



North East London

Big Conversation

Meeting name: ONEL JHOSC

Presenter: Charlotte Pomery, Chief Place and Participation Officer

Date: 25 July 2024

About the Big Conversation

Background:

- We made a commitment in the 'Working with people and communities' strategy to work with local people and those who draw on our services to identify priorities and the criteria against which we will monitor and evaluate our impact.
- The Big Conversation is about listening to the people in our communities, and understanding their views about health, care and wellbeing, to help us to focus on what matters to them, and to help us to improve what we do. It builds on the [interim integrated care strategy](#) that is turning our ambitions into actions.
- Based on what we already know about the needs of local people and what residents have told us before, the Big Conversation process focused on asking people open questions about our four priorities for improving quality and outcomes and tackling health inequalities:
 - Babies, children and young people
 - Long term conditions
 - Mental health
 - Local employment and workforce
- The findings have informed the development of success measures - helping us to understand whether we are making a difference to health and wellbeing outcomes - which we will report on annually as well as service redesign, service improvement and building wider conversations with local people leading to co-production.
- We know it is not the only way either the ICB or wider Integrated Care Partnership engages in dialogue with local people.

Listening to local people

Last summer we engaged with around **2,000 people** across north east London:

We promoted an online survey (and received over 1,000 responses) including questions on:

- Our [four ICS priorities](#)
- Living a healthy life, voice and influence and receiving care
- Experiences of using health and care services in north east London

We held face to face sessions and community events across north east London

- Eight drop in sessions in places across north east London using facilitated table discussions to enable detailed discussion on the four priorities
- Presence at community events including the Wanstead (Redbridge) Disability Festival and the Waltham Forest women's health event organised with the network of mosques
- Ad hoc sessions e.g. informal discussions with Romanian community in high road cafes
- Targeted focus groups (see next slide) selected in light of the fact that 53% of the respondents to the survey were white British and 73% were women and there were some clear gaps in the voices we heard in the earlier face to face sessions and community events

