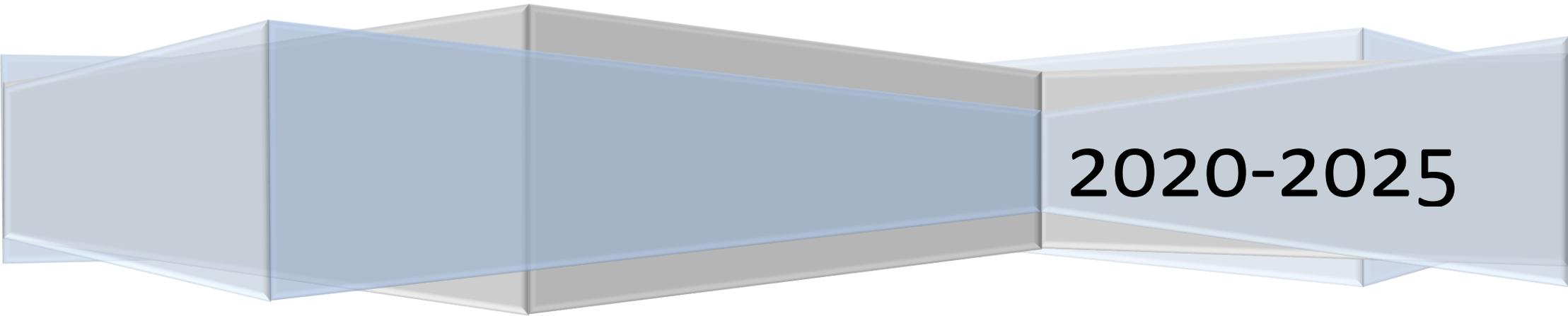


# Alongside Communities

The Solent Approach to Engagement and Inclusion

**Sarah Balchin, Associate Director - Community Engagement and Experience**



**2020-2025**

<b>Index of contents</b>	<b>Page</b>
1. Introduction to our approach to engagement and inclusion	3
a. Our journey so far.	4
b. Our approach to developing this 5 year plan.	4
2. Our ambitions for the future.	6
a. Health Equality.	6
b. People Participation.	8
c. Community Engagement.	10
3. What do we need to make this happen?	13
a. Our Local Communities.	13
b. The Solent NHS Trust People.	13
c. Effective data collection, analysis and reporting.	13
d. A Delivery Plan.	13
e. Leadership and Governance.	13
4. Summary	14
5. Acknowledgements	15
Appendix 1: List of contributors and community partners.	16

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

Cormac Russell, 2020

### **Acknowledgements**

We have been privileged to work with many people in the development of this strategy. People from our local areas, people who provide Solent services and other experts have all given us the gift of their time, their thoughts and their challenges. We believe this has helped us get to where we are, to the place where we can describe our ambitions to improve health and reduce health inequalities by working in true partnership with our communities. This is just the beginning but our thanks go to every person who has supported and guided us, and we hope that you will continue to work with us as we put what local people have told us into practice.

Sarah Balchin, Associate Director – Community Engagement and Experience

September 2020

***“This is a terrific piece, filled with courage and authentic ambitions to precipitate community building and health creation.”***

Cormac Russell, Managing Director of Nurture Development and faculty member of the Asset-Based Community Development (ABCD) Institute at Northwestern University, Chicago, 31 September 2020.

## 1. Introduction

Solent NHS Trust provides community and mental health services to people who live in Portsmouth, Southampton, Hampshire and the Isle of Wight. Our overall aim is **keeping more people healthy, safe and independent at or close to home**, and we believe this strategy will help us do that.

This is our engagement and inclusion strategy, a strategy developed in partnership with local people,<sup>1</sup> where we declare our vision and contribution as your local community and mental health services provider **to improve health and reduce inequalities in our local community**.

Here we describe our commitment to bring together three key things we know help improve health;

- Diversity and inclusion – applying a positive approach to improving access, experience and outcomes for all
- People participation – putting people central to decision making at all stages, phases and levels of their health care and health care provision as a whole.
- Community engagement – understanding what our local community does best, what they may need some help from us with and what we need to focus our expertise and energies on.

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<sup>1</sup> Local people refers to people who live in Portsmouth, Southampton, Hampshire and the Isle of Wight. The term preferred by people we have spoken to as part of the strategy development.



