Camden
Community Action Research

Access to health services (NW1)

Community connectedness (NW5&6)

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ABBREVIATIONS, ACRONYMS and INITIALS

CBP Camden Borough Partnership

CPPEG Camden Public and Patient Engagement Group

Lifeafterhummus Lifeafterhummus Community Benefit Society

NCL ICS North Central London Integrated Care System

UCL University College London

SP Group Social Prescribing Working Group

Umoja Umoja Health Forum

VAC Voluntary Action Camden

VCSEs voluntary, community and social enterprise sector

1. SUMMARY

1.1. Concept and stakeholders

Working together within complex system – connecting neighbourhood experience and community solutions into complex system and strategies

Learning / formative approach to community research - how it fits / is useful in understanding and improving population health / health equality

Solution focused / transformative ambitions that are process driven (CAR cycle) and are do-able

Autonomous projects /fluid but collaborative model - build interdependencies and allies in system

Voluntary Action Camden facilitating organisation

Lifeafterhummus Community Benefit Society health access research project NW1

Umoja Health Forum community connectedness research project NW5&6

UCL Evaluation Exchange integrated evaluation

Camden Borough Partnership integrated reporting / adapting

Residents

North Central London ICS Peer Learning Group

1.3 Overarching outcomes and delivery proposals

Understanding of population health and inequalities at hyperlocal level	Tailored interventions with VCSEs and residents as part of a solution	VCSE better integrated into 'system building' in neighbourhoods and borough where they are experiencing pressures from the health system
• Use CAR data and insights, with similar community research, pilot findings and public health population health profiles to buildneighbourhood knowledge • CAR projects each illustrate a specific and hyper local situation showing how and why some residents are excluded or disconnected from support and services	• CAR projects indicate how sustainable solutions could be progressed • **Lifeafterhummus:** a more effective way for residents to work with GPs and develop better cultural knowledge and sensitiviity between • **Umoja:** outreach and cultural advocacy alongside building neighbourhood relationships to connect and reconnect residents with appropriate support	• Address challenges for VCSEs understanding and working with an emerging and complex health and care system through developing a coherent operating model. • Connect Camden VCSE insights and voice with NCL system decsion making. • A borough VCSE operating and accountability framework in the ICS

2. APPROACH

2.1 Collaboration

The collaboration to deliver the programme was intended for partners to lead separate participatory action research projects but work together with VAC to develop knowledge, capacity and relationships.

The programme suffered from lack of coproduction at the planning stage. Timescales only allowed for limited orientation in relation to systems thinking and more reflective and analytical approaches to community research. In contrast the hackathon organised with UCL to develop an evaluation brief embedded greater commitment to collaborating on the evaluation from research partners. Regular sessions with the CBP commissioners enabled some relationship building and adaptation, but the time was used at the expense of the core collaboration between the research partners and facilitating organisation, and ultimately impacted on the quality of the participatory research experience.

2.2 Research

The research approach favoured by VAC was based on Participatory Action Research, with emphasis on the transformative / solution focus of the research cycle. The intention was to facilitate a shift away from delivering survey-generated information for unclear purpose. Participatory action research is a process where community research groups can see themselves as part of the solution to their research challenges. However, with tight timescales and disproportionate time allocated to surveys there was no capacity for the partners to engage fully with reflective and analytical phases of the research cycle.

2.3 Analysis

STRENGTHS	WEAKNESSES
• Working relationship with CBP team • Formative approach, no predetermined outcomes enabled useful reflection and learning about approach / processes • Freedom to challenge and deconstruct processes • Specific health inequalities knowledge and insights for defining research project challenges (research partners) • Some previous research experience in partner groups • Integrated but independent evaluation • Research partners' knowledge of health inequalities and wider determinants of health	• Lack of time / investment for coproduction, resulting in minimal structure in the VAC proposal, didn't support good research project planning • Lack of scheduling in CAR cycle delivery resulting in most time being spent on surveys • Tension between challenging barriers and strengths based / solution focused approach • Core collaboration did not develop evenly after project mobilisation • Exploring and learning from other initiatives not well incorporated into projects • Time not proportionately allocated to coproducing solutions
OPPORTUNITIES	**THREATS**
• Relationship and system building • Improve systems / processes for VCSEs to engage with system • Develop accountability to residents involved in research • Other similar research, pilots and exemplar initiatives • Develop more detailed population health knowledge about the wider determinants of health and health inequalities • Emerging VCSE participation in NCL strategy developments • Camden's emerging neighbourhood networks and strategic working groups • Enabling skills development and employment within projects	• Short time / big ambition • Disproportionate time put into to survey work • Deficit mindset over strengths-based approaches • Pressures of VCS partners core work e.g., CoL crisis management • Challenges engaging PCNs / GPs • Different ideas within CBP about role of neighbourhood networks and impact on project ability to build relationships • Unrealistic expectations

