Camden Health and Care Citizens' assembly

Final Report

November 2020

Contents

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CAMDEN HEALTH
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ASSEMBLY

Introduction and executive summary

In the context of the NHS Long Term Plan and Camden 2025, health and care partners are committed to putting the voice of residents at the heart of health and care transformation in Camden.

In 2020, the Health and Wellbeing Board sponsored a Health and Care Citizens' Assembly made up of a representative cross-section of local residents. The objective was to build on the priorities of Camden 2025 and themes raised in a previous Neighbourhood Assembly and give residents the power to help shape the common purpose of the integrated care partnership and inform Camden's new Joint Health and Wellbeing Strategy.
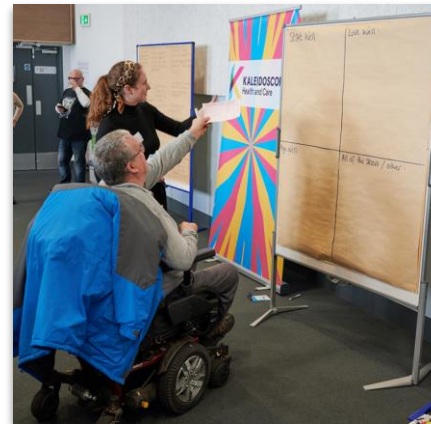
Seen as a shared endeavour with local health providers, Camden Council worked with a range of NHS and VCS partners to prepare for and deliver the assembly. An Advisory Group was established consisting of expert colleagues from across Camden's health and care system and more widely, including academia (UCL) and experts in deliberative engagement (Kaleidoscope Health and Care, Involve).

The assembly was set the overarching ambition to share experiences and develop a set of principles (or expectations) for the local partnership to consider when implementing future change to the health and care system.

The assembly represents the first stage of the Health and Wellbeing Board's ongoing commitment to participation and co-working with residents and is framed by the overarching question: 'What are residents' expectations of health and care in Camden?'

This report summarises what we learned from the citizens' assembly in terms of their priorities and expectations around health and care in Camden. It also outlines the process we took to generate an informed and safe environment for assembly members to share their views, as well as move the assembly events online once the Covid-19 pandemic started.

If you would like to just read about the priorities and expectations that came from the citizens' assembly, you can read our highlight report [link TBC] rather than this full version.

Each of the stakeholders' roles

Camden residents	Draw on their personal experiences, group discussions and what they learned throughout this process, to develop a set of expectations for the local partnership to consider when implementing future change to the health and care system.

Camden Council	Health & Wellbeing Board	Expert Advisory Panel	Kaleidoscope Health & Care	University College London (UCL)
• Strategic oversight and direction • Recruit and liaise with residents and Camden's health and care partners • Supply tech equipment • Facilitate breakout groups • Technical support	• Commissioned and sponsored the Citizens' Assembly • Committed to putting the voice of residents at the heart of health and care transformation in Camden. • Listen and respond to the Assembly outputs and hold the local partnership to account	• Provide representation from local partners to sponsor the Assembly • Frame the process and guide the approach • Advise on the scope for change and the implementation of the Assembly's outputs • Give a steer on next steps, ongoing participation and holding the partnership to account	• Independent lead facilitator of the assembly events • Technical expertise • Post-event synthesis	• Developmental evaluation • Advising and supporting the assembly approach with academic input • Light touch final evaluation report

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AND CARE CITIZENS'
ASSEMBLY

The citizens' assembly process

The assembly events were paused in March to assess the implications of Covid-19 and adapt the plan in light of current health and care priorities and social distancing measures. Ultimately, it was decided that the assembly should continue, with all remaining events to be moved online.

Event 1: Introduction and priority setting Feb 2020 (Face-to-face)	Event 2: Sharing Covid-19 experiences and refreshing the priorities June 2020 (Online)	Event 3: Deep-dive of priority 1 July 2020 (Online)	Event 4: Deep-dive of priority 2 Sept 2020 (Online)	Event 5: Deep-dive of priority 3 and final expectations Sept 2020 (Online)
The assembly process started with a face-to-face event at the Crowndale Centre in Camden. Members were introduced to the process and heard from a number of key local speakers before exploring what they wanted the Assembly to achieve. They identified three early priority areas to focus on throughout the process.	After a pause due to Covid-19, the Assembly regrouped digitally and revisited the three priority areas, revising these in light of shared experiences of the pandemic. Members were also asked to become Citizen Scientists and investigate the experiences of their family, friends and neighbours in relation to Covid-19.	This session provided a deeper, more detailed discussion about the first priority area Assembly members identified, which was to **reduce health inequalities in the borough**. Assembly members heard from local voluntary and community groups, shared their personal experiences and identified their expectations around this priority.	This second deep-dive session gave Assembly members the opportunity to share experiences and put forward expectations under their second priority, to **support people to stay healthy, safe and well in Camden.** This was about intervening early to prevent ill-health, particularly around mental health and wellbeing.	Part 1: The morning of the final assembly event focused on the third priority area. Members identified and refined their expectations on **how local services work together and communicate better to meet the needs of residents**.

Part 2: In the afternoon, assembly members reviewed the expectations across all three priorities, ranked them and considered who could do what to support them. This final session drew on their previous discussions as well as insights from the citizen scientist work. |

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5

CAMDEN HEALTH AND CARE CITIZENS' ASSEMBLY

Key learnings from event 1: Introduction and priority setting

Purpose: Determine the key health and care issues for further exploration by the assembly, as well as determining what the outcomes of the assembly should be.

Summary:

In the first assembly event, one of the key outputs was an understanding of 'what success looks like' for the assembly process.

The assembly also determined three key areas of focus - or priorities - to take forwards and examine in greater detail.

Assembly members were tasked to agree a set of expectations under each priority to help guide future change to the health and care system.

1

We asked: "What would the outcomes of a successful citizens' assembly be?"
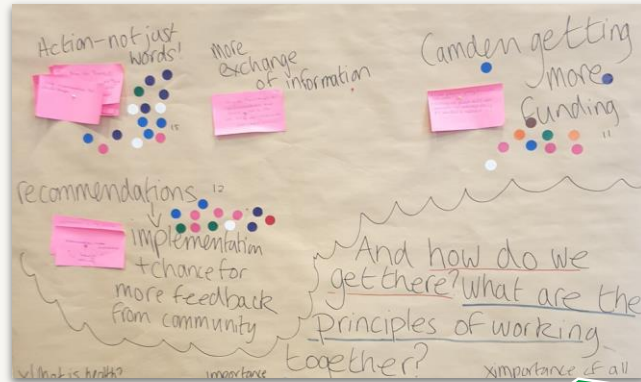
Successful outcomes would be:

1. Action by the council and its partners, not just words
2. Camden getting more funding
3. Our expectations leading to implementation, and the chance for more feedback and input from community down the line

2

Determining priorities to focus on throughout the citizens' assembly process

Residents discussed their personal top priorities to address, before they voted for their top priorities to focus on as a collective. The top three were:

1. Ensure services are inclusive and meet each of our individual needs

2. Ensure my family, friends, neighbours and I can stay healthy and well in Camden

3. Ensure there is good communication between services, and between services and residents

Key learnings from event 2: Sharing Covid-19 experiences and refreshing the priorities

Purpose: Share experiences of the Covid-19 pandemic and its impact. Reconsider the three priorities in light of the pandemic.