Figure 1 The Solent approach to engagement and inclusion

We describe progress since our first commitment in 2018 to work more closely with local people, our approach to creating the 5 year strategy , and our ambitions for the future; ambitions based on our increasing understanding of the health ambitions of local people.

We hope it clarifies some of the key issues facing the NHS today related to health inequalities, and what our role could and should be in addressing those. It outlines what we aim to do based on feedback from local people, experts in the field and recently published information, guidance and policies like the NHS People Plan<sup>2</sup> to guide our way forward. Our people, the people who work with Solent NHS Trust and provide services are also members of our local community and are key to us achieving these shared ambitions. We will ensure our teams reflect our local communities, and have the knowledge, skills and support to provide accessible and effective care to every person who needs us.

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<sup>2</sup> <https://www.england.nhs.uk/ournhspeople/>

But the essence of this document is that ***it describes what the local people have told us and asked of us*** moving forward during our conversations since the beginning of the year.

Here we set out a fundamental shift in the way we think, the way we act and the way we work. We shall adopt, a strength based approach recognising our communities and local people as having ***potential rather than having problems***. We shall work with individuals and groups to ***understand what our community are best placed to do, what it is they could do with some help from us on, and what it is they really need us to do***. We shall focus our energies and resources on what it is we do best and constantly check that what we are offering is to benefit local people. COVID-19 has challenged us in many ways, but has also ***shown us so very clearly the power of communities*** to respond, adapt, act and support. The strength of a local approach, working at a neighbourhood or street level, has contested our “system wide thinking” and we shall need to work together to focus on local improvements but system wide learning.

#### **a. Our journey so far.**

In July 2018 we stated our organisational commitment to engage with our local community to improve access, improve experience, improve health and reduce health inequalities. . Over the last 2 years we have started to better understand the health challenges and ambitions of local people and what part we, as the local community and mental health provider have to play in reducing those challenges and achieving those ambitions.

We have facilitated and supported work to improve the health and wellbeing of people experiencing social isolation<sup>3 4</sup> military veterans with

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<sup>3</sup> Connecting People and Place, Dr Jon Bashford and Rahim Daya May 2020

additional mental health needs<sup>5</sup> and members of the local gypsy romany traveller community.

We have established some great partnerships with community groups, the voluntary sector, local people and innovative and creative forums, all of whom have helped us develop this ambition to improve health and health inequalities.

We have engaged more and more patients and their families in the design of our services and our improvement projects.

We have learned much since the beginning of the year, including that to make a positive difference to the health of local people, we must go much further.

#### **b. Our approach to developing the 5 year strategy.**

In January 2020 we started our next steps. We asked local people to join us as critical friends and partners, to help us to really understand what we need to do to make our services more accessible to everyone, a better experience to use, more effective at improving their health and ultimately reducing the inequity of health<sup>6</sup>. We recognised that we also needed to know more about how others had made this change and so we sought advice from leaders in the field of communities engagement, health inequalities and diversity and inclusion<sup>7</sup>. At the same time COVID 19

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<sup>4</sup> Southampton Communicare: [www.communicareinsouthampton.org.uk](http://www.communicareinsouthampton.org.uk)

<sup>5</sup> Positive MINDS a partnership between the local NHS, Solent Mind, Portsmouth City Council and voluntary organisations: [www.positivemindsportsmouth.org.uk](http://www.positivemindsportsmouth.org.uk)

<sup>6</sup> See Appendix 1 for contributors list

<sup>7</sup> Cormac Russell, Managing Director – Nurture Development and faculty member Asset Based Community Development, Northwestern University, Chicago; Roger Kline, research fellow Middlesex university Business School and designer of national Workforce Race

showed us all in the most emphatic way, the impact of health inequalities on people, locally, nationally and internationally.

Our approach to gathering local people's views on what we should do next had to respond to lockdown and strict isolation of many people who use our services, their families and carers. Many support groups, a rich source of intelligence and feedback, were suspended but by connecting remotely we were still able to have the conversations we needed to have. We really benefited from taking time to build trusting relationships in the months leading up to the pandemic. Our social contacts with local people and groups helped us make our first really significant shift to reaching out to our communities. Between January and now we have expanded our partners programme from 40 individuals and groups, to over 100 and the number is still growing. With an estimated reach of over 10,000 people from a range of ages, backgrounds, faiths, cultures abilities and disabilities, we believe we have started to move towards understanding what our local community, including patients, families, carers , needs of us and how we can do just that.

