

Co-production with communities as a solution to health inequalities

Welcome and introduction

Facilitated by chair – Louise Ansari – chief executive, Healthwatch England

Strategic co-production, co-leadership and coaching with National Voices

Keymn Whervin - head of experience, National Voices

People participation and quality improvement to address health inequalities

Alan Strachan – people participation lead for CAMHS, East London NHS Foundation Trust

Miles Tringham – people participation lead for Luton, East London NHS Foundation Trust

Laura Austin-Croft – director of population health, East London NHS Foundation Trust

Working with communities

Sarah Balchin – director of community engagement and experience, NHS Solent

Panel Q&A

Facilitated by chair

Summary and close

Facilitated by chair

Close of event

- Please note, this event is being recorded
- Please keep your camera on wherever possible
- If you lose connection, please re-join using the link in your joining instructions or email health.inequalities@nhsproviders.org
- Please ensure your microphone is muted during presentations to minimise background noise
- We will come to questions during the panel Q&A
- Please feel free to use the chat box to ask questions
- If you would like to ask a question audibly, please use the raise hand function during the Q&A section and we will bring you in
- Any unanswered questions will be taken away and answered after the event
- You will receive a link to an evaluation form at the end of the day, please take the time to complete it, we really do appreciate your feedback.

Valuing Lived Experience

NHS Providers Health Inequalities 8 February 2024

Keymn Whervin
Head of Experience



Overview

- Addressing health inequalities through shared-decision making, empowerment and inclusivity in the healthcare process.

Key Benefits:

- Community Empowerment
- Holistic Approach
- Improved Access

About National Voices

Our Mission

We advocate for equitable, person centered health and care services, developed through genuine partnerships with people, communities and voluntary sector organisations

Understanding and advocating for what matters to people especially those living with long-term conditions and groups who experience inequalities

Finding common cause across communities and conditions working with member charities and those they support

Connecting and convening charities, decision makers and citizens to work to change health and care for good.

Lived Experience and Co-production

What we mean

Lived Experience – the experience of people(s) on whom a social or a combination of issues has had a direct, personal impact.

(p.5 The Value of Lived Experience in Social Change – Baljeet Sandhu)

Co-production

A way of working together underpinned by principles that support inclusion, equity, shared decisions and ownership for what is produced and the impact it has at all levels especially strategically.

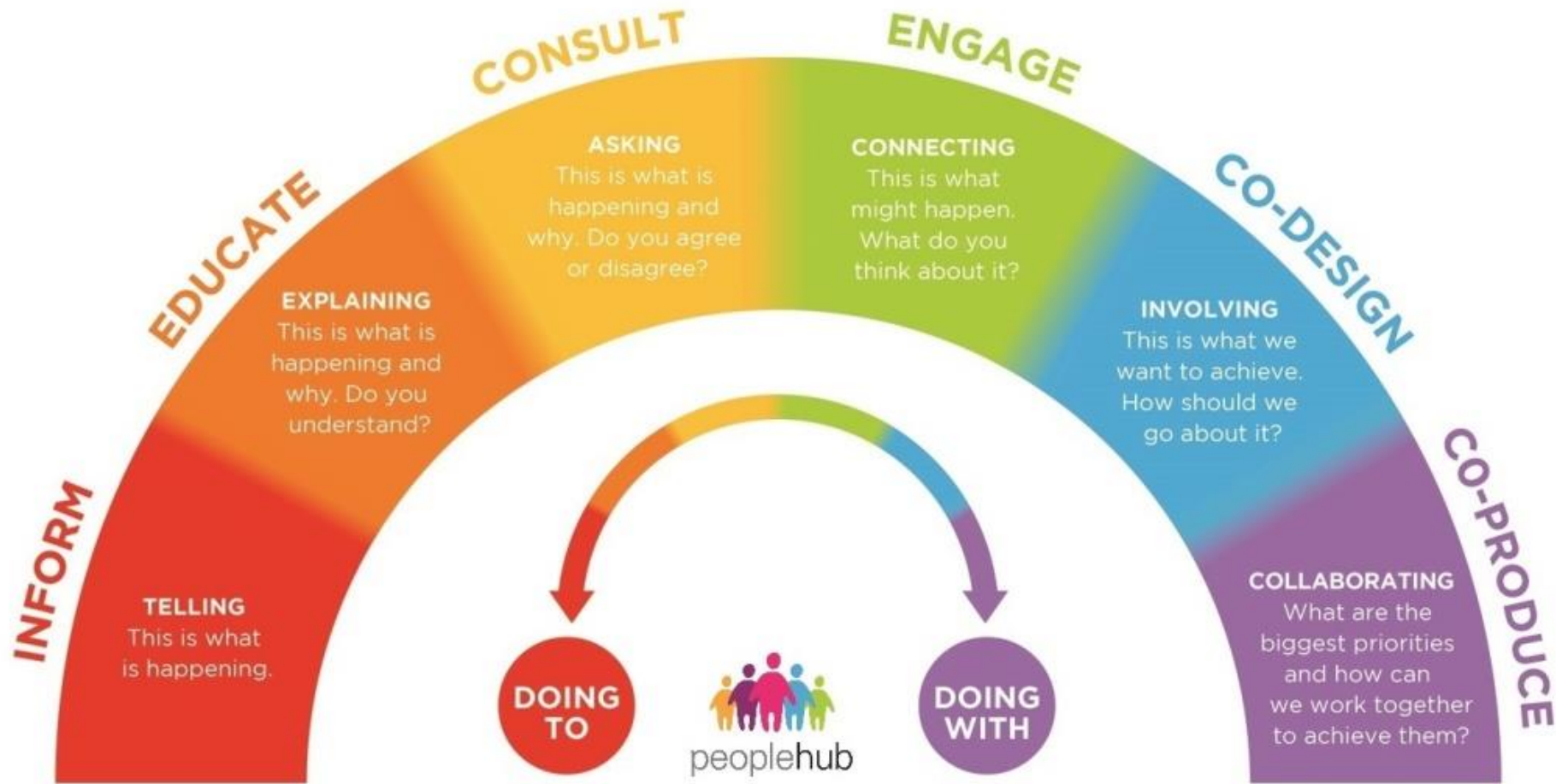
When to co-produce

Complex situations where there is no obvious answer or agreed way to approach a situation