Summary:

In the second event, assembly members shared experiences and considered the impact of the Covid-19 pandemic. They then considered revising their priorities.

The three original priorities were adapted to accommodate the significant contextual changes caused by Covid-19. Assembly members were supported to reflect on the changes, and incorporate any further edits.

1

Acknowledging the impact of the pandemic on priorities. The main themes and challenges emerging from the Assembly discussions were:

- Feeling isolated and alienated from others
- Experiencing financial difficulties and anxieties
- Worrying about friends and family members (particularly if older)
- Parenting and home-schooling during lockdown
- Accessing health services, seeing a GP and staying healthy
- The impact on disabled people and those with serious health conditions
- Accessing the right information and the implications of more digital services
- Overarching impact of Covid-19 on mental health and wellbeing

2

We asked: "Do you agree with the priorities that we have drafted?"

Building on residents' conversations, feedback and reflections, the original priorities were evolved to accommodate the changes caused by Covid-19:

1. Ensure services are inclusive and meet each of our individual needs. → 1. Reduce health inequalities in the borough. Ensure that local services can tackle the impact of the pandemic on the most affected groups.

2. Ensure my family, friends, neighbours and I can stay healthy and well in Camden. → 2. Ensure my family, friends, neighbours and I can stay healthy and well in Camden, particularly our mental health.

3. Ensure there is good communication between services, and between services and residents. → 3. Ensure local services work together to meet the needs of residents, and communicate effectively with residents.

Key learnings from event 3: Deep-dive of priority 1

Purpose: Deep-dive into Priority 1: "Reduce health inequalities in the borough. Ensure that local services can tackle the impact of the pandemic on the most affected groups".

Summary:

The purpose of the third Assembly event was to explore Priority 1 in greater detail.

Assembly members were supported to gain a better understanding of what 'health inequalities' mean by bringing in expert speakers from local organisations.

In breakout group discussions, members then reflected on what they heard and shared their own experiences, before setting some expectations to help achieve Priority 1.

1

Perspectives on health inequalities and what this means for local people

What are health inequalities?
Health inequalities are avoidable, unfair and systematic differences in health between different groups of people.

We heard from:
- Tessa Havers-Strong - Forum+
- Benaifer Bhandari - Hopscotch
- Annabel Collins - Age UK Camden
- Brendan Leahy - Camden Disability Action

The speakers each gave a view on the health inequalities experienced by the groups they work with (e.g. Camden's LGBTQ+ community, Asian women, older and disabled people) and discussed the impact that the pandemic have on these groups in particular.

2

Our expectations for reducing health inequalities:

1A) We expect the Council and NHS to identify vulnerable residents and give them priority
Including quicker access to GPs and other types of care

1B) We expect GPs to talk to local groups on a regular basis to help support vulnerable people
Groups like Age UK, Hopscotch, CDA and forum+ can encourage them to seek support

1C) We expect clear guidance on how to use new technologies and online services
But there should always be alternatives to online services for those who need it most

1D) We expect proper support for local grassroots organisations
Including funding for groups who support people with protected characteristics, e.g. BAME, LGBTQ+, etc.

1E) We expect more resources to go the people most affected by Covid-19.
More focus and investment to help those who need it most

1F) We expect services to recognise our individual needs
Be sensitive to cultural differences including gender, race, age, disability and sexuality

1G) We expect that better wages, education and housing would help improve people's health
Other types of inequalities have a big impact on our health and wellbeing

Key learnings from event 4: Deep-dive of priority 2

Purpose: Deep-dive into Priority 2: "Ensure my family, friends, neighbours and I can stay healthy and well in Camden, particularly our mental health".

Summary:

In the fourth assembly event, the purpose was to further explore Priority 2.

Members gained a better understanding of early intervention, prevention and staying healthy, safe and well, particularly around mental health. They heard from expert speakers from local health and VCS organisations.

In breakout group discussions, Assembly members reflected on what they heard from speakers and discussed their own experiences, to set some expectations to help achieve Priority 2.

1

Perspectives on prevention and mental health, and what this means for local people

The Assembly heard from local organisations and services working to support residents to stay healthy, safe and well in Camden - particularly with regard to their mental health and emotional wellbeing.

They considered how local preventative care supported people to stay happy and well. They spoke about community based support and preventative measures beyond 'traditional' healthcare, such as education, environment, exercise and local community groups.

We heard from:
- Dr Jonathan Levy - GP Clinical Lead, Camden Mental Health Partnership, and Tom Costley - MIND in Camden
- Jonathon Horn - Strategic Commissioner Mental Health, Camden
- Leon Honeysett - Mental Health and Learning Disability Manager, The Greenwood Centre
- Jennie Mackeith - Children's Mental Health Commissioning, Camden

They spoke about how their services helped local people, how COVID had changed things and what else could change to help people stay safe and well, particularly around their mental health.

2

Our expectations for staying healthy, safe and well:

2A) We expect GPs to be more understanding of mental health concerns
With an empathetic approach consistent across all local practices

2E) We expect most key services to be available close to home
Neighbourhood hubs could promote local clubs, activities and networks

2B) We expect health services to be an active part of the local community
They should connect with local groups to share advice on staying healthy

2F) We expect local people to be empowered to care for one another
Including advice on setting up activities, more support for carers, and guidance on how to help family members with their mental health

2C) We expect local people to offer help to neighbours who might be lonely or isolated
Connecting with one another and supporting where we can

2G) We expect mental health support before things get too serious
Early support in familiar settings to prevent more serious problems down the line

2D) We expect more focus on activities and facilities for parents and children
More open space and community events to bring the community together

2H) We expect to see our GP quickly
We shouldn't have to wait too long to see a local doctor

Key learnings from event 5 (morning): Deep-dive of priority 3

Purpose: Deep-dive into Priority 3: "Ensure local services work together to meet the needs of residents, and communicate effectively with residents".

Summary:

In the first half of the final assembly event, the Assembly explored Priority 3 in more detail.

The Assembly revisited issues about services working together and communicating with residents. Then they refined expectations that had emerged from previous sessions.

They also reviewed their citizen science work, sharing what they did, reading out poems and discussing how they found the experience.

1

Citizen science outputs

Through their citizen science work, Assembly members documented the negative and positive implications of the Covid-19 pandemic on their lives, and the lives of the people around them.

They also highlighted, in particular, some things they were trying to stay healthy, safe and well throughout the pandemic.

We shared the key insights gathered from the citizen science work in this session, and invited members to discuss their experiences.

There is a more in depth breakdown of what the outputs were from the citizen science work on pages 15 to 20.

2

Our expectations for how local services should work together and communicate with residents:

3A) We expect to only have to explain our story once
Nobody should have to navigate the system in order to receive good quality care. We should only have to share information once on entry to the system. It should then be shared with relevant partners, including housing, carers support and others

3B) We expect to be involved in the decisions about our own personal care and have options
To influence the choices available to us and impact the decisions made about our care

3C) We expect clearer information about what services are available and how to access them
In a range of accessible formats that people can understand. Especially during the pandemic or other times of extensive change.