## 2. Our ambitions for the future.

This document brings together what local people have told us matters to them, the national and international thinking about working with local communities and diversity and inclusion. It directly supports our organisation's strategy<sup>8</sup> of **keeping more people healthy, safe and independent at or close to home**, the ambitions for diversity and inclusion<sup>9</sup> and the vision of the Solent Academy for research and improvement<sup>10</sup>. It describes **a new integrated approach to engagement and inclusion**, developed in partnership with local people and will **shape the way we provide health services** to our local populations to improve health and reduce health inequalities. It will drive our ambition for engagement and inclusion being the way we do things here at Solent.

We have learned during this development process that the business of engagement and inclusion to deliver health improvements is a messy if exciting one. Our strategy reflects the complex and challenging nature of our ambitions and must be considered as a live document. Whilst we shall always retain our ambition to improve health and reduce health inequalities, the way we go about it will be flexible and responsive. The strategy will be supported by a comprehensive delivery plan, with progress reported to the Community Engagement Committee – a subcommittee of the Trust Board.

What we are describing here is quite a leap of faith and may feel counterintuitive to some, particularly those of us in the NHS! People have

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<sup>8</sup> <https://www.solent.nhs.uk>

<sup>9</sup> <https://www.solent.nhs.uk/our-story/equality-diversity-and-inclusion>

<sup>10</sup> <https://academy.solent.nhs.uk>

said that the NHS has over the years, moved into the space that has been historically occupied by local people, communities and faith groups and we now provide some services that may be better provided by others. Cormac Russell<sup>11</sup> describes a number of key things that underpinned the success of local projects and programmes in 35 countries.

- Start with what's strong, not what's wrong
- Discoverables not deliverables - coming **alongside communities** to work in a very different way
- Shift from **fixing or prescribing**, from "doing to, doing for" to "*doing with and doing by our communities*"
- Work with **small places**, or small groups of shared interest is best, and much more effective than large scale

These four things matter to local people, and are key to us making the changes needed.

### Ambition 1 - Health Equality

Health inequalities are avoidable and unfair differences in health between different groups of people. Health equality is the absence of these differences. Health inequalities include lower life expectancy, and higher levels of ill health. But can also refer to how easy it is to access health care and then the experience of using those services, if either are difficult or poor, people are less likely to use them. Other risks to health include behaviours such as smoking, and wider causes of ill health including housing, employment, and income (sometimes referred to as wider determinants of health). Inequalities can and do lead to avoidable

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<sup>11</sup> Rekindling Democracy 2020

deaths, with for example, people living in the most deprived areas three times more likely to die compared to those living in the least deprived.<sup>12</sup>

Whilst many things contribute to health inequalities, it is estimated that **20% of those are due to the way current health services are provided**, resulting in poorer access for those in most need.<sup>13</sup> We know that the NHS can't and shouldn't try to address all inequalities on our own, but we are clear we want to take local responsibility and help create the conditions for better health. We believe there are two key opportunities for us:

1. The way we plan, develop and deliver services must be done in partnership with people who use services and those who support them with a focus on those with greatest health and care needs.
2. Our role as a local employer needs to be explicit, making clear our commitment to being a route to permanent employment, whether that be through volunteering, apprenticeships or focussed recruitment.

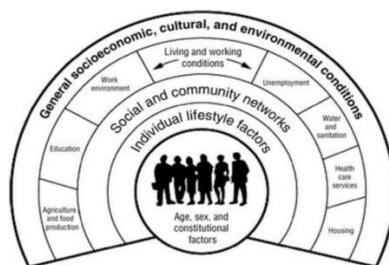


Figure 2 - Wider determinants of health

<sup>12</sup> <https://www.ons.gov.uk/peoplepopulationandcommunity>

<sup>13</sup> <https://www.england.nhs.uk/blog/the-long-term-plan-for-tackling-health-inequalities/>

### Our Aim

We aim to improve access to and experience of using the health services we provide to all members of our local community, promoting health and wellbeing and reducing health inequalities.