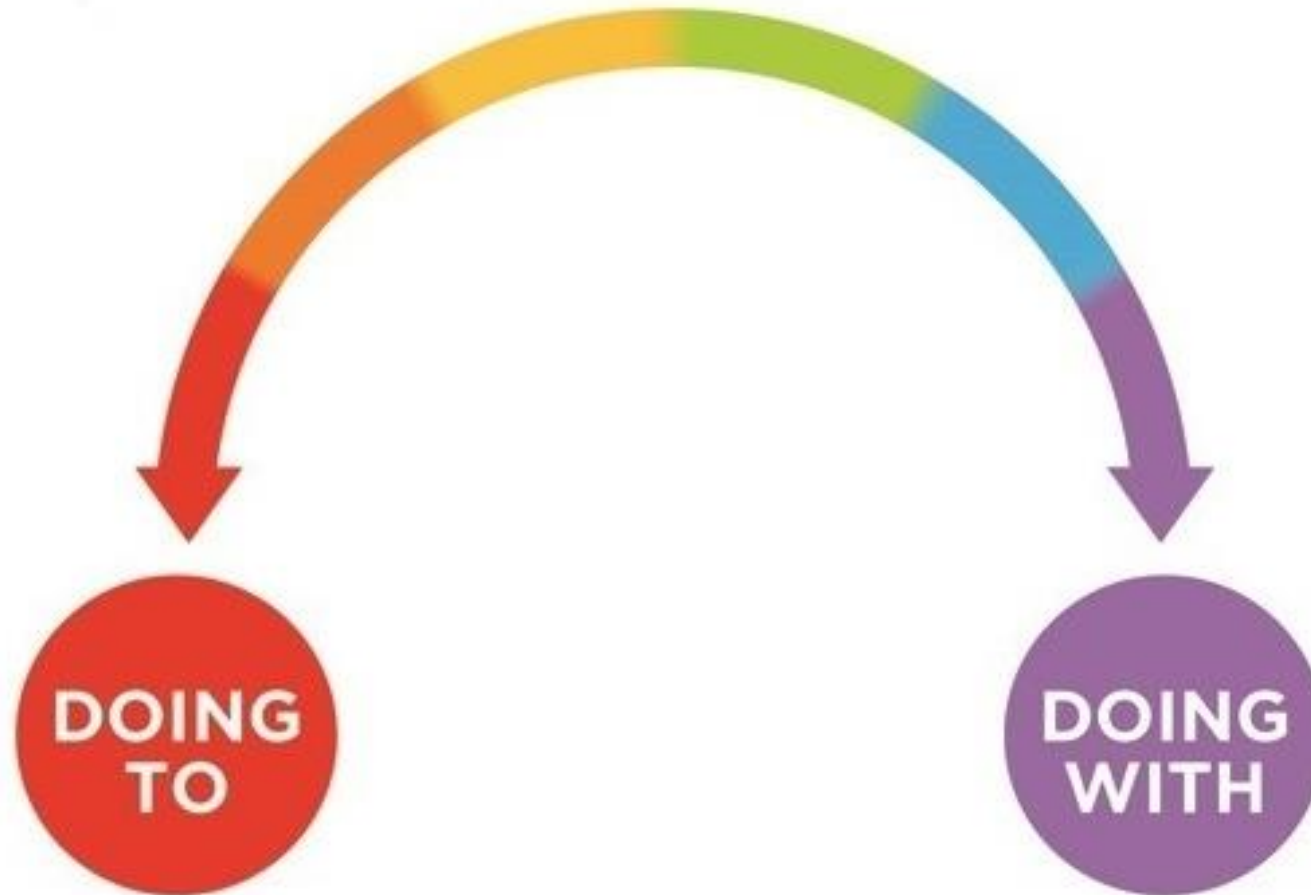
For more information about coproduction principles, we recommend

[Nesta publications](#)