3D) We expect citizens to be involved in the design of local services
Along with health and care workers, and voluntary and community groups

3E) We expect to be involved in decisions about where the money goes
With the ability to give our views and contribute to these decisions

3F) We expect to be consulted about major service changes, be informed of the decisions being made and be able to hold decision-makers to account
Decisions about major changes to services or the system should be consulted on properly, and communicated effectively, transparently and immediately. And then we should be able to hold decision-makers to account.

3G) We need to urgently address all communication barriers that affect our care
Everyone should receive the same quality of care and communication. Language should be inclusive to non-English, LGBTQ+, non-digital literate and disabled people, and people with different cultural needs.

Key learnings from event 5 (afternoon): Final expectations

Purpose: Reviewing the expectations under all three priorities, ranking them in order of importance and discussing who can do what to support each.

Summary:

In the second half of the final Assembly event, the purpose was to rank the expectations by importance, and discuss the different roles the council and its partners, as well as individuals and the community, had in meeting the expectations.

However, assembly members found it difficult to rank some priorities above others. As there was no consensus around this, it was decided that all expectations should be considered of equal importance and not be ranked. There were, however, clear distinctions between how the council, NHS, community and individuals could help meet them.

1

We asked: "List which expectations are the most important to you."

At the end of this breakout session, the idea was that we should have a list of expectations for each priority, ranked in order of importance. However, it was clear that Assembly members found it difficult to rank some priorities above others. As there was no consensus around this, it was decided that all expectations should be considered of equal importance and not be ranked.

As such, there were no distinguishable 'top 3' most important expectations that came out of this exercise. This indicates, perhaps, that the priorities and expectations developed were a genuine reflection of the Assembly's views.

2

We then asked: "*Who* can do *what* to support the expectations in each priority area?"

First independently, but then in small groups, we asked Assembly members to think about how the following groups can help in meeting their expectations:

- <u>Services</u>, e.g. the council, the NHS, GPs and hospitals
- <u>Community</u> and local groups, e.g. charities, community groups, voluntary and faith groups, etc.
- <u>Individuals</u>, e.g. myself, neighbours, family and friends.

The pages 22 to 36 give a detailed breakdown of the outcomes of these conversations.

Switching to a digital format

In March, we took the decision to temporarily postpone the face-to-face assembly events due to the Covid-19 pandemic.

Camden Council also brought together stakeholders working with residents across Camden (incl. Camden Disability Action and Ageing Better in Camden) to identify risks, challenges, mitigations and solutions to broach the 'digital divide' and determine whether an online assembly would be accessible to enough people.

Due to uncertainty caused by the pandemic, our approach had to be as flexible as possible, actively learning and iterating throughout the process.

We reflected on, evaluated and developed the process by:

1. Collecting participant feedback surveys after each assembly event
2. Holding internal post-event team reviews
3. Holding feedback sessions with each of the facilitators
4. Adopting a developmental evaluation approach with colleagues from University College London (UCL), incorporating learning from the 2019 Camden's Citizens' Assembly on the Climate Crisis
5. Reporting to and seeking feedback from the Advisory Group
6. Reviewing attendance rates and following-up individually with residents who did not attend

As with the face-to-face event, we sought to create a digital space that was energising, psychologically safe, inclusive and where everyone could have their voice heard.

We did this by:

- Focusing on small group discussions, and providing training for facilitators on creating space for everyone to have their voice heard

- Providing different ways for members to get involved outside of the meetings, such as through the Citizen Science work

- Developing a format that would suit everyone's needs, to ensure the assembly is inclusive

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AND CARE CITIZENS'
ASSEMBLY

Ensuring the assembly was inclusive

Throughout the assembly process, ensuring that it was inclusive and accessible was a core focus. We did this through:

Before the event

- **Understanding members' needs:** Camden Council colleagues liaised with members and made sure, as part of the recruitment and engagement process, to ask residents what they need to participate fully. Camden's Participation Team were in ongoing contact with assembly members.

- **Providing equipment and internet access:** We were able to provide borrowed equipment through Camden libraries and tech charities to those who did not have a digital device, and support members to connect to the internet. Members could also phone in to the event if they preferred.

- **Sending information packs:** Before each event, we distributed an information pack, providing extra background details and instructions of how to join on the day. Participants could use this to follow along through the session.
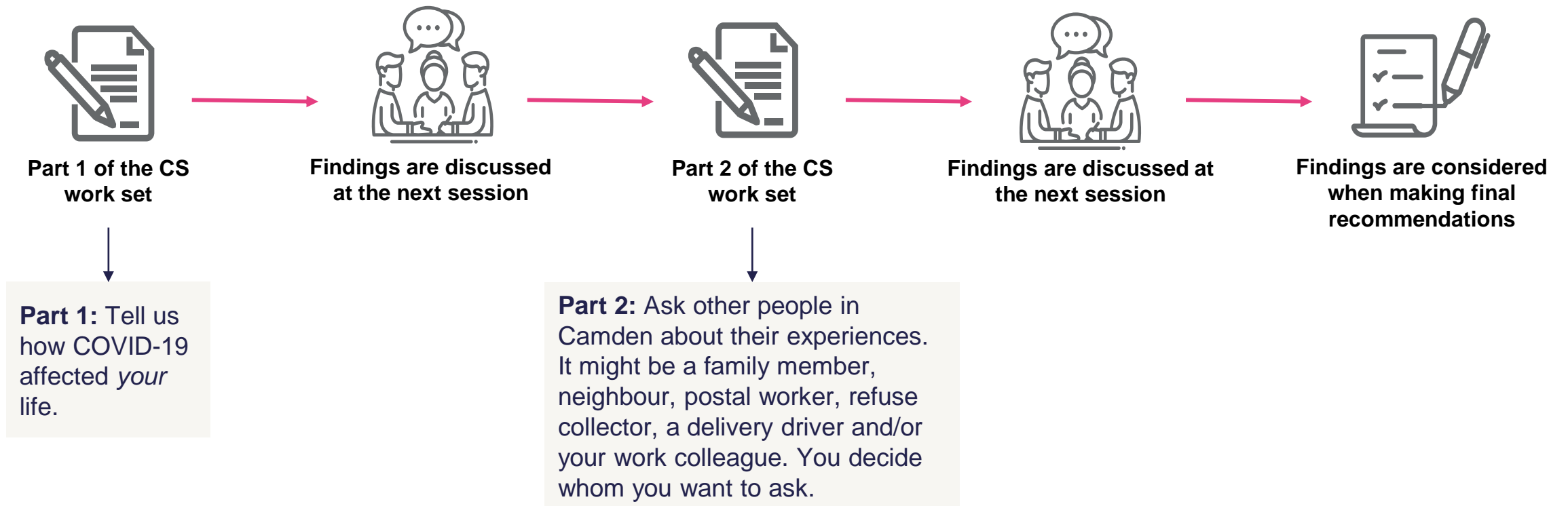
On the day

- **Providing translation, British Sign Language and closed captioning:** We provided Albanian and Somali interpreters throughout the process, as well as British Sign Language interpretation and closed captioning.

- **Providing audio and visual cues:** We ensured that we provided both audio and visual cues throughout the session, through describing any slides and always sharing these in advance for those on the phone.