### Our objectives

We shall:

- Make it easy for our diverse communities to access our services.
- Recruit and retain the right people from diverse communities, offering a local route to employment and career development
- Value and respect those who use our services and our people as individuals.
- Offer and provide learning and development opportunities to our diverse workforce to help them fulfil their greatest potential.
- Support people with caring responsibilities, those who work with us and those in the local community.
- Further develop our inclusive approach to volunteering, providing step up opportunities into employment.



## Promoting health equality by offering opportunities – a story

### **Building partnerships to support young people from BAME community into employment.**

Senate Roy is the Head Pharmacist at SK Roy Pharmacy and has been running his community-based pharmacy, in St Mary's Road Southampton, for nearly 30 years. He sees his role as being able to provide services tailored to the needs of the community. By focussing on preventative care and acute care, this dedicated service also helps patients with the correct and safe use of medicines. In addition, Roy also liaises with primary care agencies including GP surgeries and district nurses.



**He explains the difficulties encountered in the community by BAME groups and the rapidly changing landscape, “The BAME community are**

*always looking for doors that might open and opportunities to help us because we are always trying to move forward. It can be a struggle because there is a lot of things against us. However, it has got a lot better since I was a youngster. It’s all about creating opportunities. I have employed many people over the years who have been interested in working in primary care or in hospitals. We started them off here, when they were 16 years old, in a Saturday job - now they are nurses or doctors. We have an increased number of younger people applying to us than we have vacancies, so, unfortunately we have to turn lots of people away.”*

**Roy also believes that having professional role models in communities is vital. He said,** “I am a meek and humble person, I don’t see myself as a role model, but people can still respect you. So, certainly, having the role model position of being a community pharmacist is important. Young people look to me to behave in a certain way.”

**Roy is a firm believer in working together to build and strengthen communities. He said,** “I love the idea of partnering with Solent NHS Trust. One of the ways health organisations can help communities, is by offering apprenticeships and job opportunities for young people from the BAME communities. Any successes and gains we have in St Mary’s Road, can rollout to the rest of Southampton. If we can get it right here, we can get it right anywhere.”

**“The BAME community are always looking for doors that might open and opportunities to help us because we are always trying to move forward. It can be a struggle because there is a lot of things against us. However, it has got a lot better since I was a youngster. It’s all about creating opportunities.”**

## Ambition 2 - People Participation

The involvement of people who use NHS services is key to the delivery of high quality, accessible care and treatment<sup>14</sup>. Active and meaningful involvement by people who use services, their families and carers has been shown to improve access to services, improve responsiveness at times of need and very importantly, increase the human face of health care. The NHS has long been criticised for developing and delivering services with little meaningful involvement of people who use those services, their families and carers. We have some great examples of involvement in local services, research and quality improvement so we have a strong foundation on which to build.<sup>15</sup> We now want to move towards an even more wide ranging and far reaching approach where local people take the lead in key decisions and are actively involved in everything we do. There is a vast range of participation models available but we started with what we know best – asking local people.

They told us that they may wish to be involved in different ways, at different times, about different things. A model which defines how people can participate was thought to be too confining and rather an “opportunities to participate” approach was suggested. Rather than a level of participation a cyclical round is proposed which enables people to “jump on and jump off” as needed.

We have made significant improvements but we can and shall do more.

- Decisions about my care and treatment – to help me take as much responsibility as I wish to and can, for my own health
- Decisions about the service I use – to help you provide services which are based on what matters to me
- Quality monitoring of the service I use – to use my experience of using health care services to learn more about what you do well, and what you could do differently or better
- Special interest group membership – to share my personal lived experience of living with ill health, or that of a family member or someone I care for
- Formal consultations about service change
- Involvement in local and national guideline and policy development
- Consultation about national guideline and policy development
- Governance and quality groups – to help you develop ways of measuring and reporting which are meaningful and accessible to people who use your services
- Develop and lead groups aimed at improving understanding and learning from experience
- Learning and development – from sharing my personal experiences about what it is like to live with my health issue, right through to advising you on what learning you should be providing, when and to who.
- Research and quality improvement – to help you focus on researching and improving what is important to me, not only what is important to you.
- Board committees – to be actively involved in the decisions about what the Trust does, how and why.