3. DELIVERY

3.1 Delivery overview (and delivery aspirations)

<table>
<tr><th>INPUTS</th><th>ACTIVITIES</th><th>OUTPUTS</th><th>OUTCOMES</th></tr>
<tr><td>Aim:

Formative approach to working with CBP/ neighbourhoods supporting transformative action research with community groups and residents as part of solutions</td><td>Research and evaluation:

Access to health services (NW1)
Social isolation & cost of living (NW5&6)
Integrated but external evaluation process (workshops and interviews).</td><td rowspan="3">1x Hackathon and coproduced evaluation brief.

2x research reports (surveys, focus groups, data).

Secondary neighbourhood data & evidence collated supporting challenge themes.

1 x Project report.

1 x Evaluation report.

177 residents actively participating with outreach to 625 residents.

150 referrals made for support.

2 x outline proposals for solutions, generated from research.

Operating model for Camden VCSEs withing ICS.

Framework for accountability to residents.</td><td rowspan="3">Hyperlocal system knowledge about challenges for specific populations in neighbourhoods.

Evidence based VCSE & community voice with intention to influence via NCL strategy / policy / decision-making.

Tailored neighbourhood interventions with residents and VCSEs as part of a solution.

VCSEs know how to engage with health system.

Residents and VCSEs understand what happens to the data and insights they contribute.</td></tr>
<tr><td>Partners and stakeholders:

VAC.
Lifeafterhummus.
Umoja.
Residents.
Evaluation Exchange / OURI.
CBP.
NCL peer group.

Neighbourhood knowledge & specific population insights to define research challenges.

VAC systems & data support (where applicable).

UCL Evaluation Exchange guidance.</td><td>Capacity building:

NCL health system / systems thinking.
Participatory Action Research.
Hackathon.
Coproduced evaluation brief & approach.
Data development.
Secondary research.
Networking and connecting.
Leadership training.
Proposal development for progression.</td></tr>
<tr><td>Locations:

NW1, NW3, NW5, NW6</td><td>Collaboration and influence:

CBP; CBP board; NCL Peer Group; NCL VCSE Alliance; Population health strategy development; central neighbourhood group; HWCT</td></tr>
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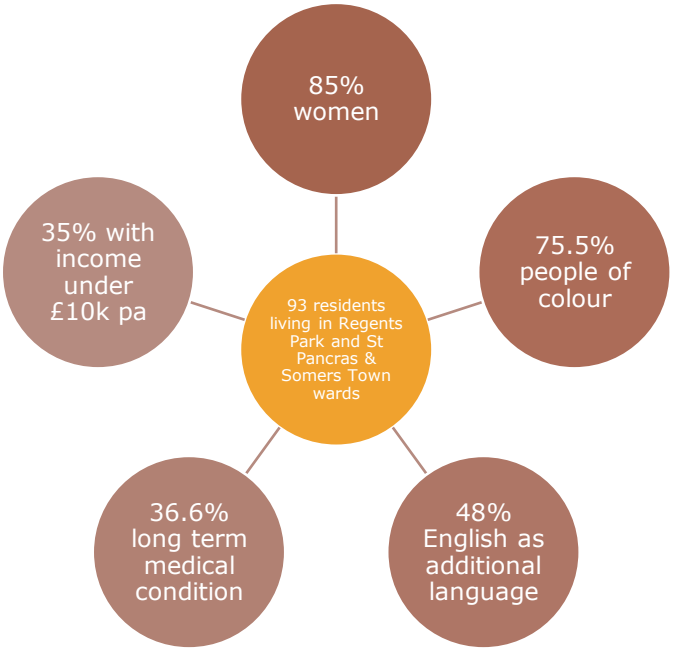
3.2 The research projects

3.2.1 Lifeafterhummus: 'A Good Appointment'

Population snapshot from survey:

Somali and Bangladeshi are the most represented ethnicities with Somali and Bengali being the most spoken languages



"Getting and appointment is difficult as my daughter has to call on my behalf because of my language"