- **Training facilitators:** We provided training for all Camden facilitators ahead of each event around how facilitators can support members' participation. This included providing briefing on members' needs and how to facilitate the sessions in an accessible way.

- **Setting a helpline:** We provided a phone-in service to support members' participation during each session, and our tech team was on hand to support throughout the session. The Camden team provided ongoing support and contact with members between events.

After the event

- **Iterating the process:** Our feedback questions and evaluation metrics focused on how engaged the members were and how easy they were finding it to participate. After each event, we analysed the feedback and anecdotal experiences to ensure the next session was even more inclusive and accessible than the one before.

Citizen scientist process

As part of this assembly process, members were asked to complete tasks as 'Citizen Scientists' (CS). Their role was to complete two tasks to investigate 1) how Covid-19 had affected them as individuals and 2) how it had affected other members of the community in Camden. Findings from this work were anonymised and fed back in events 3 and 5, and these findings were used to help form the assembly's expectations for improving health and social care in Camden.

Part 1 of the CS work set

Findings are discussed at the next session

Part 2 of the CS work set

Findings are discussed at the next session

Findings are considered when making final recommendations

Part 1: Tell us how COVID-19 affected *your* life.

Part 2: Ask other people in Camden about their experiences. It might be a family member, neighbour, postal worker, refuse collector, a delivery driver and/or your work colleague. You decide whom you want to ask.

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CAMDEN HEALTH AND CARE CITIZENS' ASSEMBLY

14

Citizen scientist outputs

The Citizen Scientist work was in response to changes to the Assembly as a result of the Covid-19 pandemic. The first motive for this work was to explore how the pandemic might have influenced Assembly members' expectations in regards to how they viewed services in the borough, and their expectations regarding support and service capability. The second motive was that, by carrying out this work, Assembly members could process how they had experienced the pandemic and how it impacted their lives and the lives of other community members.

Assembly members responded with some moving and insightful pieces, including written accounts of the Covid-19 pandemic (relating to their own experiences and also the experiences of others in the community), poems, presentations and video diaries. A report on the citizen science outputs and some of the raw materials will be shared on Camden Council's Commonplace platform.

Some excerpts from the citizen science submissions can be found here:

But still, we rose, to meet this test.
The problems posed, we best addressed.
We came together, worked as one.
The problems shared, solutions won.

Keeping community gardens going

Citizen Scientist- Part 1
MY EXPERIENCE OF THE
COVID-19 PANDEMIC and LOCKDOWN

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ASSEMBLY

Citizen scientist outputs: Negative experiences

Assembly members outlined some of the **negative implications** of the Covid-19 pandemic on their lives:

Disruption to routine and feelings of social Isolation	Feeling disconnected from those we care about	Experiences of vulnerable residents	Impact on health services	Unclear information
"Lockdown has allowed me to be a hermit" "During lockdown, the day centre I was attending was locked down… I had to spend a lot of time alone at home, watching TV and having contacts by phone" "The exaggerated avoidance of coming within 15 feet of one another, plotting a diverging course from far off, was and still is an occurrence that literally spoils my day when I go out...the well known British coldness, aloofness, will now be enhanced by this pandemic!"	"I found being a long way from my children hard, having them closer by in case of an emergency would have helped" "I lost contact with some friends because they were unable to use the phone"	"At the beginning of lockdown, I was very frustrated because I was told, as a vulnerable (disabled) person, not to go outdoors and I required support, especially for shopping"	"The impact of Covid-19 in my life was not too hard, but disturbing… When it was the lockdown I was pregnant. My husband couldn't attend my last appointment with me and could not be in the hospital when I was giving birth"	"My pregnant daughter shares my home, and was also deemed "vulnerable". The difference between what to do and not to do if self isolating or shielding wasn't always obvious"

Financial / employment anxieties

"Really worried about my employment prospects and the impact on my mental health and wellbeing"

"The most important thing with the lockdown was the loss of jobs, because me and my husband work in hospitality, which is the first thing closed and the last thing opened"

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CAMDEN HEALTH AND CARE CITIZENS' ASSEMBLY

Citizen scientist outputs: Positive experiences

Some Assembly members also commented on some of their **positive experiences and observations** during the Covid-19 pandemic. These testimonies included the adaptability of communities, support and services offered by neighbours and community organisations, and the individual efforts and methods used to stay connected and motivated.

"Fortunately...Highgate Community Centre organised a hot meals delivery at lunchtime and for four days a week they delivered food to my door. The price of each meal was very low, and the food was excellent".

"Once I could see other people coping well, I relaxed. I am amazed at how well and how quickly people in all age groups did cope and adapt...the elderly people I spoke to were universally stoic, and the younger people were accepting of their clipped wings".

"Some good thoughts: Cleaner air, reflection, peace and quiet, zoom, free online content – culture, art, museums, courses, reading, slowing down".

"Clapping for key workers during coronavirus...this was an opportunity for us to show our gratitude".

"It was wonderful to see the speed with which innovation and community spirit kicked in. Posters on lamp posts offering to deliver you food, walk your dog, or just chat. Restaurants giving a take-away service, yoga on youtube and school lessons on Zoom".

"The lockdown has put an end to my commute to work, albeit for a short period...it has enabled me to work from home, hence starting work at a much earlier time and finishing earlier in the afternoon".

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Citizen scientist outputs: Staying healthy and well

The citizen science work also clearly portrayed that Assembly members wanted to, and were actively making efforts to, stay healthy, safe and well in Camden - particularly around mental health and wellbeing. Below are some of the methods Assembly members used to stay healthy, safe and well:

- Working in community gardens

- Growing your own fruits and vegetables

- Free online yoga classes

- Using online platforms (such as Zoom) to talk to friends and relatives

- Regular walks / exercise of some form

- Shopping for vulnerable neighbours

- Cooking

"On bad days, I feel tired and wonder when it will ever be over. My ways of getting myself out of that are to exercise, get a job done off my to-do list or meet a friend."

"We have a very long corridor, longer that four meters. Every morning I would walk briskly at least two times. Then I have a large bath towel which I roll and bend and twist. Then I have a pair of boxing gloves which I use for shadow boxing."

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CAMDEN HEALTH
AND CARE CITIZENS'
ASSEMBLY

Citizen scientist outputs: Experiences of other community members

Assembly members' second task for the Citizen Scientist work was to ask other members of the Camden community (friends, family, colleagues, neighbours and other residents) about their experiences of the Covid-19 pandemic. Many of these experiences overlapped with the Assembly members individual accounts, including financial hardship and anxieties, differences in experience depending on factors such as age, the impact of existing conditions and disabilities, and the activities or behaviours residents adopted to cope with the pandemic.

"X states that the impact of the crisis on his relationship and home environment cannot be underestimated...according to X, he is finding the whole situation very stressful on a financial, physical and mental level."

"Everyone was making more phone calls than normal"

"Not a single one of the people that I spoke to took up a new hobby or learnt a new skill - not even cooking. But what they all did was exploring their own area more, with very satisfying results. They had not realised how many interesting things and beautiful areas were on their own doorsteps."

"Life in lockdown for my elderly parents has been very difficult, not seeing their children or grandchildren when they were used to daily visits. Ordinary things like visiting the GP has changed. At the same time there are positives - my parents are trying to learn new skills such as using a smartphone, making video calls and sending pictures."

