

The programme has evolved its approach to engagement and evidence gathering in a phased approach

Evidence gathered & analysed

Process underway

Planned Q1, Q2 2019

PHASE 1: Emergency response

Engagement limited to on the ground intelligence gathering with partners to enable an emergency response

Emergency Response
RBKC & NHS

PHASE 2: A more planned approach to engagement together with initiation of initial health response

Initial Health Response

E.g. extended GP appts, Night service, MH Screening, health events, respiratory clinics

Gathered evidence all logged by CCG using internal systems

Primary Care intelligence

PHE data

Community Group assessments

Multi-Agency Forum

MH / Screen and Treat Intelligence

Intelligence sharing with RBKC

EQIA Screening

PHASE 3: Engagement stepped up in accordance with community readiness. Analysis of inequalities and early service development

Clinical engagement to design care offer

PHE / JSNA for North Kensington

Community conversations

Engagement responses

Community Group Reports

PHASE 4: A robust planned approach to delivering improved outcomes and addressing inequalities

10 Healthcare Themes

International Peer Review

Cultural Competency Framework

Health informatics

Health Recovery Plan

PHASE 5: Commissioning, assessment of impact and monitoring

Commissioning culturally responsive service

Impact Assessment of services established

Mitigation of negative impacts

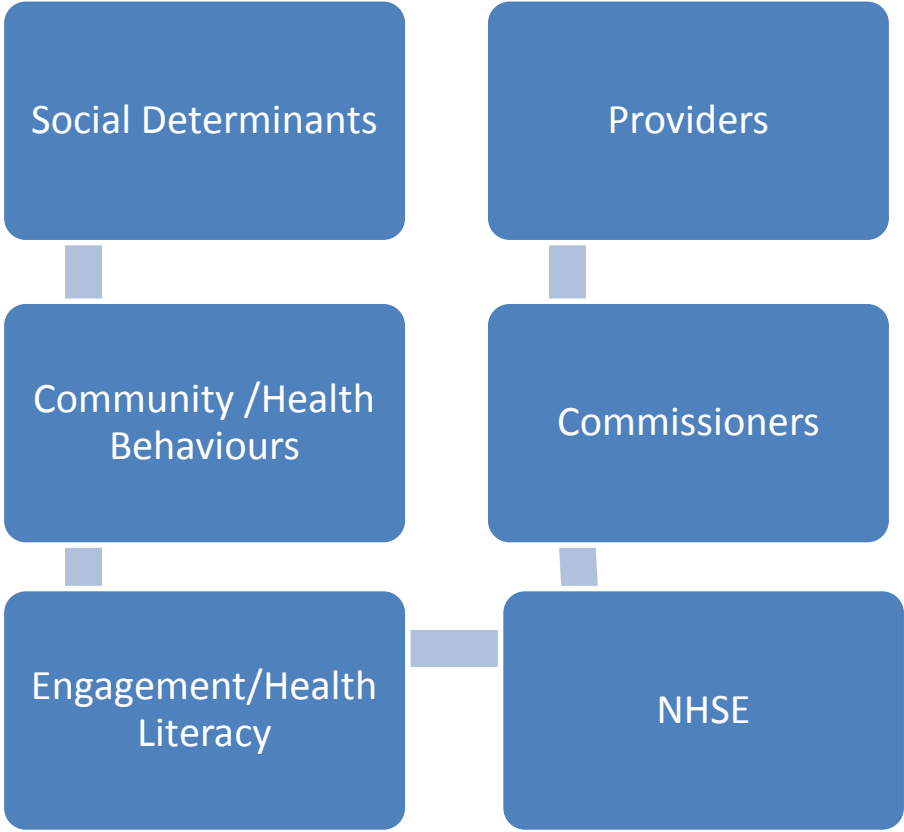
Monitoring provision¹

Our approach

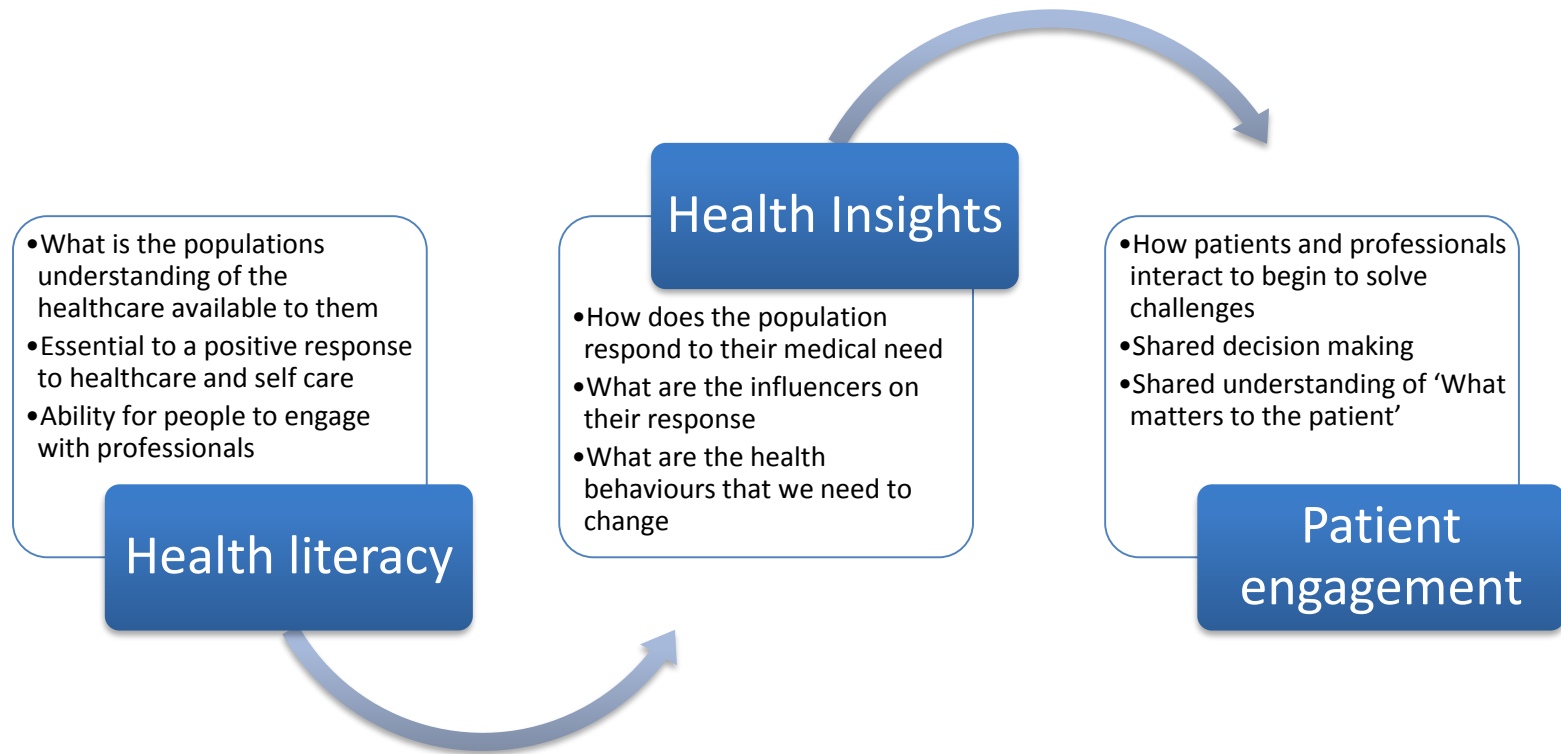
- **Developing the Evidence base – Health Informatics**
- **International Review of PTSD**
- **Community conversations**
- **Patient conversations- GPs**
- **Health Recovery Strategy**
- **Cultural Competence Framework**
- **Literature Review - 622**
- **Whole system change**
- **Asset based approach to health care**
- **Social Value Act**
- **Outcomes Framework**
- **Commissioning Process**
- **NK Health Recovery Partnership**
- **Accountability**



CULTURAL COMPETENCY CONNECTORS



Theory of change



Getting the Theory of Change right enables:

- Better Decision making for commissioners and providers on what and how services and delivered
- Health behaviour change in communities through better mutual understanding of needs
- Improved chronic disease management
- Enable identification of the inputs that support desired change – and in turn drive better outcomes / reduced inequalities

CCF COMPRISE OF

- Engagement approach
- Health Insights
- Health Literacy
- Decision making
- Cultural Influences
- Health Behaviours/Information
- Role of Commissioner/Provider
- Role of Communities, patients, VCS/Faith Groups
- Outcomes to measure success – NK specific