of clinical and administrative general practice staff at events where appropriate.
- Bring primary care professionals into communities through events.
- Through the advocacy and support work, help people in registering with a GP, signposting how to keep warm in winter and navigating the healthcare system.
- Offer support and signposting around the self-care medicines scheme (particularly in areas of Barnet and Enfield).
- Make communities aware of wider primary care teams, their corresponding roles and how they contribute to patient care.
- Improve trust in non-GP primary care partners (including local pharmacy offer) to support patient needs.
- Support communities in understanding how the NHS App works, provide help in downloading it and practically using it (for example for requests around repeat prescriptions).
- Support communities who have language barriers in accessing healthcare and support.
- Support communities to increase their understanding of when to use 111.
- Ensure cross borough learning and the ability to embed change effectively is built into the project.
- Ensure the model enables a legacy for the local communities, by building trust and lasting knowledge within local communities.
- Facilitate workshops with senior colleagues in key organisations such as the GP Federation, pharmacists, and Local Authorities to feedback what communities are telling us, what the barriers were and how this could be addressed practically.
- Ensure we work together with other relevant community champion programmes locally to join up our messaging and not duplicate work.

Priority area: Primary Care

Focusing on the most deprived wards across the boroughs to provide advocacy and support around accessing GP appointments including: when to book appointments, understanding around the triage process and when to self-manage health. In addition, support communities in registering with GPs, rebuilding trust and confidence and signposting to other services to meet their needs (e.g. pharmacy, out of hours, 111 etc).

Supporting areas of the campaign: Vaccines

Linking up with the community connector vaccination effort to ensure people are aware of the schedule of vaccinations and know how to get vaccinated, especially amongst hesitant groups and where there are barriers to access.

Winter messaging and self-care

Ensuring families are aware of a range of health and wellbeing offers including signposting them to information and services to ensure they choose the right service without increasing pressure on primary care. This will include raising awareness around winter messaging and alternative services, such as warm places etc.

Wider and holistic health

Ensure we have mechanisms to listen to and capture the wider concerns and barriers that our communities have around health and wellbeing to support early intervention and prevention of long-term health conditions.

Reporting

We will discuss the reporting framework with the provider(s) in more detail during the project initiation phase. Typically, our reporting process includes:

- regular (monthly) monitoring meetings
- a summary of upcoming events with a 'live' events planner
- a summary of programme development
- emerging or consolidating themes including community interventions
- end of year project analysis report exploring approach, key themes, data and impact

The reporting itself will include:

- quantitative information – including numbers worked with, demographics and impact e.g. advocacy support offered and impact on access and wellbeing
- qualitative information – including thematic analysis of qualitative insights provided through the programme, experiences of project involvement, and impacts e.g. access and wellbeing.
- illustrative case studies.

Shared learning

We want to present insights from this project to our partners so shared learning can have a collective role in shaping future campaigns across as wide as possible across our geographical area. In addition, we want to use feedback given by our communities to inform Integrated Care Board and system approaches at a senior level.

Target communities and areas

We aim to work with communities that are most affected by health inequalities in North Central London, which the successful VCSE partner will have expertise on. The target communities will be dictated by the campaign's focus but may include:

- Black African
- Black African Caribbean
- Bangladeshi
- Gypsy Roma Traveller
- Orthodox and Charedi Jewish
- Somali
- Turkish
- White Other including Romanian, Polish, and other Eastern European communities e.g. Ukrainian
- Young people aged 16-25
- Parents of children (aged 16 and below)
- Core20PLUS5 communities
- People who are digitally excluded
- People with language barriers

Borough Focus

- Engagement to focus on Barnet, Enfield, and Haringey
- A particular focus on wards around North Middlesex University Hospital
- Barnet has low satisfaction around general practice and outcomes would include changing this and building more trust with health services.

Budget

- £30K for Barnet
- £30K for focusing on areas around North Middlesex University Hospital and the corridor between Haringey and Enfield.

We anticipate two providers, one for the Barnet work and one for corridor between Haringey and Enfield. But it is possible that one provider may bid to deliver work in both areas.

The lead provider(s) will be supported to work with the VCSE partnership to determine an equitable funding model. This must ensure that grass roots organisations are fairly compensated for their time and commitment to the programme and that resources are provided to grass roots organisations.

All project costs must be budgeted within the set amount of £30,000, this includes:

- staff time
- volunteering and other expenses
- community researcher costs
- event and venue costs
- translation costs
- evaluation costs

Appendix: Draft implementation template (used in quarterly meetings to keep track of progress and work).

Project Name					
Project description					
VCSE partners					
NCL lead(s)					
Project outcomes	RAG rating (overall)				
Actions	Outputs	Outcome	Lead	Date	RAG