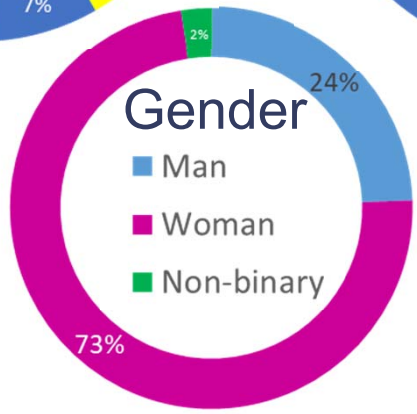
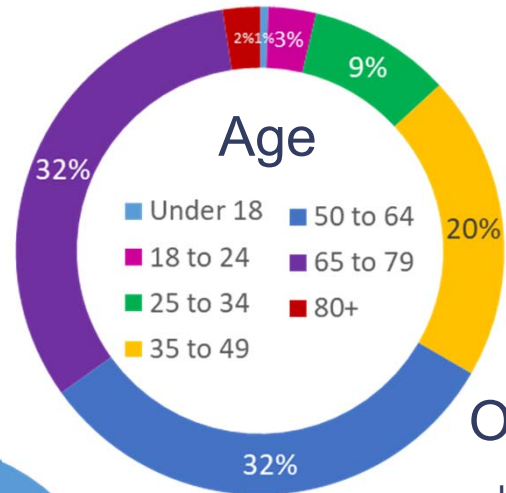
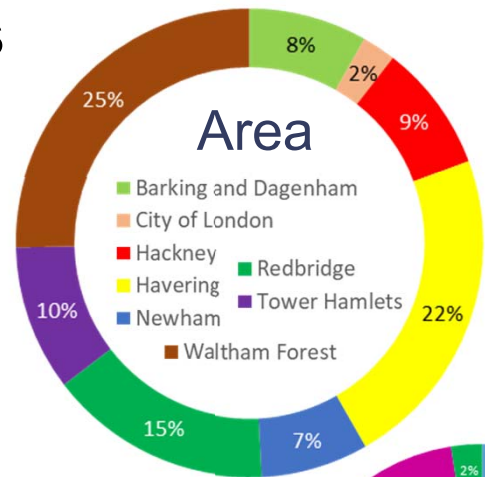
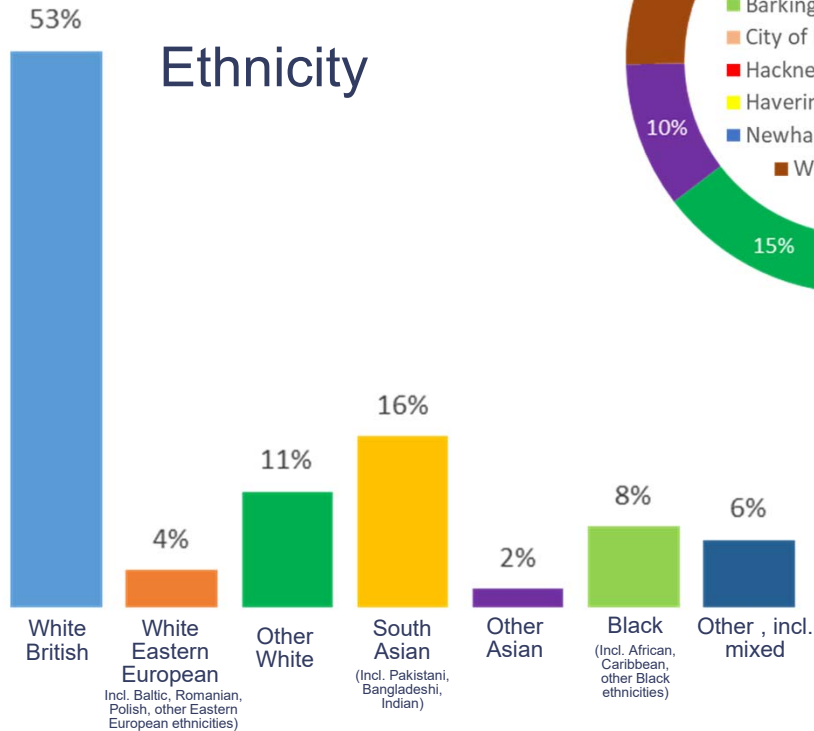
Additional focus groups

Facilitated by local Healthwatches which selected focus group communities to better reflect the diversity of the local populations they work with. Engaging with these target communities in smaller focus groups enabled more in-depth discussion to explore health, care and wellbeing with groups under-represented in other forms of engagement during the Big Conversation. Examples include (not exhaustive):

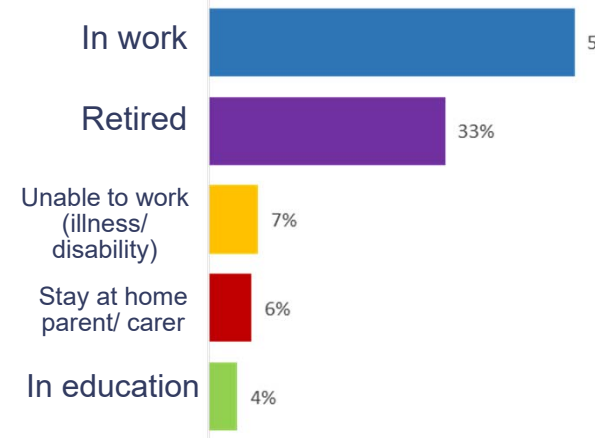
- Turkish mothers in Hackney
- South Asian men in Newham and Tower Hamlets
- Black African and Caribbean men in Hackney
- Older people in the City of London
- Patients living with Long Covid in Hackney
- Men in Barking and Dagenham
- Deaf BSL users in Redbridge
- Young people in Barking and Dagenham
- Pakistani women in Waltham Forest