Figure 3 - Opportunities to participate

### *Our Aim*

We aim to ensure that patients, families, carers, local people and groups are integral to decision making in all aspects of their community and mental health trust.

<sup>14</sup> NHS England – Patient and Public Involvement 2017

<sup>15</sup> Engage Solent newsletter <https://online.flippingbook.com/view/142345/>

## Our objectives

We shall:

1. Improve patients, families and carers involvement in decisions related to their care and treatment as they would wish.
2. Increase the active participation by broadening access and diversity, of patients, families, carers, local people and groups in the codesign and production of all services, patient led improvement
3. Introduce to our quality and procurement structures a further requirement for the voice of local people to be heard and acted on.

### People participation - a story

#### ***Creative Snaps – local people developing our community media panel.***



*We are delighted to be working in Partnership with Creative Snaps. Creative Snaps is a social enterprise photography group with a aim to provide learning opportunities to the learning disabilities community.*

*The Creative snaps team have worked hard to develop their skills and understanding. Due to lots discussions, support and explanations the photography team have recently been*

*successful in applying to Companies house to register their business online.*

*Meet Sean Bick, Raymond Bateson and Olivia Parry. These three talented individuals have agreed to use their skills and expertise in photography and newsletter writing to work with the Solent NHS Trust as part of our community-based media panel. Solent's community media panel has been set up to make sure that the people in the community can help co create the stories we write and the images we use. We wanted to make sure that we included people who were interested in media, photography and writing and the team at Creative Snaps fitted the bill perfectly. They have lots of experiences in photography and have provide amazing photos for the Portsmouth Local Offer and other council run projects.*

*Raymond thinks he has the lots of experience which will help on the media panel. He said, "I have five years' experience as a receptionist for when I worked at the Kestrel Centre. I picked up skills such as answering the phones and speaking to people. So, I'm good at talking with people."*

### **Ambition 3 –Community Engagement**

The National Institute for Health and Care Excellence describes the term community engagement as covering a wide range of approaches to involve local communities in initiatives to improve their health and wellbeing and reduce health inequalities. This includes: needs assessment, community development, planning, design, development, delivery and evaluation.<sup>16</sup>

<sup>16</sup> National Institute of health and Social Care Excellence 2016"

But we wanted to understand what community engagement meant to local people, people who we serve. So how do local people describe community engagement? To be honest they don't. When we asked, people spoke about the importance of community in the broadest sense, to them. That ranged from being with people who they share an interest with, faith or culture, or being part of a local neighbourhood. They shared previous experiences of "engagement" as being consulted with about a planned (and most often predesigned) change, but few felt that they were necessarily involved in the "why change" conversations. So rather than a model of engagement people have told us this should be about a set of principles, a developing culture of the ways things are done at Solent.

The key things are:

1. **"Get out of our (the communities) way"** – acknowledge the NHS doesn't know everything and leave local people and communities to do what they do well, and very often more effectively and efficiently.
2. **"Come to us and work with us"** - to understand what *our* local health ambitions are – your assumptions are not always right – we want to advise on you on our priorities and therefore your priorities
3. **"Offer us support in the places we need it"** – could be meeting spaces, access to governance advice, learning opportunities, how to write grant applications, how to influence commissioners, how to get our voices heard on NHS platforms – build a relationship where we are happy and confident to ask you

4. **"Refocus on what it is you do really well"** and get us involved in seeing how you are doing!

#### *Our Aim*

To build trusting relationships with local people and groups by underpinning the way we work with three key questions:

1. What are the community best placed to do?
2. What help could we offer if they ask?
3. What do we do best?

#### *Our objectives*

We shall:

1. Work in partnership with local communities, including the voluntary sector and other provider organisations, to better understand what we should be in the business of providing.
2. Further develop our community partners programme with a focus on those seldom heard, to increase our understanding of the needs of local people and how we may meet them.
3. Increase our visibility in the community, by ensuring conversations, groups, meetings including our Board and its sub committees, are held in local places.
4. Develop and introduce systems to guide service developments and reviews which are underpinned by the three key questions.
5. Consider every growth opportunity in the context of the three questions, ensuring any new service provision is based on what we need to do.