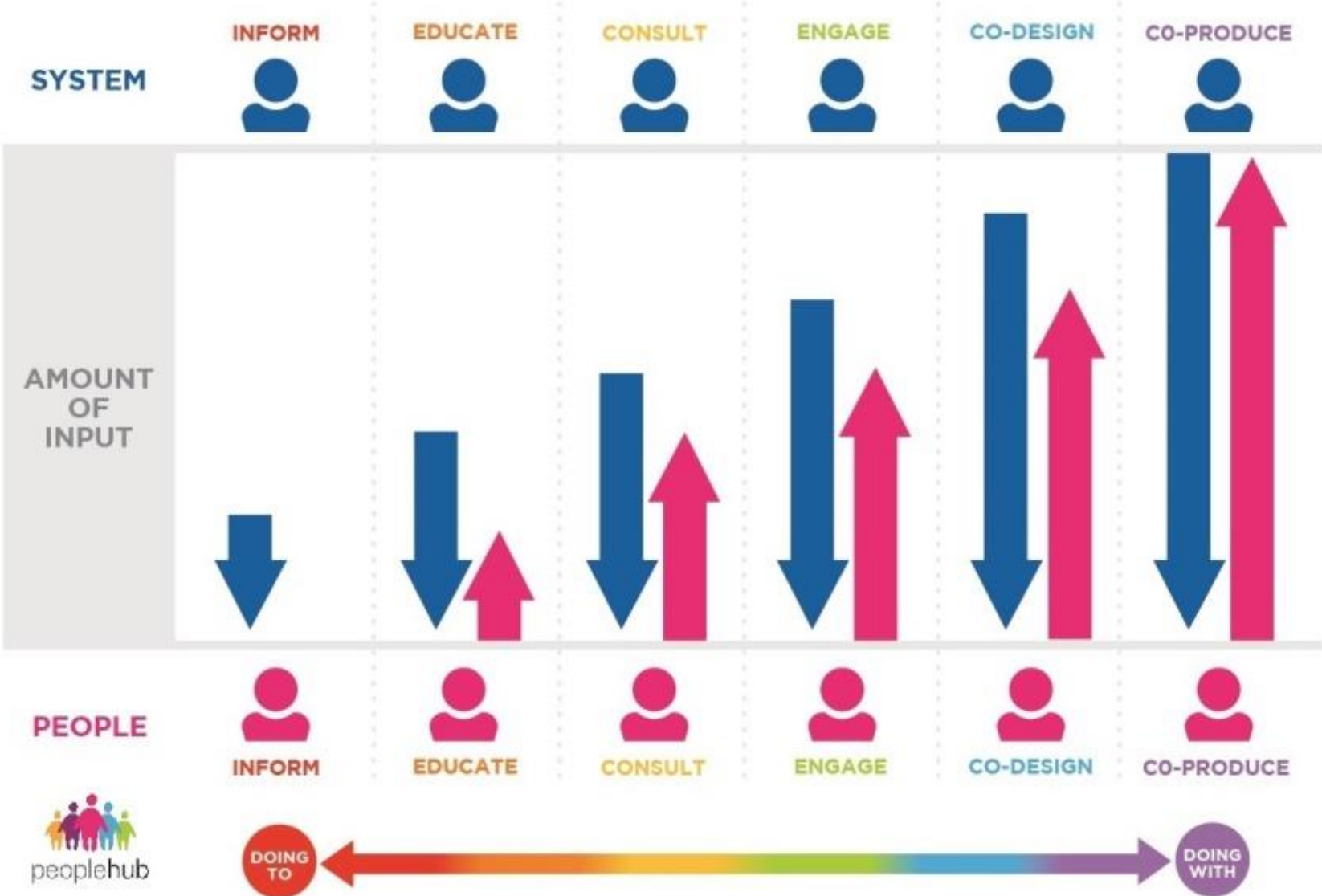
Spectrum of Participation



“To” People – “With” People



Relative Input



Strategic Co-Production Model – the how

1-Comitment and leadership

2- Contact and connect

3-Agree a common purpose

4- Build Knowledge skills and confidence

5-Co-produce Personalised care, health and care policy

6-Review

Facilitate the whole process

Source: NHSE/I

Co-production at National Voices

Diversifying our Trustee Board and inviting people with lived experience to seek nomination

Provide opportunities for members who are grounded in marginalised communities

Evolve our infrastructure to co-design lived experience roles and promote reciprocal learning

Build experience, grow confidence with lived and learned experience



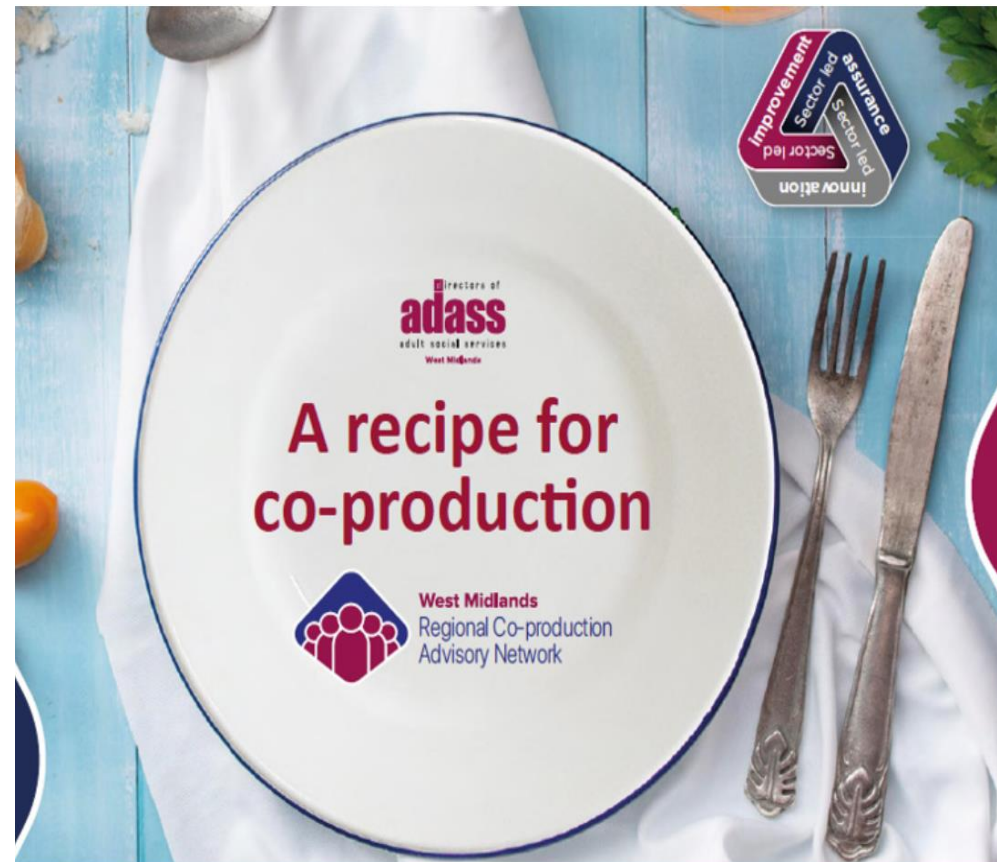
Support and coach people with lived experience to be actively involved

