**Working with people and communities: developing our engagement strategy**

**Project brief and invitation to quote**

1. **Introduction**

This document outlines an opportunity to provide a proposal and quote to deliver targeted community engagement to support South East London’s Integrated Care System (see Appendix B) in developing our engagement strategy: working with people and communities. Having looked at existing insights across south east London and understanding communities experiencing the greatest health inequalities, we are looking to specifically engage the following target communities during this project:

|  |  |
| --- | --- |
| **Lot 1****Communities likely to have shared experiences across south east London** | **Lot 2****Communities specific to individual borough(s)**  |
| 1. Those experiencing homelessness
2. Asylum seekers, refugees
3. Gypsy, Roma and Traveller communities
4. LGBTQI+ communities
5. Young people
6. Those experiencing digital exclusion
7. People working in the gig economy, on zero hour contracts and those working irregular shift patterns
 | 1. Greenwich – Nepalese and Bengali communities
2. Lewisham and Southwark – Vietnamese communities
3. Southwark –Latin American and Afghan communities
4. Lambeth, Southwark and Greenwich - Somali women
5. Lambeth and Southwark – Chinese community
6. Bexley, Bromley and Greenwich – Eastern European communities
7. Lewisham, Bexley, Bromley and Greenwich – Black African and Caribbean communities
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Ideally, we would like to procure engagement from multiple community-led organisations that are embedded in and working with one or more of the above communities, who are able to act as a trusted voice and to encourage participation. Therefore, we encourage potential suppliers to submit proposals for parts of the full brief (set out in section 3) and to indicate, clearly, what they are and are not able to support with, tailoring their proposals and budgets accordingly. We are supportive of small organisations collaborating with one another to deliver what is set out in their proposals.

Due to the ongoing Covid‐19 pandemic and the nature of some patients’ healthcare conditions concerned in our work, suppliers should submit proposals that demonstrate how they will engage (be that face to face, online or a combination) and be considerate of current government guidelines around face-to-face activities.

The timescale for completion of these activitiesis April 2022, although we will be awarding contracts and awarding funding by late Feb/ early March. Only potential suppliers that are in a position to deliver the outputs in this timescale and be able to process funding within the financial year 2021/22 need submit proposals.

1. **Background**

This is the first piece of large-scale engagement undertaken by SEL ICS. We are committed to working differently with local people and communities to develop trust and partnerships to support our work. We have developed a set of engagement principles (see Appendix C) which all of our work will align to.

To develop our strategy, engagement work will focus on two main audiences: 1) communities across south east London we know experience health inequalities (delivered through this brief) 2) the wider population of south east London (delivered by SEL ICS).

* 1. **Engagement objectives**

The purpose of this engagement programme is to:

* Share information about what the ICS is and what is does
* Build on previous engagement and data we have about inequalities experienced across south east London to ensure that we are reaching those communities
* Understand experiences from those experiencing health inequalities and seldom heard groups to inform our engagement strategy
* Develop, build and strengthen relationships with communities experiencing health inequalities so that we can: find the best ways to engage to enable us to develop and continue conversations; demonstrate we are listening and responding to what is heard; feeding back to communities the difference their input has made
	1. **Scope of engagement**

At this stage, we are looking to engage with communities around the following topics:

* How individual circumstances affect day to day lives and health and wellbeing
* What barriers are faced in accessing health and care
* What we can do to reduce those barriers
* How we build relationships and earn trust within communities
* Understanding how we need to work differently to support communities to share their views with us
1. **Brief for potential suppliers**

We are looking to commission multiple community-led organisations to deliver all or parts of the following two lots. Please use the supplier proposal template in Appendix A to structure your proposal.

**Lot 1- Communities likely to have shared experiences across south east London**

Suppliers are welcome to submit proposals that cover all or part(s) of this lot.

Targeting the following communities:

1. Those experiencing homelessness
2. Asylum seekers, refugees
3. Gypsy, Roma and Traveller communities
4. LGBTQI+ communities
5. Young people
6. Those experiencing digital exclusion
7. People working in the gig economy, on zero-hour contracts and those working irregular shift patterns

We would expect the supplier to demonstrate that participants from engagement are from a mix of demographic backgrounds and geographies from across south east London, including: Bexley, Bromley, Greenwich, Lambeth, Lewisham and Southwark.