## Community engagement – a story

### *Jackie's Story - a community partner*

*Jackie McLeish lives in Southampton and is a mum of one. She is an active member of the Black Heritage Association and lives life to the full.*

*Jackie was diagnosed with Schizophrenia and depression 28 years ago. In her blog she explains how the media portrayal of those who have schizophrenia can leave some people with a negative impression about the illness. She feels that this doesn't help the representation of black people because some people may already have a misconception that people from BAME backgrounds are also aggressive.*

*Even though Jackie hasn't used any of our Solent services, she enjoys being one of our community partners because she believes sharing her experiences can help others in the community. She thinks that all NHS Trusts can make small changes to better things for people from African and Caribbean backgrounds who use their services.*

*"When I first got diagnosed, I was really scared. I'd had a breakdown, which made me start to see, hear and smell things. I felt like I was being possessed and I wouldn't take the pills I'd been described. My mum and dad were both alive at the time of my diagnosis. However, although my mum was supportive, my dad found it difficult to accept. It didn't help that the media then, and even now, painted the picture of people with Schizophrenia being dangerous. I had a friend whose mum had Schizophrenia, so she was a great support because she understood. I kept my illness away from people as I didn't think it was their business."*

*"I think that there are lots of things that the NHS services could do to make things better for people using their services. For example, get to understand the ways in which some black people express themselves. Sometimes when I'm talking passionately about something my voice might rise in excitement. The problem is that sometimes staff would assume that I was getting upset and would offer me medication to calm down. That's why I like working with mental health workers from BAME backgrounds because I can just be myself and they understand me."*

*Jackie feels that by addressing the little preferences of people from different backgrounds will go some way towards tackling health inequality. If people feel their needs are being catered for, they may be more likely to access services earlier.*

*"I have also learnt to educate myself. Schizophrenia is part of who I am but it's not all of who I am, and I won't let it define me! "*



### 3. What do we need to do to make this happen?

The delivery of our ambitions will be dependent on the support of many people, and the effective use of things we know guide change. We will work with patients, families, carers, those who support them and other local people. We will work with teams that provide our services, People and Organisational Development, Business Intelligence, Research and Improvement and Quality and Governance Teams. We aim to make this part of our culture, with everyone helped to understand, embrace and support these principles of engagement and inclusion.

#### a. Our Local Communities

We must continue to build trusting relationships with the people of Portsmouth, Southampton, Hampshire and the Isle of Wight. We shall reach out to be with the community, to be with people in the places they live and work to understand what they do best, we can understand what it is they do best, and where we may, if asked offer some help.

#### b. The Solent People

The people who work with Solent NHS Trust, from support services, clinical teams, senior leaders – simply everyone, are key to delivering this strategy. We shall continue to develop our workforce to better represent the local community, offering equity of career development providing focussed support for people for people who are under-represented in senior positions. We shall be guided by local people, the NHS People Plan, the Workforce Race Equality Standard the Workforce Disability Equality Standards. We shall develop our delivery plan in partnership with people who lead and provide services, alongside people from our communities,

to ensure we understand and can support our teams apply the principles in practice.

#### c. *Effective data collection, analysis and reporting*

High quality and reliable qualitative (non- numerical often observed or gathered through conversations or focus groups) and quantitative (numerical) data is essential to be able to measure the impact of any changes we make. Gaps in collection, analysis and reporting of numerical data, currently limit our ability to do this. This has been highlighted as a concern and we will now address this with the completion of a comprehensive data set for both the people who use our services, and our people, the members of team Solent.

#### d. *A Delivery Plan*

A comprehensive delivery plan will guide the implementation, monitoring and evaluation of the strategy. The plan will be designed in partnership with local people, voluntary sector organisations and people who provide services in Solent. As a long term strategy, our measures of success will be defined by people who use our services, and those who support them, combined with a logic model approach used to evaluate the impact of engagement activities.<sup>17</sup> They will include qualitative and quantitative measures, ranging from early stage inputs, activities and outputs, to longer term outcomes and impacts.

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<sup>17</sup> Rekindling Democracy (2020) Cormac Russell , and his recommendations. Community Engagement: improving health and wellbeing and reducing health inequalities (2016) National Institute of Clinical and Health Excellence

#### *e. Leadership and Governance*

The delivery of this strategy will be governed by an established structure of leadership and accountability, the aim being to ensure that at all times people are kept safe and feel supported. There will be clear systems, processes and controls for delivery and reporting, but without unnecessary bureaucracy which stifles innovation.