Practice co-leadership with Lived Experience Partners

People with lived experience are involved in recruitment of employees and trustees

West Midlands Association of Directors of Adult Social Care Services

- Invested and resource WM-ADASS Regional co production advisory network
- Co-produced 'A Recipe for co-production' guide
- Co-produced the process and audit tools for Social Work Practise Reviews
- 4 Directors of Adult social care have received 12 hours coaching from NV and four Lived Experience Partners have trained as regional coaches.



Where else is co-production happening

My Life Choices is a group of people with lived experience and shared values that know and promote the benefits of the **personalised care approach**: they are actively involved in informing decisions, designing the implementation and roll out of the Universal Personalised Care Approach and wider programmes within the Integrated Care System across Nottingham & Nottinghamshire



<https://youtu.be/h-i-6W4Khmo?si=uk6pQqHce2nNFQsT>

Where else is co-production happening



Keeping in touch

Keymn Whervin

Head of Experience



Keymn.whervin@nationalvoices.org.uk



[@NVTweeting](https://twitter.com/NVTweeting)

[@keymn1](https://twitter.com/keymn1)

People Participation and Quality Improvement to Address Health Inequalities

Alan Strachan – People Participation Lead for CAMHS, East London NHS Foundation Trust

Miles Tringham – People Participation Lead for Luton, East London NHS Foundation Trust

Laura Austin-Croft – Director of Population Health, East London NHS Foundation

James Xavier- QI Project Lead & Expert by Experience



We care
We respect
We are inclusive

East London Foundation Trust (ELFT)



East London
NHS Foundation Trust

- East London NHS Foundation Trust (ELFT) provides mental health, community health, primary care and specialist services
- It covers an East London population of 955,000 and a Bedfordshire and Luton population of 890,000. It provides forensic services to a population of 2 million in North East London.
- ELFT's service coverage includes areas of high ethnic diversity, high population growth, and high levels of deprivation. It includes urban and rural geographical settings, which create different challenges in terms of access to care.



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We are inclusive



ELFT
CHARITY
Registered Charity Number: 1198337

elft.nhs.uk

Commitment to improving population health

“We believe we have a responsibility to do our bit to make our corner of the world a fairer place to live and work, and to see the communities we serve thrive.”

[ELFT Annual Population Health report 2023](#)

Strengths that support us include:

- People Participation
- Quality Improvement



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- Micro - Recovery

Benefit the individual
“Recovery” is entirely unique and dynamic
Bespoke experience of PP

- Macro - Improvement

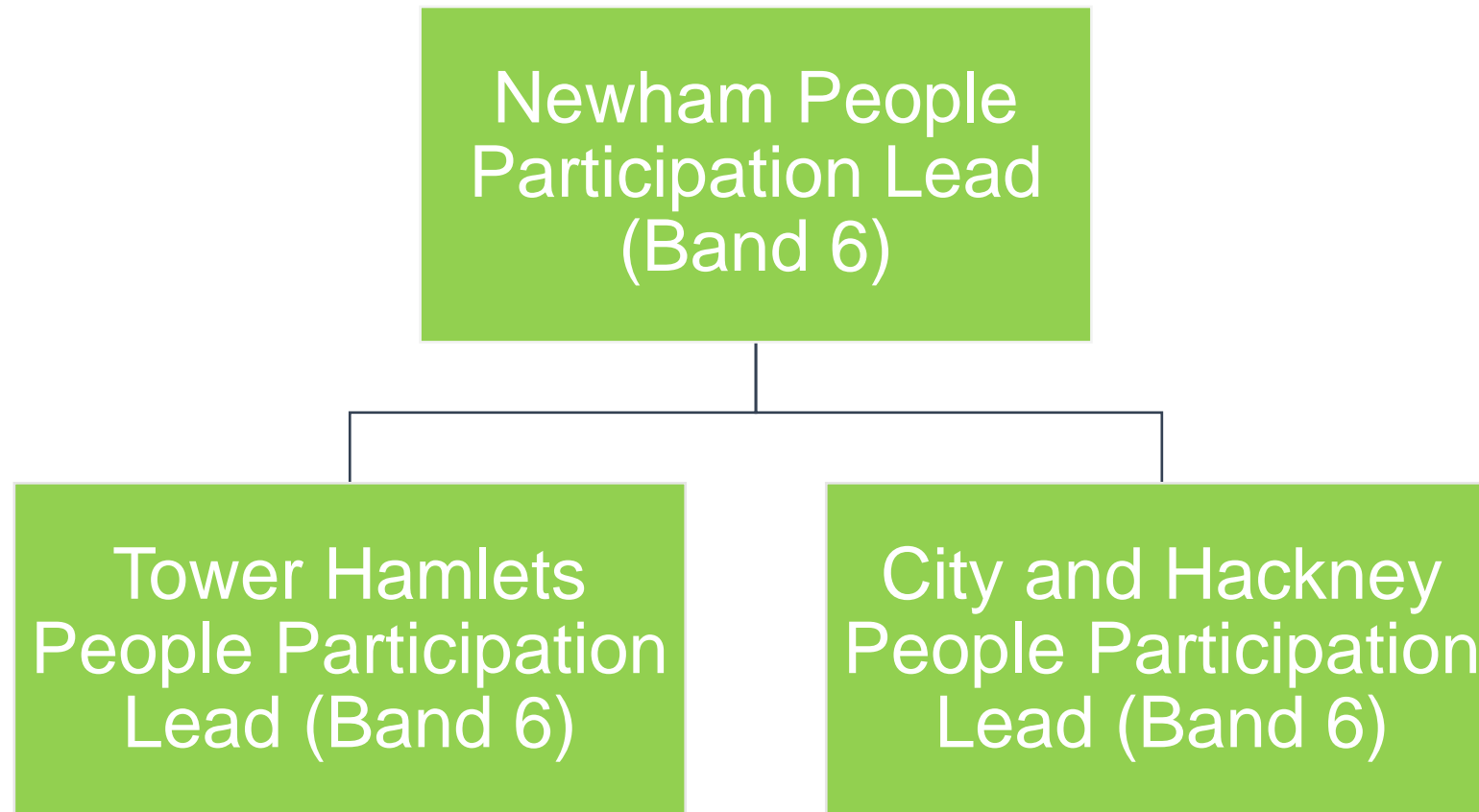
Benefit the community
Service improvement
Promoting co-production as a culture