**Lot 2 – Communities specific to individual borough(s)**

1. Greenwich – Nepalese and Bengali communities
2. Lewisham and Southwark – Vietnamese communities
3. Southwark –Latin American and Afghan communities
4. Lambeth, Southwark and Greenwich - Somali women
5. Lambeth and Southwark – Chinese community
6. Bexley, Bromley and Greenwich – Eastern European communities
7. Lewisham, Bexley, Bromley and Greenwich – Black African and Caribbean communities

We would expect the supplier to demonstrate that participants from engagement were from a mix of demographic backgrounds, within these communities.

**Supplier responsibilities**

The supplier would be responsible for:‐

* Designing appropriate engagement activities for the communities identified in the above Lots – where possible using creative and innovate methods
* Developing suitable plans and materials to support in delivering the engagement, which may include:
	+ Communications / letters to recruit potential participants
	+ Event briefs for facilitators and co‐facilitators
	+ Topic guides
* Recruiting participants to engagement activities that match target communities set out in Lots 1 and 2 (depending on what elements the supplier is quoting for)
* Covering any costs associated with delivering the engagement activities, i.e. room hire/ refreshments/ reimbursements/ printing etc.
* Agreeing the structure and content of any discussion groups/ surveys/ engagement activities with the SEL ICS team, ensuring they align with the topics we are seeking feedback on
* Explaining how engagement will be made accessible to communities
* Deliver a **report of the findings** *(NB. Structure/ format of report to be discussed and agreed with SEL ICS leads)* of the activities, which must include:
	+ Executive summary of the process and key findings / recurrent themes
	+ Methodology(ies) used
	+ How participants were recruited, numbers of participants reached and demographic profile of participants
	+ Thematic analysis of feedback
	+ Raw anonymised feedback
1. **Relationship between SEL ICS and supplier**

We value the opportunity to work with a range of local organisations, expert in working with particular communities. We welcome a collaborative approach to delivering the requirements summarised above. It is our expectation that the successful supplier(s) will work together with SEL ICS leads and other suppliers (where more than one is procured).

There may be times when you feel it is appropriate/ necessary for SEL ICS leads to attend engagement sessions (for example to answer questions about the ICS and its work). We will find appropriate representation on such occasions. We are also keen to work with you to understand the best ways for us to feedback with the communities reached, so that they can understand how their feedback has influenced our work.

The Assistant Director of Engagement will oversee the day-to-day management of the above and the relationships with the suppliers.

1. **Financial envelope**

We expect to allocate around £25,000 to this piece of work, with a relatively even distribution of funding across the different communities we are aiming to target, meaning a budget of up to £2,000 for each part of each lot.

1. **Submitting proposals**

When providing a proposal, potential suppliers must clearly describe:‐

* Which Lots within the brief you are submitting a proposal for – this may be entire Lots or parts of different Lots
* How your skills and expertise is relevant to / will successfully support delivery with the target communities
* Your approach to delivery, including engagement methods and how you will reach the target communities within your Lot(s)
* How you plan to work with us and keep us updated with progress of engagement activities as well as any issues
* A breakdown of the estimated costs for each part of the brief (including staff time and expenses such as room hire/ refreshments etc.) they are applying to deliver ‐ quotes must be based on ‘outputs’, as opposed to day rates

In addition, suppliers must note that:‐

* All submissions should be submitted to selccg.icsoffice@nhs.net in MS Word format, on the form included in Appendix A
* Potential supplies are responsible for the cost of preparing submissions, regardless of whether a submission is successful or unsuccessful
* SEL ICS are not obliged to take up any proposals that are submitted
* SEL ICS will be holding an information session, via Microsoft Teams, for potential suppliers on: Monday, 28 February from 4.30pm-5.30pm
1. **Submission timeline and start dates**

The following timetable is a guide and may be subject to change.

|  |  |
| --- | --- |
| Task/ description  | Timetable/ deadline |
| Invitation to quote shared | 18 February 2022 |
| Information session for suppliers  | 28 February 2022 |
| Submission of proposals/ quotes | **5pm** 10 March 2022 |
| SEL ICS review of proposals/ quotes | 14 and 15 March 2022 |
| Outcome of decision communicated to all potential suppliers (whether successful or unsuccessful) | 16 - 18 March 2022 |
| Kick off meetings with successful suppliers  | w/c March 2022 |
| All engagement work completed  | End of April 2022 |

1. **Questions and information session**

We encourage any suppliers wishing to find out more information about the brief, and to ask any questions, to join our information session. Details of how to join are below, you do not need to register with us to join.