"My best friend, who uses a manual wheelchair, for example needs support to go out and at the beginning he struggled to stay home, alone all the time, because his carer was unavailable."

"Everyone missed their close family members, the student and the office worker also missed their friends"

Determining expectations to achieve the three priorities

Priority 1
Reduce health inequalities in the borough. Ensure that local services can tackle the impact of the pandemic on the most affected groups.

Priority 2
Ensure my family, friends, neighbours and I can stay healthy, safe, and well in Camden, particularly our mental health and emotional wellbeing.

Priority 3
Ensure local services work together to meet the needs of residents, and communicate effectively with residents.

Throughout the assembly process, Assembly members' task was to determine a set of 'expectations' that would help achieve the three priorities (left).

What do we mean by 'expectations'?
Expectations are standards which the Assembly wants the council and its partners to adhere to when delivering services and affecting change. They are not necessarily specific actions, but are principles to follow when developing and implementing changes to the local health and social care system.

Once Assembly members had agreed their clusters of expectations under each priority, they also discussed *who* could do *what* to help meet each expectation.

They considered the different roles of:

- Local services, e.g. the council, the NHS, GPs and hospitals
- Community and local groups, e.g. charities, community, voluntary and faith groups, etc.
- Individuals, e.g. myself, neighbours, family and friends.

On the following pages, we outline the expectations which assembly members stated for each priority, and their suggestions on who (of the three groups) can do what to meet those expectations. Where any expectations were particularly highly ranked, we have highlighted these.

Priority 1: Reduce health inequalities in the borough. Ensure that local services can tackle the impact of the pandemic on the most affected groups.

A closer look at our expectations, which aim to help achieve Priority 1...

The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)	
1A **We expect the Council and NHS to identify vulnerable residents and give them priority** *Including quicker access to GPs and other types of care*	Health inequalities are exacerbated for those who don't know how to navigate the system, who struggle to communicate, and who are fearful of seeking support.	● **Councils could work with local organisations to identify** vulnerable people and provide access to grants or other support ● **The NHS need to provide clear communication about who is eligible** for what services (e.g. flu jab) and, importantly, why ● **Local services should recruit volunteer organisations** to work inside GP practices and refer people to them. These 'link workers' would be familiar with the community	● **Community organisations advocate for people/groups** who need it, connecting them to the services that they need ● **Charities, but also schools,** should help identify who the vulnerable people are and the issues they have	● **Voluntary groups can work closely with GPs** so they can help manage the patients at risk. GPs need to engage with them proactively ● **Local organisations (e.g. charities) must recognise confidentiality** of personal data
1B **We expect GPs to talk to local groups on a regular basis to help support vulnerable people** *Groups like Age UK, Hopscotch, Camden Disability Action and forum+ can encourage them to come forward and seek support*	All local voluntary, community and equalities groups need to be properly involved in the conversations about what the Council and NHS partners do.	● **Statutory services could reach out to local community organisations and groups for help**. They should be knowledgeable about the community's needs and the organisations which are there to support people. ● **GPs should recognise some patients are unable to navigate the system** without support. Match them up with community groups that can help guide them.	● **Local groups should be doing more to make themselves known** to GPs and build a relationship with them	● **Individuals can provide the first line of defence.** Supporting friends and family in the first instance before helping them to access support if they need it.

A closer look at our expectations, which aim to help achieve Priority 1…

	The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
1C	**We expect clear guidance on how to use new technologies and online services** *But there should always be alternatives to online services for those who need it most*	Many people have no experience of technology whatsoever and some don't have access to the internet. They would normally have relied on GPs or local library. This hasn't been possible during Covid-19.	• **The council could have 'one-stop-shops'** to access services and someone there to support residents through it • **The council and NHS should be aware of each other's** technologies, online services and guidance • **Authorities should fund services** that help teach residents how to use new tech • **Support should be provided for residents on how to use apps**, e.g. for prescription renewal and NHS Track and Trace	• **Local community organisations can support people** to access technology and online services • **We need groups in the community that can perform outreach**. There are new technologies and online services and someone needs to show residents how they work • **Local communities should recruit 'champions'** to help people navigate the system • **People who know how to use digital services** can show their friends and relatives
1D	**We expect proper support for local grassroots organisations** *Including funding for groups who support people with protected characteristics*	Grassroots organisations are often lost due to a lack of funding. These same groups are in touch with the most vulnerable people in society.	• **The council and NHS partners could support local community organisations and residents** with the infrastructure and finances required to share information and support vulnerable groups • **The council could ensure community groups can easily access funding** - there is always a charity to step in, but they need to be well supported to do that • **Local partners should provide longer term funding for small organisations** - "we need to know small organisations will continue into the future"	• **Local communities should harness and secure local grassroots activity** - developing existing assets in the community. Power should be decentralised to local individuals and groups who are capable and experienced in helping others.

A closer look at our expectations, which aim to help achieve Priority 1...

	The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
1E	**We expect more resources to go the people most affected by Covid-19** *More focus and investment to help those who need it most*	A lot of black people work in the health profession. I have family members who work in the health and in care homes, some are nurses and psychiatric nurses. Covid-19 hit BAME health and care professionals badly and they need more protection. LGBTQ+ people have missed out on going to support groups and sometimes it's really difficult not being able to access support directly from other LGBTQ+ people.	• **Partners should consider reopening local hospitals** - closing them disproportionately affects some people more than others • **GPs should liaise with other bodies**, e.g. the council, to help support residents who need it most • **The council should take more responsibility** over Covid-19 restrictions, and more clearly communicate the rules • **The council should map out who can deliver services** for D/deaf residents and then share information • **The council should support community services and groups** that help vulnerable people to continue managing around Covid-19 restrictions	• **Everyone should reach out to neighbours** and people who are vulnerable to see if they need help - check in, provide food, run errands, collect prescriptions, etc • **More citizens should support a charity**, e.g. by volunteering for them
1F	**We expect services to recognise our individual needs** *Be sensitive to cultural differences including gender, race, age, disability and sexuality*	I agree with all the speakers from the various community groups. More should be done to focus on the needs of carers, BAME, LGBTQ+, older people and learning disabilities. Women subject to domestic abuse also need special support. Women often don't have the earning potential and occupy the traditional caring professions. They also often have childcare issues and then there are people like the lady mentioned who have a disabled child and cope alone	• **Services should involve the people being impacted** by services, and changes to them, in their design. This includes staff as well as patients • **GPs, councils and third sector should work out a consistent framework** for coding people, e.g. hold in records on whether a person needs an interpreter. • **The local partnership should fund training for NHS staff** on different needs and life experiences	

A closer look at our expectations, which aim to help achieve Priority 1...

The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
1G **We expect that better wages, education and housing would help improve people's health** *Other types of inequalities have a big impact on our health and wellbeing*	Accessing services and seeking employment is particularly difficult for D/deaf people	• **Services should create job opportunities** for young residents • **Services should provide support workers to help** vulnerable residents with housing, hospital appointments, etc • **Services should address anti-social behaviour** - in some areas, anti-social behaviour can deter people from going out to exercise, etc., which can contribute to feeling isolated or lonely • **Services should help disabled residents** with housing space and adaptations	**Note:** A common theme among the expectations was that it must be a co-working partnership of all levels - services, community and individuals - where possible.