Survey respondents

(some additional information)



Occupational status



98% were registered with a GP
93% had used health or care services in the last 12 months
7% were parents of a child/ children aged under 18
7% were carers for an adult loved one or family member
23% were digitally excluded
6% were disabled
3% were neuro-divergent
41% had a long-term condition
3% were LGBT
32% were struggling financially or just getting by

Success measures: statements from the Big Conversation

One of the initial purposes of the Big Conversation was to derive success measures for the Integrated Care System's Integrated Care Strategy, developed through the Integrated Care Partnership. Five clear statements emerged which have been used to drive the success measures, which are being tested with local people. The primary finding was about quality of care – which has led to the development of the Good Care Framework and its adoption across north east London:

1. We want to receive trustworthy, accessible, competent and person-centred care from health and care staff
2. We want to see agencies/organisations working well together and to know where they can go to get help/answers
3. We want more ways to support people's wellbeing - to be physically and mentally well - in their local communities
4. We want it to be easier to find work within the north east London health and care system
5. We want straight forward access to care, especially to primary care

Introduction to the Good Care framework- developed out of the Big Conversation

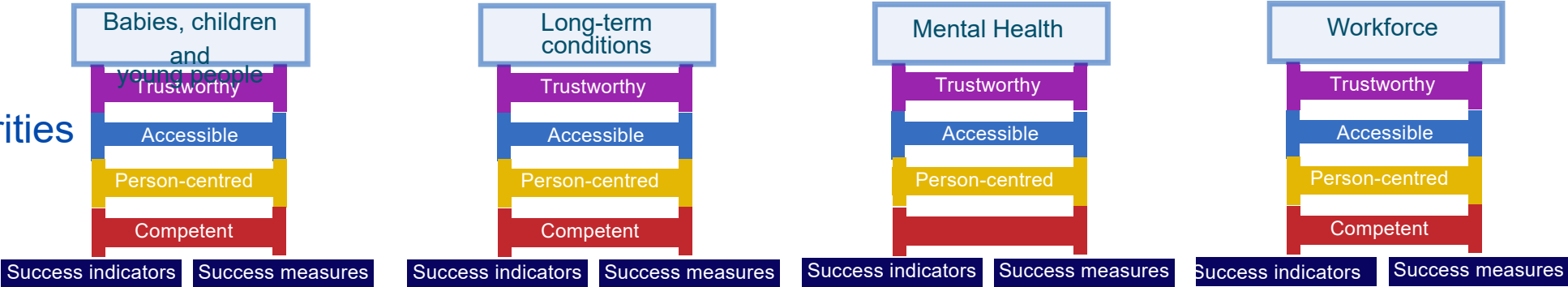
What does good care look like?



What people told us



Priorities



Success measures and outcomes

- 1. We want to receive trustworthy, accessible, competent and person-centred care from health and care staff**
 - Increase in people experiencing good care: across the dimensions of trustworthy, competent, accessible and person-centred
- 2. We want to see agencies/organisations working well together and to know where they can go to get help/answers**
 - People living longer and healthier lives
 - Improved health equity amongst all communities in north east London
- 3. We want more ways to support people's wellbeing - to be physically and mentally well - in their local communities**
 - Reduction in people reporting that they are socially isolated
 - Reduced rates of childhood obesity in each of the Places across north east London
 - Reduction in the rate of increase in long term conditions across north east London
- 4. We want it to be easier to find work within the north east London health and care system**
 - Reduction in numbers of local people in employment in health and care who experience in work poverty. These are most likely to be disabled people and households with children
 - % increase in numbers of people who enter and remain employed (on a paid or voluntary basis) in health and social care locally who also live in north east London
- 5. We want straight forward access to care, especially to primary care**
 - People living longer and healthier lives
 - Improved health equity amongst all communities in north east London