**Date:** Monday, 28 February 2022

**Time:** 4.30pm-5.30pm

**Microsoft Teams link:**

Microsoft Teams meeting

**Join on your computer or mobile app**

[Click here to join the meeting](https://teams.microsoft.com/l/meetup-join/19%3Ameeting_Y2I0NTcxMDgtMjcxNi00N2I3LTgzNDItYmZhNTAyNzE2NmQ1%40thread.v2/0?context=%7b%22Tid%22%3a%2237c354b2-85b0-47f5-b222-07b48d774ee3%22%2c%22Oid%22%3a%223e6314f0-6422-434e-b76f-ea203332529f%22%7d)

For the sake of fairness and equity, if you are unable to attend the information session, a recording of the questions asked and our responses will be available.

If you; would like to be sent the recording of the session, or have any questions, please contact: selccg.icsoffice@nhs.net

Thank you for your interest.

**Appendix A: Supplier proposal template**

|  |  |
| --- | --- |
| **Name of the organisation** |  |
| **Type of organisation:** (i.e. Charity, CIC etc. |  |
| **Contact details** |  |
| **Please outline the specific communities your proposal covers** (including the lot numbers i.e. 1B, 2A etc.) |  |
| **What direct skills and expertise/ relationships do you have in working with the communities identified in these lots?** |  |
| **What engagement methods you plan to use?** (i.e. face to face focus groups, telephone interviews etc.) |  |
| **How you will you identify and recruit participants to your engagement activities?** |  |
| **What are your back-up plans if you aren’t getting the interest you expect?** |  |
| **How you will keep us updated of progress and any issues?** |  |
| **Breakdown of estimated costs including staff time and other expenses (based on outputs not day rates)** |  |

Please submit completed brief to selccg.icsoffice@nhs.net

**Appendix B: What is an Integrated Care System**

From April 2022, Integrated Care Systems (ICS’) will replace Clinical Commissioning Groups (CCGs). ICS’ are collaborations of the NHS, local authorities and other partners across a specific geographical area. ICS’ will be responsible for:

* Improving outcomes in population health and healthcare
* Tackling inequalities in outcomes, experience and access
* Enhancing productivity and value for money
* Helping the NHS support broader social and economic development

Members of the south east London ICS are:

* + **6 local authorities**: Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark
	+ **6 providers**: King’s College NHS Foundation Trust, Guy’s and St. Thomas’ NHS Foundation Trust, South London and Maudsley NHS Foundation Trust, Lewisham and Greenwich NHS Trust, Oxleas NHS Foundation Trust, Bromley Healthcare
	+ **Primary care networks** in each of the six boroughs
	+ **Local care partnerships** in each of the six boroughs
	+ **Healthwatch -** SEL wide and 6 borough organisations
	+ Key borough **voluntary sector** organisations
	+ Other partners and collaborations

 **Appendix C: Engagement principles**

1. **SEL ICS CO-PRODUCES (WORKS TOGETHER):** We work in partnership with local people and communities to shape local health and care services, so they work best for the people who need them. We work with organisations to identify and reach communities who experience the unfair differences and recognise the strengths that people bring.
2. **SEL ICS CARES: :** We will continue to improve the health and wellbeing of everyone in south east London and address health inequalities, which are unfair and avoidable differences in health between different groups of people.  We value and recognise people for their contributions. We create safe spaces to discuss ideas, experiences and solutions so that people feel comfortable to share as much or as little as they choose. This way people will feel confident that their care or treatment will not be negatively impacted by what they might share.
3. **SEL ICS LISTENS**: We listen to diverse voices from our communities who experience poorer health and we are determined to build relationships and trust so that we can listen better. We know that how people experience services may be affected by many factors, such as race or disability, and it’s important we understand these and address any unfair differences in experiences. We are always listening. This means that, together, we better understand people’s health needs, what support they need and what really matters to them.
4. **SEL ICS LEARNS:**We learn from listening and we act on what people tell us. We work with partners to share what we have learnt and, in turn, learn from what others have heard. Together with local people and communities, we regularly review what we are doing. This means we are open to changing how we work. We show, publicly, what we have learnt from our engagement work.
5. **SEL ICS SHARES**: We are changing the way we work, so that the ICS and local people share more power in how decisions are made. When people need support and treatment, we work with them to understand what is important to them and what makes them stronger.
6. **SEL ICS IS ACCOUNTABLE:** We are open about what decisions have been made and communities will be able to hold us responsible for our decisions and actions. We are clear about what can and can’t be changed and why. We share, publicly, opportunities to be involved, what we have heard communities tell us, and the difference this has made. We directly feedback to those who have engaged with us so that they understand what has happened as a result of their participation.