More comments from assembly members relating to Priority 1:

Health partners should interact more to identify vulnerable residents, and give them priority in terms of accessing GPs, support and care.

Some groups are more likely to be lonely and isolated, I know of older people who were completely lost during Covid-19. However many older people have luckily been receiving support from neighbours and friends.

A lot of services and community facilities are traditionally reliant on face to face contact

A closer look at our expectations, which aim to help achieve Priority 2...

	The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
2A	**We expect GPs to be more understanding of mental health concerns** *With an empathetic approach consistent across all local practices*	Sometimes GPs are not very welcoming for mental health issues. Accessing it can feel like an uphill struggle, they can be condescending. More thought should be given to resident's first contact with mental health services. It needs to be an effective first impression which helps people to feel OK seeking support.	• **Services should provide training** and more resources to GPs	• **Families need to be more understanding** and able to talk about mental health concerns
2B	**We expect health services to be an active part of the local community** *They should connect with local groups to share advice on staying healthy*	Camden Council should provide support to start local classes, for example dance. This can help both physical and mental health. I used to run classes, the public performances helped to increase people's confidence.	• **The NHS and council should foster relationships with local groups and services** - it starts at the 'top' and requires funding. They can then refer people directly to those services for support, e.g. for healthy eating, they could refer people to Calthorpe Community Garden	• **Charities, community groups, etc., should foster a good connection** with the community and its needs, as well as with the NHS and council • **Charities, community groups, etc., should act as a connector between individuals and large organisations**, promoting other services as well as their own, recognising that some residents trust smaller local organisations most. • **Everyone should take responsibility for their health and wellbeing** - for example, participate in activities, stay active, turn up to appointments, see a doctor, find out what to ask the doctor and know what to check, e.g. blood pressure tests as one gets older.

A closer look at our expectations, which aim to help achieve Priority 2...

	The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
2C	**We expect local people to offer help to neighbours who might be lonely or isolated** *Connecting with one another and supporting where we can*	During the pandemic the community came together and people helped their neighbours, which helped to prevent isolation. We should continue to look out for one another beyond the pandemic, and for community groups to do so also, to ensure no one is ever isolated.	● **Services should train and vet local residents and charities** - people want to volunteer and care for people in their neighbourhood	● **Resident groups** (like the assembly) should meet more often ● **Charities could set up and coordinate a volunteer network** e.g. like in children's services ● **Communities could introduce monthly catch-ups** e.g. tenants and residents associations in buildings ● **Local services could connect individuals** with community groups ● **Individuals should get to know their neighbours** ● **Individuals should check in with and help** each other ● **Individuals should promote helpful services** to each other e.g. nextdoor app ● **Individuals should have socially distanced face-to-face meet-ups** at the same time, same place or by phone
2D	**We expect more focus on activities and facilities for parents and children** *More open space and community events to bring the community together*	A greater focus is needed on activities and facilities for parents and children, including more local open space areas and more community festivals and events for kids to bring the community together.	● **Authorities should increase funding for community groups** - both new and existing ones - putting on activities for children	

A closer look at our expectations, which aim to help achieve Priority 2...

	The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
2E	**We expect most key services to be available close to home** *Neighbourhood hubs could promote local clubs, activities and networks*	There should be more localised community hubs, promoting services, activities and networks that are open to everyone.	• **Partners should establish more health and care community, neighbourhood and NHS services** close to home, particularly in the more deprived areas of Camden.	• **Community groups and charities should set up more outdoor activities like local garden areas** - these help with mental health • **Medicals and check-ups could be provided** by pharmacies, shops or other community buildings • **Local charities need also to send more info and reach out more**, some people don't know if they exist or need volunteers, etc.
2F	**We expect local people to be empowered to care for one another** *Including advice on setting up activities, more support for carers, and guidance on how to help family members with their mental health*	There should be more community based mental health support if it prevents the need for therapeutic or hospital based care further down the line.	• **The council should make mental health and emotional wellbeing part of the curriculum** - including how to access the NHS and other support, and how younger people can support each other	• **Students could come together to offer support to each other** - the student community needs to be strong • **Volunteer structures needs to be coordinated by an organisation** - ensuring there are always volunteers available wherever there is demand • **Families and carers should be supportive and able to discuss any mental health or other issues** first and then, if required, take them through the appropriate professional channels

A closer look at our expectations, which aim to help achieve Priority 2...

	The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
2G	**We expect mental health support before things get too serious** *Early support in familiar settings to prevent more serious problems down the line*	There should be an increase in members of staff who are trained in how to work with people who have mental health conditions. Including school staff, fire marshals, youth workers and housing officers I don't know who to speak to or where to access mental health support.	• **Services should provide more access, availability and capacity in mental health services** - e.g. available out of working hours • **Services should support students with enduring mental health and emotional conditions at college and university** - the government should work with universities, colleges and health professionals to understand mental health conditions and address the root causes i.e. family, housing, economic, etc. • **Services should recruit more volunteers** for services that need it most	• **Charities and support organisations should provide better access, availability and capacity in mental health services** - e.g. available out of working hours • **Individuals should speak up about their own** individual needs to neighbours • **Individuals should ask others** what their needs are • **Individuals should plan to do things which help** them maintain good mental health and emotional wellbeing, e.g. meeting or calling a friend
2H	**We expect to see our GP quickly** *We shouldn't have to wait too long to see a local doctor*	GPs are the best placed to receive mental health support, but it can be really difficult to get an appointment. The best way to stay healthy and well is to have easy access to your local GP	• **The partnership should support GPs to build consistent relationships with patients** - many people want to see the same GP where possible, as it prevents them having to repeat their story and the GP is more likely to spot changes in patients • **Services should provide longer term support** for local voluntary and community organisations so that residents can rely on them for support long-term	• **Voluntary and community groups could act as a layer in front of the GP**, providing social support and signposting them to other services such as housing. They would also provide a familiar face • **More capacity in the voluntary sector** is needed to manage patients' social issues, rather than the GP doing this **Note:** There was a theme among around needing additional, sustainable investment and resources at a community level - i.e. local groups and communities - as this takes pressure off relying on the NHS and GPs, etc.

A closer look at our expectations, which aim to help achieve Priority 3...