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Ask about the
#ELFTPromise

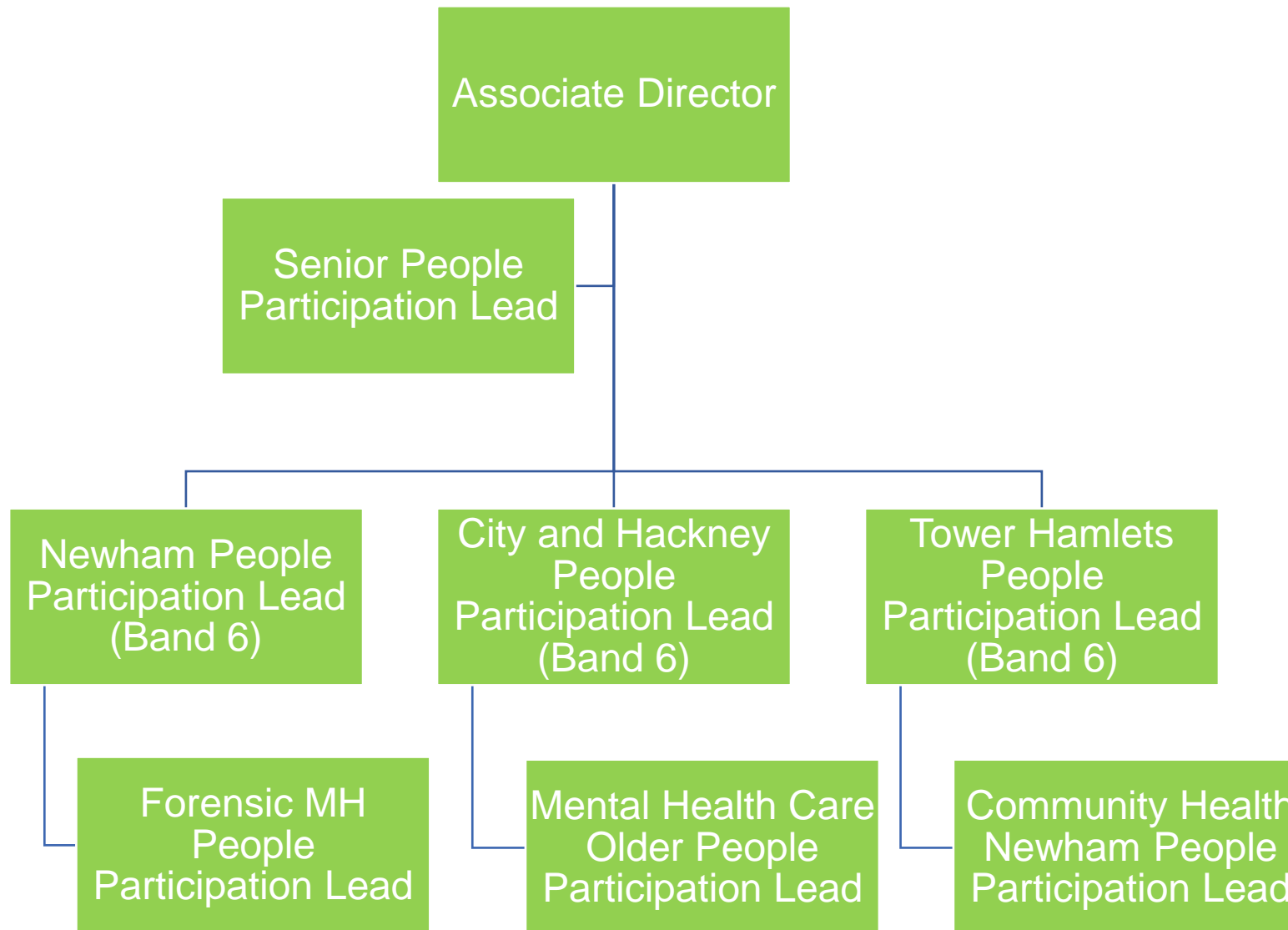
People Participation Structure- 2008



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Ask about the
#ELFTPromise

People Participation Structure- 2012



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People Participation *Directorate*- 2023