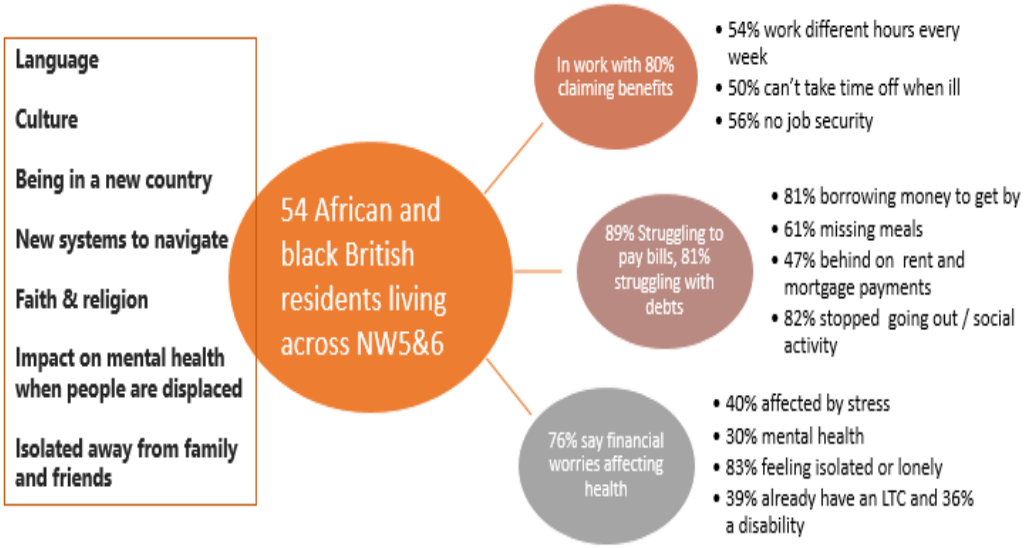
Research challenge	'A good GP appointment' defined by residents in Somers Town and Regents Park wards
Activities	Residents employed as researchers. Research into services in local GP practices. Introduction to project for central neighbourhood group. Door to door community engagement. Interviews with residents in GP practices Outreach to total 375 residents. Survey design and delivery (93 respondents).
Key findings and messages	**Communication (cultural sensitivity and empathy):** staff lacking diversity knowledge of the area; lack of translation services/low availability of information in key languages. **Communication (preparation and attitude):** necessity to self-advocate to unprepared staff members; patients being dismissed or treated without compassion. **Patient experience (remote appointments):** technological exclusions and difficulties; inability to access face-to-face care *The system of same-day appointments at Kings Cross surgery prevents patients from accessing regular appointments. The need to call in the morning and agree to whatever appointment is available discourages the use of services unless it's an emergency.*

	Patient experience (reception): stress resulting from interacting with staff with antagonistic and dismissive attitudes at the point of entry to the surgery. *Overall lack of implementation of the personalised care model at local GP surgeries to achieve best outcome for local residents. Furthermore, the modes of monitoring accessibility and accountability of the GP surgeries in the area to the ICB identified as insufficient and a barrier to working towards proposing and enacting change.*
Proposed solutions	Community advocacy and engagement from local VCSEs are part of the solution, but crucially better oversight of the practices and closer involvement from the ICB is needed. Local residents do not see the Patient Participation Groups set up in their local surgeries as an effective solution. A way of amplifying residents' voices within the surgeries that is informed by the specific needs of the local populations (taking into accout the experiences of multi-deprivation and racial discrimination) needs to be developed. Lifeafterhummus would be happy to work alongside the ICB Director of Integration, general practice and other partners to engage local residents, to develop clear patient-centred complaints procedures and ensure local community input into improving the services and taking a multi-faceted approach to improve resident outcomes.

Supporting material: Lifeafterhummus Winter Health Surveys 2022; Healthwatch Camden report "Access to GP services in Camden: the experience of BME communities" 2016.

3.2.2 Umoja: 'Connectedness and cultural advocacy'

Population snapshot from survey:



"If you don't have enough money you can't calm. I don't have secure life & don't have enough money to help myself, forget my family. After serving 38 years here in UK I feel like I'm trash now"

Research Challenge	"Connectedness and cultural advocacy" (impact of cost of living on social isolation)
Activities	2 employed researchers 5 supporting volunteers Outreach to 250 residents (including via mosques, churches) Survey design and delivery (170 distributed, 54 respondents) Follow up focus groups (19 participants) 3 case studies 150 referrals made to foodbanks and other support 15 residents supported with translation and interpretation (mainly GP appointments) 12 residents supported with advocacy and advice 3 funding opportunities identified Discussions with local grant making trust Proposal development and fundraising for 'solution'
Key findings and messages	**Findings:** Cost of living has increased social isolation for African and Black British residents living in NW3, NW5 and NW6. Participants are navigating increasingly complicated situations: working long hours / multiple jobs /unstable employment