	The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
3A	**We expect to only have to explain our story once** *Nobody should have to navigate the system in order to receive good quality care. We should only have to share information once on entry to the system. It should then be shared with relevant partners, including housing, carers support and others*	We need a more centralised system so when we get sent to another service, we are all on the same page. It's best that there is only a need to tell your story and narrative once so that you are not constantly repeating the same version over and over again. Yes, you will need to give your consent so that a range of providers have your permission to share your information.	• **Local partners should help services create continuity for patients** - e.g. by ensuring the patient sees the same doctor and/or patient notes are shared efficiently • **Services should give GPs more time for appointments** - this allows crucial contextual information to come out • **Services should take care around information sharing** for everyone • **Partners should consider how local community organisations can support** GPs and other services around information sharing • **GPs should emphasise patients' circumstances** at the top of their records • **First responders** should be able to use their mobile phone to access medical records	• **Community groups and charities, etc., should use translation technology** to make services more accessible
3B	**We expect to be involved in the decisions about our own personal care and have options** *To influence the choices available to us and impact the decisions made about our care*	Because I have multiple and complex conditions, and I used to be a nurse, I have the confidence to come forward. I feel sorry for those who can't do the same.	• **Services should make care / treatment pathways clear** to patients and ensure it is easy to talk to the right person • **Services should give GPs more time for appointments** so they can discuss care / treatments available, or signpost them to the correct help (e.g. Macmillan)	• **Charities could support GPs and hospitals** by supporting patients to make decisions about their care • **Charities could offer health champions and mentors** - someone to listen and help

A closer look at our expectations, which aim to help achieve Priority 3…

	The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)	
3C	**We expect clearer information about what services are available and how to access them** *In a range of accessible formats that people can understand. Especially during the pandemic or other times of extensive change.*	I feel that sometimes I have to be a bit pushy with accessing health services because they aren't very well joined up. Having to navigate this during Covid-19 is really difficult I don't know where to access mental health support.	● **Authorities should create an accessible 'service map'**, or something similar, so residents know what is available locally ● **Partners should increase advertising of local services**, and their opening times, in a range of accessible formats to boost awareness ● **GPs need to be knowledgeable about community and cultural support** so they can refer people on to other where appropriate ● **The council should ensure the information on the Camden Council website** is always up-to-date and accessible	● **Communities should have one 'drop-in' place** where you can get all the information you need about health and care locally in accessible formats (libraries could be good for this) ● **Services should advertise in a range of formats for accessibility** e.g. paper leaflets, email or phone ● **Individuals should help each other by sharing information and communicating in a range of formats**, e.g. WhatsApp groups, word of mouth, phone calls, letters, etc	● **Individuals should help each other by disseminating government information** and guidelines on Covid-19 and other issues in a range of way e.g. word of mouth, WhatsApp group, phone calls, etc ● **Communities should identify 'go-to' people in the community** who know the latest information on local services and human rights
3D	**We expect citizens to be involved in the design of local services** *Along with health and care workers, and voluntary and community groups*	All local voluntary, community and equalities groups need to be properly involved in the conversations about what the Council and NHS partners do.	● **The council should bring communities together** - we don't know each other but may want to help one another. ● **The council and its partners should hold more citizens' assemblies** - advertising these is important ● **The council should make avenues for involvement clear** to residents, providing accessible ways for them to get involved in the design of services	● **Local services should foster a good relationship with the council** so they can advocate for the needs of their service users ● **Individuals should get involved with council committees** or other methods of engaging with the council and local services	

A closer look at our expectations, which aim to help achieve Priority 3...

	The expectation	What assembly members said	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
3E	**We expect to be involved in decisions about where the money goes** *With the ability to give our views and contribute to these decisions*	We need to understand how health and care services are funded, and what the options are. Even consider paying for some parts of it out of our own pockets	• **Services should make political discussions more public** and accessible at a local level • **Doctors could advise us about what is appropriate and/or safe** when we contribute to any decisions	• **Individuals should ensure they understand** what opportunities there are to contribute • **Individuals should take opportunities** to contribute when they are offered
3F	**We expect to be consulted about major service changes, be informed of the decisions being made and be able to hold decision-makers to account** *Decisions about major changes to services or the system should be consulted on properly, and communicated effectively, transparently and immediately. And then we should be able to hold decision-makers to account*	Be more open and transparent – publishing data so we can measure the impact of services. There should be more local accountability	• **See 3D**	• **See 3D**

A closer look at our expectations, which aim to help achieve Priority 3...

The expectation	Additional context	How services can help (e.g. the council, the NHS, GPs and hospitals)	How the community & individuals can help (e.g. charities, community, voluntary and faith groups, neighbours, family, friends & me)
3G **We need to urgently address all communication barriers that affect our care** *Everyone should receive the same quality of care and communication. Language should be inclusive to non-English, LGBTQ+, non-digital literate and disabled people, and people with different cultural needs*	Accessing services digitally can be cumbersome and you may not get someone to talk to answer your questions and you just give up. You also might not have the equipment or connection Being D/deaf means we are limited on how we can access services. Telephone access during Covid-19 isn't helpful and sometimes there are no other options	• **Services should ensure there is a way to translate languages between GPs and patients**, e.g. through video calls - translator would not need to come to appointments physically • **The council and charities should collaborate to ensure that services are accessible to all**, e.g. British Sign Language needs. The council should approach these charities	• **Charities and/or other local organisations should set up groups of 'champions'** who volunteer to help services by interpreting, etc

More comments from assembly members relating to Priority 3:

If you are good communicator with good digital skills etc., then you are in for a much easier ride – whether it is language or technical issues

Information in a range of formats is essential for keeping residents informed. This is lacking and needs to be prioritised

We need a better understanding of how the health and care system works, and a better method for keeping us informed

Continuing the conversation...

At the end of the assembly process, participants were asked to consider how their work might continue in future. Including potential options for how they might engage and input into local services in the future.

The assembly reflected that decisions regarding the priorities, funding and organisation of public services were often made without the input from local communities and residents, presenting a missed opportunity for residents and the authorities. They were also invited to suggest other ways they might continue these conversations after the assembly process was finished. They filled out a survey question to understand what their preferred method for continued engagement is - recommendations and findings from the survey are presented in the next slides.

Gain feedback on assembly's expectations

Publish the priorities and expectations on Commonplace platform, inviting feedback from local residents. Build a clear picture of residents' views to inform Camden's Joint Health and Wellbeing Strategy

Become a Camden Health Champion

Sign up to become a Camden Health Champion, receive training and an accreditation from Royal Society for Public Health

Hold the Council and NHS to account

Camden's Health and Wellbeing Board will receive the final set of expectations in December and ensure they inform the Joint Health and Wellbeing Strategy

Join your local NHS patients group

All GP practices have patient representative groups which help the NHS to understand key local concerns and improve their services.

Hold a one-off Citizens' assembly session on 'trade-offs'

The session to examine real life scenarios and make recommendations about local resources

Support the Council and NHS take your expectations further

Co-design some local solutions linked to issues you've highlighted this year

Anything else?

What are your ideas for the next stage of the Health and Care Citizens' Assembly?

Recommendations on how to continue the conversation

Recommendations left verbally by Assembly members included the effective dissemination of findings, and regular updates on progress following this citizens' assembly process, other suggestions included more regular citizens' assemblies to discuss issues facing the community.