- Director of People Participation
- Head of People Participation (currently recruiting Head of PP Support Services)
- 33 People Participation Leads
- 16 People Participation Workers
- Academy of Lived Experience Lead plus Admin
- Befriending Service Lead & 58 Befrienders plus 2 Admin
- Volunteer Service Lead plus Admin
- Health Development Lead & Coordinator & 5 Peer Leaders/Instructors
- PP Office Manager & EA
- Payments Administrator
- Cost of Living Co-ordinator plus Admin
- Peer Support Professional Lead, 3 Peer Support Borough Leads & 75 PSWs, Admin (PSWs sit in teams)

206 Team members



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Ask about the
#ELFTPromise

Local Working Together Groups

Each borough/service has a local Working Together Group



Trustwide Working Together Group

This meeting connects elected service user and carer representatives from each of the local WTGs. It meets every 3 months to share the progress made by the local groups and to discuss any Trustwide issues that may have arisen.



Board's People Participation Committee

The Trustwide Working Together Group reports to the People Participation Committee. Chaired by one of our Non-Executive Directors with majority service user membership. Recommends the People's Participation Strategy to the Board and holds the organisation to account for its delivery.



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Ask about the
#ELFTPromise

“Start somewhere, go
everywhere”



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East London
NHS Foundation Trust

Central Beds Medication Flow & Communication QI Project

Project Lead- James Xavier
Service User and ELFT Expert By
Experience



Getting the Basics Right

More than 237 million medication errors are made every year in England, the avoidable consequences of which cost the NHS upwards of £98 million and more than 1700 lives every year

Source – BMJ Quality & Safety (Based on 2018 data)

For the worst-case scenario, which assumes a hospital stay of 14 days for each incident and the need for a broad range of NHS services, the estimates come in at £1.6 billion and 22,303 lives, respectively, each year.

Source – British Medical Journal (2022)

Between 30-50% of medicines prescribed for long-term conditions are not taken as intended.

Source – Nice: Medicines Optimisation Quality Standard (2016)

From April 1 2015, to 31 March 2020 NHS Resolution received 1,420 claims relating to errors in the medication process. Of those claims, 487 claims settled with damages paid, costing the NHS £35 million (excluding legal costs).

Source: NHS Resolution (March 2022)



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1. To reduce the number of issues encountered by ELFT Service users related to medication changes, side-effects, interactions and communications errors between Primary and Secondary Care
2. To improve communications based on medications and reduce concerns or fears for service users and carers
3. Waste reduction by providing more options, holistic approaches and appropriate medications
4. Increase specialist Pharmacy knowledge and experience in the prescribing processes



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- Our QI Project has a core of 4 service users and carers, 3 clinicians, a Senior CMHT manager, a case worker and more.
- Their shared experiences and journeys in ELFT have helped to inform each other and identify areas where we could improve medication flow and satisfaction
- Improved communication between healthcare partners (GP's, CMHT's, Acute Services and more)
- Ongoing data provided and recorded through DIALOG+ to view measures and trends
- Improvement and streamlining of change ideas such as 'drop-in' pharmacy clinics, medication reminders, collaborative prescribing between staff and service users and medication passports to provide a digital listing of medications
- Together we can reduce cost and waste while improving the quality of life for all service users and their communities!



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People Participation | CAMHS & Children's Services



East London
NHS Foundation Trust



Education & Training

Population Health Reviews

Service Commissioning

Treated as Equals | Working as One



**We care
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We are inclusive**

elft.nhs.uk

Thank You

Contact us

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 [NHS_ELFT](#)
 [EastLondonNHSFoundationTrust](#)
 [NHSELF](#)