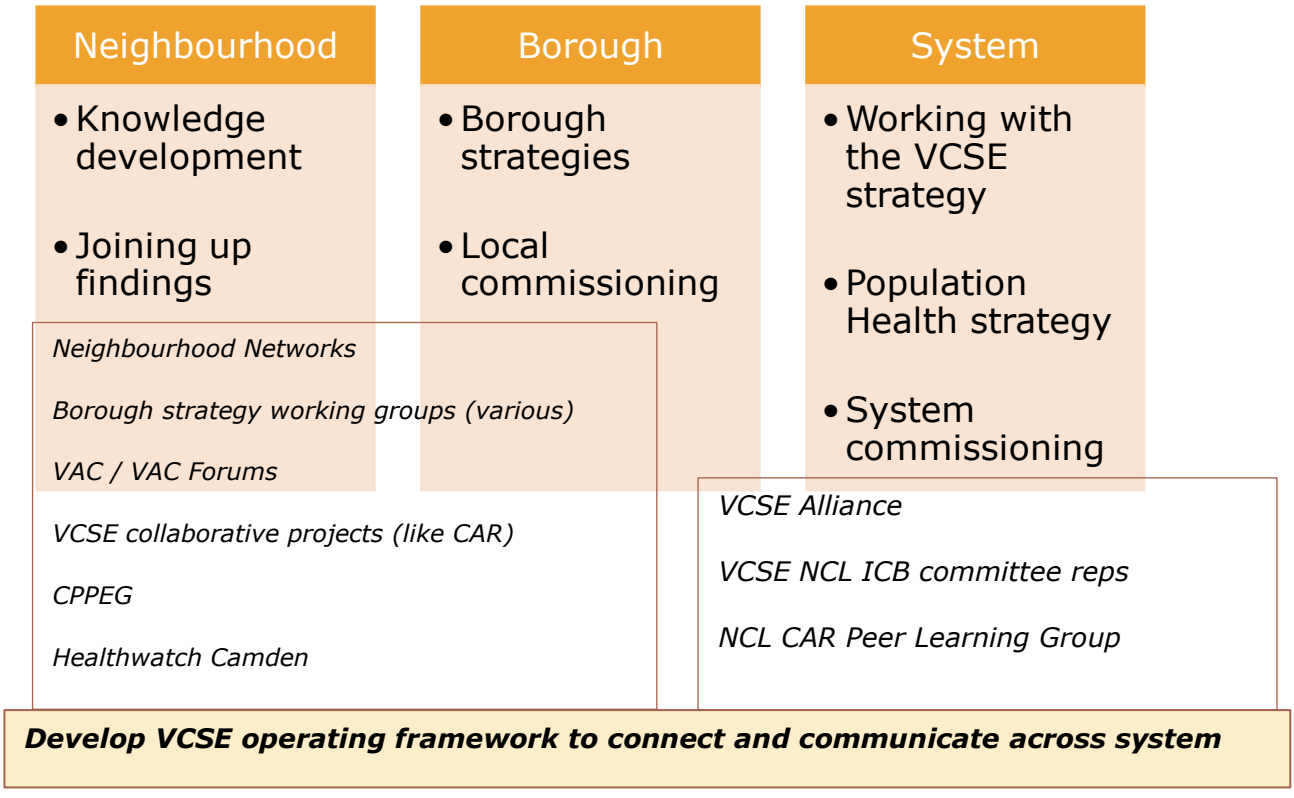
	(gig economy) borrowing money / not socialising / increasing stress The participant community is dispersed across the area and not connected into local support and provision Participants top 'asks' are access to social opportunities that are free of charge, warm spaces, and culturally relevant foodbanks **Messages:** Solutions lie in connecting these residents into existing provision in their neighbourhoods – focus groups revealed a lack of knowledge about local neighbourhoods. Discussions revealed 'disconnection' is also a result of 'start / stop services' (funding running out and a dependency on Umoja groups to provide the support). 'Connecting' needs to be supported by cultural advocacy – working with existing providers e.g. foodbanks to raise awareness and develop provision. Umoja aim to take this forward: initially to test the 'connecting / cultural advocacy' approach, with an ambition to grow their network to support African and Black British residents to connect with support and social opportunity.
Proposed solutions	**Outreach and development:** change from Umoja fundraising for service and support delivery, to a sustainable connecting role engaging existing agencies and neighbourhood support. A 'detached' development worker reconnecting isolated residents to support and social opportunity and working with other agencies and groups to develop cultural connections and adjust support offers where appropriate. **Networking and embedding:** this is a role that will be most effective and sustain social connectedness if it is embedded in the neighbourhoods i.e. working closely with different agencies, VCS, and stakeholders (like detached youth workers used to operate). **Reaching out:** continuing to locate and bring together more residents into Umoja 'hub' through research / outreach work as entry point to wider social and support opportunities that are sustainable.