"One of the things we talked about in one of the groups is to make things actionable, not woolly - things that can be changed for the better and changed now. We would like to follow up on this, to see if anything has changed - there are things that are actionable in the next six months, and it would be nice to see if progress has been made on these".
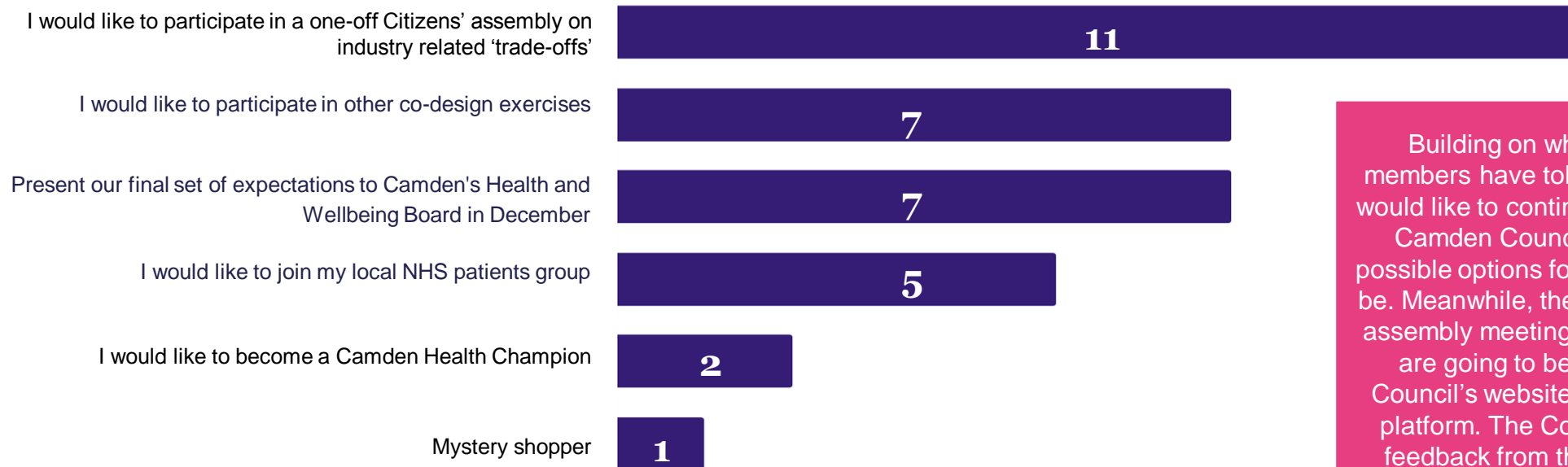
"See improvements being reported and disseminated in the group, so we can measure the success of the process. Documentation that what we have suggested has been actioned. Also to see discussions on funding, get involved and make sure things are transparent - particularly on access to services".

"Report back...on what has come out of this - we were discussing how the community could help, and a more regular citizens' assembly was one of those methods. Hosted regularly with different groups".

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A poll on how to continue the conversation

As part of the sessions' evaluation process, assembly members were asked the following question: Following on from this citizens' assembly, how would you like to get involved in the design of local services in the future? A total of 11 assembly members answered this question, about a quarter of the assembly. As the poll results (below) show, all 11 indicated that they would like to participate in a 'one-off session of the citizens' assembly on industry-related trade-offs', where residents examine some real life scenarios in Camden and make informed recommendations about the allocation of resources to particular services and initiatives.

Q: Following on from this Citizens assembly, how would you like to get involved in the design of local services in the future?

Option	Count
I would like to participate in a one-off Citizens' assembly on industry related 'trade-offs'	11
I would like to participate in other co-design exercises	7
Present our final set of expectations to Camden's Health and Wellbeing Board in December	7
I would like to join my local NHS patients group	5
I would like to become a Camden Health Champion	2
Mystery shopper	1

Building on what the assembly members have told us about how they would like to continue the conversation, Camden Council is reviewing the possible options for what next steps will be. Meanwhile, the citizen scientist and assembly meeting outputs and reports are going to be displayed on the Council's website and Commonplace platform. The Council will also seek feedback from the Expert Advisory Panel and the Health and Wellbeing Board on the priorities and expectations decided by the assembly.

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What did assembly members think?

After each assembly event, we recorded participant feedback through evaluation forms and anecdotes. Below are the evaluation results from each event and some quotes to illustrate the impact the assembly process had on them.

Event 1: Introduction and priority setting
Feb 2020 (Face-to-face)

27 assembly members provided feedback, of those 96% stated they would recommend this event (average score of 4.5 out of 5). In regard to improvement, there weren't any strong emerging themes or shared feedback, except perhaps around three members stating they could have done with some more time to discuss the content.

Event 2: Sharing Covid-19 experiences and refreshing the priorities
June 2020 (Online)

9 assembly members provided feedback, of those, 100% stated they enjoyed the event, 78% (average of 4.1) stated they would recommend the event (those two participants who stated they were 'neutral' regarding recommending the event gave this response due to the length of the session, stating they would prefer more time). Other improvements included individual tech-related issues e.g. sound quality and muting.

Event 3: Deep-dive of priority 1
July 2020 (Online)

24 assembly members provided feedback, of those 96% stated they would recommend the event (average of 4.4), the most common words used to describe the event included 'interactive, collaborative, interesting'. In comments, members reported that they were engaged with the content of the session and with the purpose of the assembly.

Event 4: Deep-dive of priority 2
Sept 2020 (online)

3 assembly members provided feedback, of those, all stated they would recommend the event.

Event 5: Deep-dive of priority 3 and final expectations
Sept 2020 (Online)

12 assembly members provided feedback, of those, 100% they would recommend the event (average of 4.7), the most common words used to describe the event included 'collaborative, interesting'. In comments one member stated their worry that non-english speaker members may have lost out during the assembly process, others mentioned that training in accessing the 'forum' would be useful.

Thank you so much guys for such an intelligent delivery of the Citizens' Advice Assembly. It's so refreshing to have you take all these views into consideration. I thoroughly enjoyed & appreciated your sessions. If you need any input from me in the future just email me; I'll be glad to help.

Really enjoyed doing it as well. Signed up for all after projects as well.

I just really wanted to thank you for your further advice from the Citizens' Advice Assembly. It was so refreshing to see someone actually care about what people are saying... I look forward to participating in further events and in all your further emails. It would be great to see more active people, intelligent people like you in Camden health care.

Being part of the Citizens' Assembly has been hugely rewarding in itself and has given me much added insight into what providing health and care services entails. Camden's offering is already impressive and well thought through, but there's always room for improvement in any system and a Citizens' Assembly is a valuable method of getting to the core of the service user experience. If I can be of any further help in any way, please get in touch.

Tips for future citizens' assemblies

1. **Be clear about purpose:** It's essential that you are clear and rigorous about the purpose of the Assembly, and investing the time into understanding this is important. However, it is okay if things shift - Covid-19 shifted the plans and the focus of the assembly, but this was important to ensure that the process was reflecting our real and live experiences. Be prepared to adapt and flex the plans, but keep the purpose at the core.

2. **Let the journey shape the output:** A citizens' assembly is a process. There should be a defined purpose and you should understand what a successful outcome would be from the start, but let the journey shape what the final product is. We asked participants how they'd like to take this forward after the events, providing some examples of how they could do this.

3. **Secure buy-in from partners:** Take time to really understand what partners and stakeholders want to get out of the assembly process. It's important that engagement like this doesn't feel like a burden or extra work for partners, but is a genuine opportunity to improve the way things are done and their day-to-day role. Try to understand what those tricky issues are for local partners and explore how the assembly could help them answer their questions.

4. **Use Citizen science:** Empowering members to reflect and explore outside of their own personal experiences is an important part of the role of being part of an assembly event. The Citizen Scientist role was important as it provided different ways for Assembly members to share what they are learning from the people around them.

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Thank you.

Contact details for any questions you might have:

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