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NHS

Solent
NHS Trust

**Alongside Communities –
the Solent approach to
working with people and
communities**

Sarah Balchin
Director

Community Engagement and Experience
Solent NHS Trust

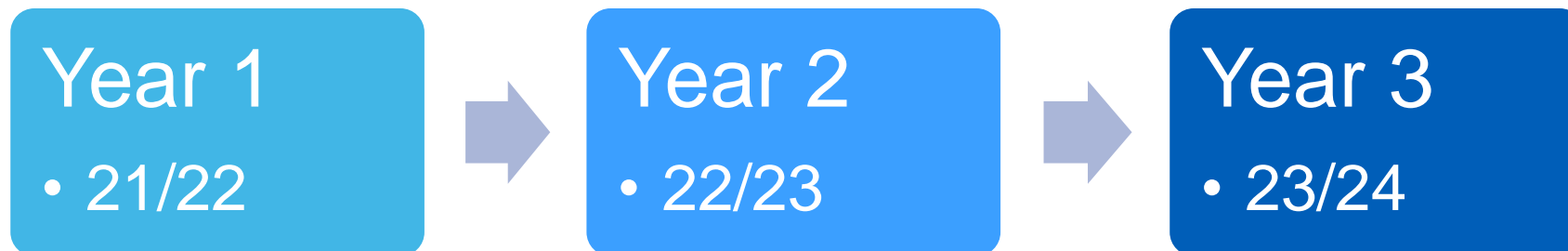
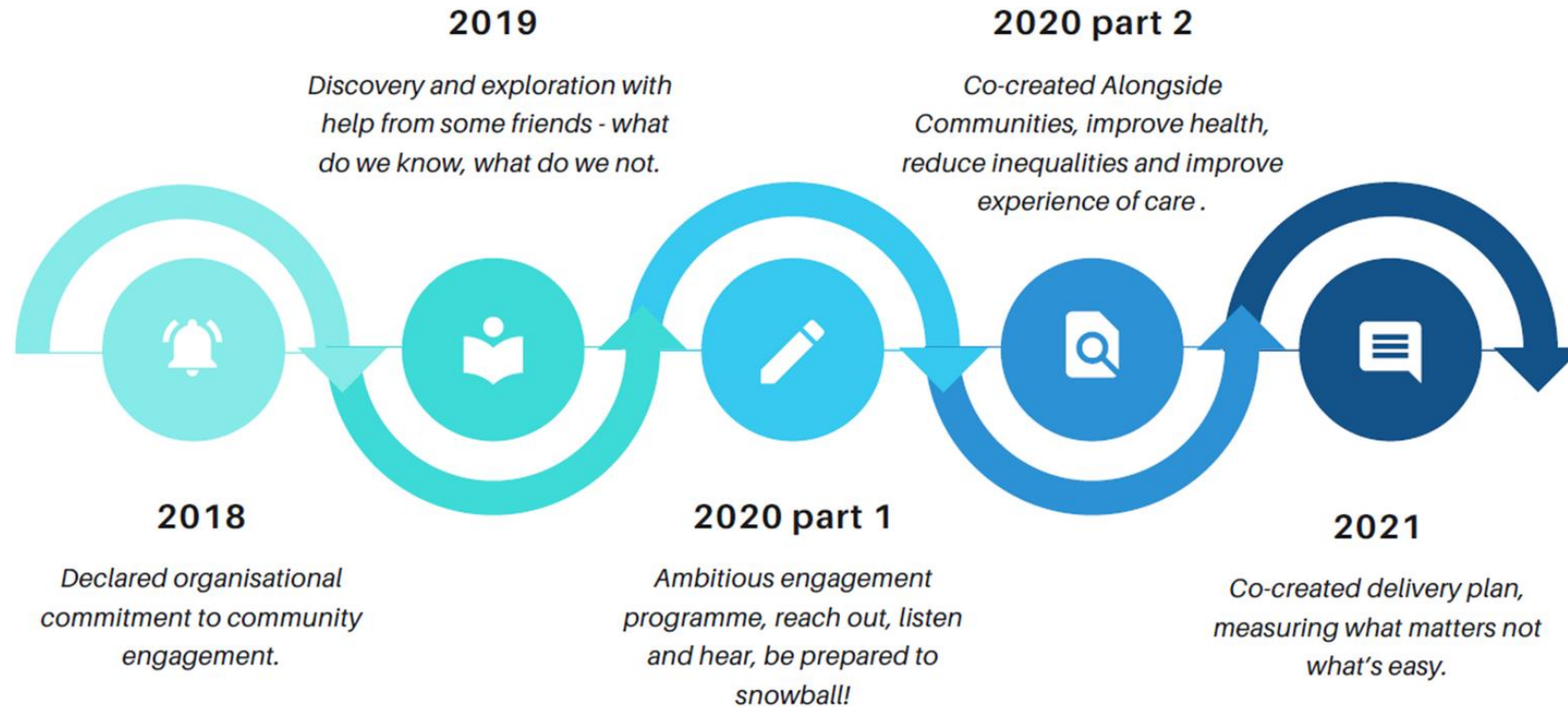
Communities – an untapped resource

*Communities are all around us, close at hand,
awaiting the community building that will make the
invisible assets within them visible in their abundance.*

Cormac Russell 2020



Not a quick fix – our 5 year plan



What we learned along the way (and continue to learn everyday!)