#### Leadership

The Executive Leadership role is the Chief Nurse, supported by the Associate Directors for Community Engagement and Experience, Diversity and Inclusion and Research and Improvement.

A non-executive director sponsors the strategy and chairs the Community Engagement Committee, the committee responsible for the strategy delivery, and reports directly to the Board with the Chief Nurse.

Support has been sought from the local community to advise on how they wish community leadership to be represented within our structure. It is acknowledged that no one community leader or partner is able to represent local people as a whole.

#### Governance

Delivery will be driven by the strategic plan developed and monitored in partnership with local people.

The Community Engagement Committee, a subcommittee of the Trust Board will be responsible for overseeing the delivery of the strategy. The

committee will meet quarterly, receive report of progress and report by exception, offering support, guidance and direction. Reporting to the Trust Board will be via the sponsoring non-executive director.

The terms of reference of the committee will be adapted to fulfil the need for:

- a) greater community representation and communications
- b) proactive service line involvement
- c) statutory partner input

The Associate Directors Community Engagement and Experience, Diversity and Inclusion, and Research and Improvement will be responsible for the operational delivery of the strategy and its associated programmes of work.

## **4. Summary**

The Solent NHS Trust approach to engagement and inclusion is driven by the health ambitions of our local community, and our ambition to find our place to help create a place where people can improve health and experience less inequality. We have discovered that local people want us to work with them as partners, to recognise the exceptional knowledge, skills and expertise they have and to take our place alongside them to deliver change. We look forward to really making a difference and supporting people to receive the care and treatment they want, at or closer to home.

## Appendix 1

Our approach to developing the strategy has been a bit like a snowball effect. Asking one person for their thoughts and ideas led us to many others. We started our conversations with the community with – what does great engagement look like to you? And how do you think we could achieve that? Our conversations with members of Solent teams, often started with – can you share what you are doing with engagement and what help, if any, you need from us?

This is a list of some of the people and groups that have contributed in some way, shape or form to setting out our ambitions.

Community partners and colleagues	Solent People
<p><b>Age UK Portsmouth</b> – supporting older people</p> <p><b>Canoe Lake Leisure</b> – providing space and support for community activities in Southsea</p> <p><b>Carers Centre</b>, Portsmouth City Council – supporting unpaid carers of residents of Portsmouth</p> <p><b>Carers Centre</b>, Southampton- supporting unpaid carers of residents of Southampton</p> <p><b>Citizens Advice</b> Hampshire – providing people with knowledge and confidence to find their way forward</p> <p><b>CLEAR Charity</b> – supporting refugees and asylum seekers in Southampton</p> <p><b>Communicare</b> in Southampton – enriching the quality of life of lonely and isolated people</p> <p><b>Community First</b>- developing and delivering community projects</p> <p><b>Cooperative Group</b> – COOP in the community, connecting members and stores</p> <p><b>Creative Options</b> offering support and training to people with mental health issues</p> <p><b>Cycling UK</b> – promoting cycling to support health and wellbeing</p> <p><b>Dead Good Days</b>- equipping people with insight and knowledge related to death and dying</p> <p><b>Different Strokes</b> – helping young stroke survivors reclaim their lives</p> <p><b>Drop the Mask</b> – to train volunteers and employees with mental ill health in all forms of media and IT</p> <p><b>Enable Ability</b> – supporting disabled people meet their full potential and helping families and carers with respite</p> <p><b>Energise Me</b>- championing physical activity in Hampshire and Isle of Wight</p> <p><b>Flow Observatory</b>- user led hub campaigning for equality, respect and equality in the arts culture and society, lead for Portsmouth City of Sanctuary.</p> <p><b>Good Mental Health Cooperative</b> – Portsmouth charity promoting mental health, wellbeing and recovery.</p>	<p>Adult Mental Health Head of Operations</p> <p>Adults Portsmouth - Operations</p> <p>Director/Matron/ Inpatient Ops Manager</p> <p>Adults Southampton</p> <p>CAMHS Practitioner</p> <p>CAT (Clinical advisory Team)</p> <p>Childrens East – Senior Management Team/</p> <p>CAHMS</p> <p>Community OT</p> <p>Community Physio</p> <p>Dental Services - Head of Quality and</p> <p>Professional Standards &amp; Senior Dental Nurse</p> <p>Educators in Practice</p> <p>FiT (Frailty Interface team)</p> <p>Governance Leads</p> <p>Head of Quality and Professions</p> <p>Homeless Healthcare Team – Deputy Primary</p> <p>Care Manager/ Team Lead</p> <p>Lead Allied Health Professional</p> <p>Learning Disability Team</p> <p>MSK Team – MSK Operational Lead</p>