Supporting material: Umoja Winter Health surveys 2022; Camden Health Needs Assessment: Social isolation, loneliness and community connectedness in Camden 2022; Camden Care Navigation and Social Prescribing Service data for social isolation / cost of living in NW5 & 6.

3.3 Voluntary Action Camden: facilitation and capacity building

Objectives	Develop collaborative 'leaders' model; start to embed systems thinking & working; data development; solution-oriented research; build neighbourhood networks
Activities	Preplanning and proposal. 1 x systems working / health system session. 1 x Hackathon with UCL to develop evaluation brief. Evaluation development and recruitment. 1 x GDPR and data development session. Aligning data collection (with Umoja). GDPR statements / agreements. 5 x research development sessions. Sourcing relevant secondary data. Connecting with neighbourhood groups and other agencies. Connecting findings with decision making via NCL VCSE Alliance and Peer Learning Group. Support for CAR progression (Umoja). 1 x final report.
Key findings and messages	See 2.3 SWOT analysis and section 4.
Proposed operating solution	Use findings and identified components to join up and develop a transparent operating framework for the VCSE to work effectively within and across the ICS.

Connecting VCSE and community voice with NCL policy and decision making



4 OUTCOMES AND DELIVERY PROPOSALS

4.1 Outcomes and delivery

The outcomes for the programme were not predetermined. The formative process incorporated 2 community action research projects (Lifeafterhummus and Umoja) and the overall approach (VAC). The approach included an evaluator working in parallel with the emerging programme and guided by VAC partners UCL Evaluation Exchange.

The 2 research projects and the approach with the evaluation findings has helped to define 3 headline outcomes that can be worked towards and developed. In that context a delivery framework has also been drafted.

4.1.1 Outcomes to work towards

Understanding of population health and inequalities at hyperlocal level	Tailored interventions with VCSEs and residents as part of a solution	VCSEs integrated into 'system building' in neighbourhoods and borough where they are experiencing pressures from the health system
•Use CAR data and insights, with similar community research, pilot findings and public health population health profiles to build neighbourhood knowledge •CAR projects each illustrate a specific and hyper local situation showing how and why some residents are excluded or disconnected from support and services	•CAR projects indicate how sustainable solutions could be progressed •**Lifeafterhummus:** a more effective way for residents to work with GPs and develop better cultural knowledge and sensitivity •**Umoja:** outreach and cultural advocacy alongside building neighbourhood relationships to connect and reconnect residents with appropriate support	•Address challenges for VCSEs understanding and working with an emerging and complex health and care system through developing a coherent operating model. •Connect the borough VCSE insights and voice with system decsion making. •Develop a Camden borough VCSE operating and accounability framework within the ICS

4.1.2 Delivery proposals

Outcome theme	What	Where	Who	Why
CAR data and insights	**Joining up / knowledge development:** CAR; Champions pilots; Good Life; social prescribing; population health packs; CoL profiles	Neighbourhoods	CBP, Neighbourhood Networks, Public Health, SP working group; VAC, VCSEs	Improve understanding of wider determinants of health. Avoid duplication. Accessible evidence base for service and support with community stewardship
CAR projects development	**Umoja:** embedding new outreach and development worker and approach with agencies and VCSEs	Initially NW5&6 project neighbourhoods	Umoja, Neighbourhood network leads, CBP, VAC	Enable Umoja to connect residents isolated by their cultural & socio-economic situation with range of support they need to improve and sustain good health.
	Lifeafterhummus: building relationships and population knowledge between residents and GPs	GP practices in Somers Town	Lifeafterhummus, CBP / neighbourhood network, Central PCN, Healthwatch, CPEG	Enable residents unable to access health services effectively to get 'good appointments' and improve health

VCSE sector 'system building'	Develop framework for Camden VCSEs to engage effectiv ely with ICS at Camden borough level, and enable feedback to residents they work with	Neighbourhoo ds and borough to connect with system VCSE alliance	VAC, CBP	VCSEs have no tangible routes to engage with or understand the emerging health system within the borough - yet have more opportunity than ever to feed into policy and strategy that impacts on them and residents they support.

PROCESS IMPROVEMENTS: the threats and weaknesses identified in the analysis of this programme could be addressed via pre-proposal planning and mobilisation processes.

More investment in **building partnership, coproducing initial proposal and more training and orientation in the mobilisation period** could have facilitated better understanding of systems thinking, behaviours, the complexity of the changing NHS; better planning of projects and schedules; more focus on reflection and analysis; set up better communication and commitment to collaboration / constructive relationship building.