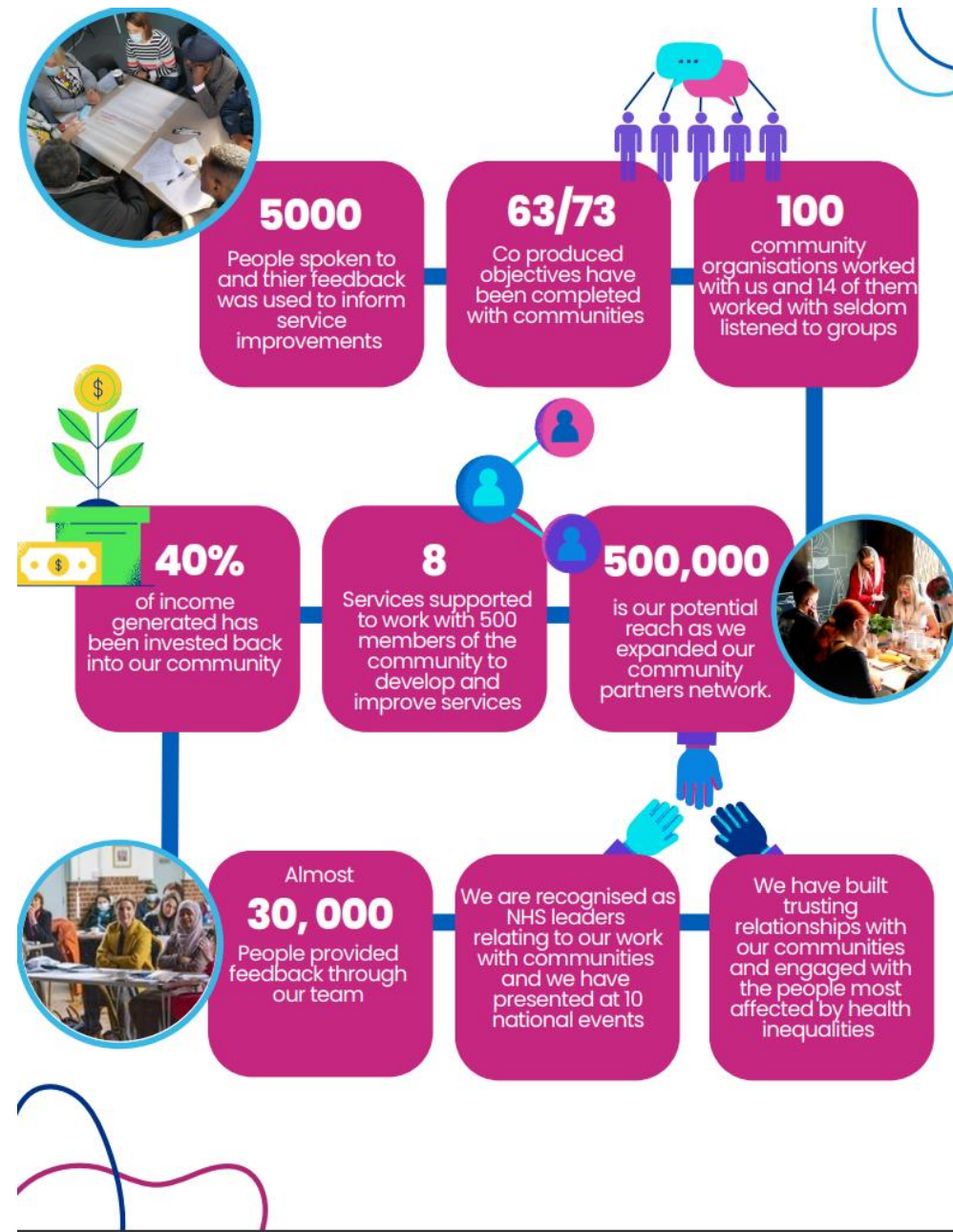
- Explicit commitment from the most senior leaders; embed in the way we do things
- [Chapter three: Our strategic priorities | Solent NHS](#)
- Three c's: courage, curiosity and challenge
- Acknowledge communities lived experience of health and care services and respect any cynicism.
- Face to face in their space, being culturally sensitive.
- Never answer the question before you've asked it, this is not a consultation exercise.
- Recognise and celebrate your communities as a source of knowledge, skills and expertise.
- You must give people a voice!

Giving people a voice – widening opportunities for feedback and participation

- **Community Partners Programme**
 - Local individuals and groups who offer the gift of their knowledge experience and skills; a reach of over 500,000 people.
- **Story Telling Programme in partnership with Touch CIC**
 - Improving story gathering and telling skills in teams to better understand experience of care and barriers to access.
- **Community Feedback Champions**
 - Enabling us to hear from those who do not yet trust us nor our feedback systems
- **Learning Disability Quality Checkers**
 - Assessing access to services, physical environment and experience of being in the services.
- **Community Conversations**
 - 3000 local people actively informing the development and design of the new HLOW Community and MH Trust
- **Slam Poetry**
 - Children and young people service evaluation on the experiences of black and minority ethnic families in accessing our services.
 - Experience of wheelchair users and ambulance transport.

Our impact at a glance

- Improved access to carer support for people from minoritised communities.
- Improved experience and timely escalation in 'Waiting well' project.
- Better understanding of root cause of complaints with new complaints coding system.
- Delivery of system wide programmes for ICB.
 - Covid confidence conversations
 - People First Strategy
- Talking Change Project.
- Involvement of black men in improvement programmes.



Talking Change Project

The Issue

- Concern in clinical team about patient population not being representative; poor uptake of offers of self referral, poor completion of programme, high admission rate in acute crisis for people from BME communities.

Our Brief

- Try and discover what where the barriers were to accessing the service and completing the programme.

Our approach

- Data collected from 108 people from minority ethnic communities using semi-structured interview to by a member of the team from a BME background.

Findings

- Young people in multigenerational home settings not comfortable with no choice around appt times.
- Lack of cultural awareness of stigma associated with mental ill health.

Actions

- Cultural awareness training for all staff.
- Complete review of appointment offers.
- Recruitment of community engagement worker

Output

- Increased completion of programmes.

Outcomes

- Initial signs of reduction on admission of people from BME community in acute crisis.

Involving black and minority ethnic men



Ubuntu

I have gifts that you don't have, and you have gifts that I don't have. We are different in order to know our need of each other. To be human is to be dependent.

Desmond Tutu (2011)



Thank you

See more about what we do:
[Community engagement | Solent NHS](#)

Contact me at:
Sarah.Balchin@solent.nhs.uk

Find me at :
X @slb306

Join us:



Annual Celebration Event 2024



Join us for this special Annual Celebration Event as we recap achievements from the last year as well as a fun networking session.

Book your place by emailing
ceet:@solent.nhs.uk



7 March 2024
9.00 - 4.30
Cedar Room, Kings
Community Church
SO30 4BZ

Book now

Improving access and engagement for rural and coastal communities |
Monday 25 March 2024

Our next webinar will explore how trusts can improve access and engagement for communities in rural and coastal areas.



Scan here to access our upcoming events

Tell us what you think

Your feedback helps us shape future events.

Please take five minutes to complete our evaluation.



Scan here to access our evaluation

Visit our website

Discover further topics on how to address health inequalities including:

- Anchor institutions
- Partnership and system working
- Approaches for reducing health inequalities
- Embedding prevention



Scan here to access our website

Thank you for attending

Your feedback helps us shape future events.



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