**Gosport Voluntary Action Group** - Provides help and support to over 200 local, voluntary and community groups in the Borough.

**Hampshire & Isle of Wight Clinical Commissioning Group**

**Healthwatch Portsmouth** – represent people of Portsmouth, the aim being to improve health and social care

**Healthwatch Southampton** - represent people of Southampton, the aim being to improve health and social care

**Holroyd Estate** - Member of various groups city wide for years - takes the estate's issues to those groups and then gives feedback to the community.

**Homegroup** - A housing association, social enterprise and charity with a turnover of over £367m and one of the UK's largest providers of high quality housing and integrated housing, health and social care.

**Medina Mosque**

**MHFA Training** - Mental Health First Aid (MHFA) is an educational course which teaches people the skills and knowledge to identify, understand and support a person who may be developing a mental health illness.

**NHS Southampton City Clinical Commissioning Group**

**No Limits** - A group for young people who need somewhere to go for information, advice and counselling. Youth Justice, Mental Health Services, the Health Authority, Social Services and the Youth Service came together to create this organisation.

**Parkinsons UK** - Offer information, friendship and support to local people with Parkinson's, their families and carers.

**Portsmouth City Council**

**Portsmouth City of Sanctuary** - Portsmouth is a city proud to offer safety and sanctuary to anyone fleeing violence and persecution or who is vulnerable and isolated. It matters not whether those in need have been here five days or five decades.

**Portsmouth University Hospitals NHS Trust**

**Re:Minds** - a parent-led support group for families who have children/young people with autism or mental health issues and is based in Southampton.

**Royal Navy, Royal Marines Charity**

**See Change Happen** - A practice who specialise in providing Equality, Diversity and Inclusion advice and services to organisations and business. The primary focus is on LGBT+ support with a specialism and focus on transgender and gender non-conforming awareness.

**Solent Showcase Gallery** - award winning community gallery, which forms part of Solent University.

South East Hants Fareham & Gosport Clinical Commissioning Group

**Southampton Art in Health Forum** - for people interested in the connections between art, creativity, health and

Podiatry – Business Development Manager  
 Podiatry Team Leader  
 Portsmouth Discharge hub  
 PRRT (Portsmouth rehab and reablement team)  
 Recovery College  
 Senior Matron for Quality  
 Side by Side member (Solent Academy Research and Improvement patient group representative)  
 Solent team members who are family carers  
 Operations and Business manager

wellbeing.

**Southampton City Council**

**Southampton Collective** - involved with The Arts in Health forum and also independently carry out creative work with people with mental health issues and dementia as well as with other community groups.

**Southampton Council of Faiths** - promote understanding between faiths in the city.

**Southampton Voluntary Services** - Southampton Voluntary Services is the umbrella body for local voluntary and community groups working in Southampton.

**St Denys Community** - a safe place for members of the BAME community to go to.

**Stand Up Portsmouth** - A support group for families of children with Special Educational Needs and/or Disabilities (SEND) in Portsmouth.

**Theatre for Life** - Providing education, support, theatre performances and projects regarding the art of theatre in Southampton.

**Touch Network** – telling stories, touching lives. Run by people with lived experiences who used story telling as part of their recovery.

**Wessex Voices**

**Yellow Door** - a charity specialising in supporting people who have experienced, or are at risk of domestic or sexual abuse.

**Additional patient and community representatives including:**

Carers of older people

Carers of young people with enduring mental ill health

Domestic abuse survivors

Family carers of young adults with learning disabilities

Member of Primary Care Patient Participation Group

Mental Health Service Users

People living with long term health conditions

Stroke survivors and families