

# Working with people and communities

## North West London ICB public involvement strategy 2022-25

This paper sets out how we will work with residents, communities and stakeholders in North West London. It builds on ideas co-designed with local people and previous public involvement work across the local NHS and local government. The strategy will be enacted by the integrated care system, with delivery at local level through borough-based partnerships.

### Why do we need a public involvement strategy?

We need a public involvement strategy so that:

- We meaningfully involve as many of residents and populations, including those furthest from decision making or who have felt poorly served by public services in the past, in shaping their health and care services.
- We have mechanisms in place to avoid 'top down' policy making and service development, ensuring that insights from our residents and communities inform our strategies and decisions.
- We deepen our relationships with residents and populations, particularly those who have been poorly reached in the past and who have the most significant health challenges, to potentially support healthier behaviours, and other preventative interventions for example screening, vaccination, health checks

### Purpose

The purpose of this strategy is to transform our relationships with our local populations by embedding a new, leading edge and data-driven approach to public involvement - so that our strategies are consistently informed by insights from our residents and that we are working with local people to improve their health and care outcomes. Our approach is driven by a commitment to working with local people and communities to improve health and care outcomes and tackle inequalities.

This means developing relationships with all our populations based on what they value and trust and including people we have been poor at reaching in the past. It includes supporting targeted and ongoing dialogues with specific populations, and better supporting people who may need additional support, including frail older people, children and young people, disabled people, people using mental health services, people with learning difficulties and autism, those with long term conditions and residents and communities that are furthest away from decision making.

Implementation of this strategy will meet and exceed our statutory duties to involve people and take account of equalities legislation. All partners within the ICS will work

with people and populations differently, using their insights (alongside qualitative data) to inform and drive policy.

## Principles

- **Insights** from our residents and populations are **qualitative data**: they sit alongside population health and outcomes data in driving our strategy.
- The ICB and its constituent bodies will work in partnership with local government to reach and gather insights from all our populations. This strategy sets an overall framework for action, but we recognise that a **hyper-local approach** is the best way to work with our residents. Detailed planning and delivery of public engagement will take place at borough and neighbourhood level.
- We will **co-design** our future strategies with people and communities. Community engagement and co-design will happen mainly at borough and neighbourhood level, supported by system leaders, local authorities, borough-based ICB staff, provider collaboratives and NHS Trusts.
- Residents will have a voice in ICS programmes.
- We will work closely with Healthwatch and the voluntary sector as key partners in reaching and working with residents.
- Meetings of the ICB Board will take place in public and residents are very welcome to attend. We will consider the best ways of ensuring the resident voice is heard in these meetings, in the context of the wider involvement strategy and other statutory meetings, such as Trust boards, that also take place in public.
- People should be empowered to take control of their own lives and health when appropriate, with support from the health and care system.
- We will meet the standards set out in the **NW London Involvement Charter**, which was co-designed with residents.
- Our approach will evolve over the next three years, based on insights from our populations and what is seen to be working.

## NW London Involvement Charter

The NW London Involvement Charter was suggested by a local resident as part of the process of developing this strategy. It has been iterated with over 150 local residents and was published for comment and shared with stakeholders and the public before being finalised.

## NW London involvement charter

	<b>Standard</b>	<b>Evidence</b>
	We will make sure:	
1	You can be involved in key decisions that affect you	The process for involving the public before decisions are taken and evidence that we have followed it
2	You will know how your views have shaped and influenced the decisions we have taken	Evidence that views from the public have been taken into account in making decisions and shaping services
3	We will co-design services with local people, working with all the communities we serve	Clear process for involving local communities in shaping our services, especially those most affected
4	We will provide you with information that is in plain language, timely, balanced, objective and in different formats when needed	Information and material provided for the public
5	We will be transparent in everything that we do	A clear and transparent decision-making process

It is recommended ongoing implementation of the Charter is overseen by a new Co-Design Advisory Body, drawn from our lay partner programme and stakeholders with expertise in public involvement and communities.

This strategy will in turn be overseen the Performance Committee and the Population Health and Inequalities Programme Board, which will include residents as active participants and will in turn report to the Integrated Care Board and the Integrated Care Partnership Board.

## Audience insight

Northwest London has a diverse population of over 2.1 million people. It is not one community, but a wide range of populations. There are significant gaps in life expectancy, quality of life, health outcomes and experience and attitudes to health across our many populations.

This necessitates a multi-faceted approach to how we work with local people. Most if not all of this work will need to be delivered at borough and provider level, by a partnership of NHS and local authorities, working with Healthwatch and grassroots organisations with good links into local communities. We need to offer a mix of meetings and events that are open to all and targeted engagement with specific communities and groups. The outreach programmes will be devised at borough level, taking account of population health data, JSNAs and other insights from providers, primary care networks and local authorities. We need to deepen our reach into communities that we have not always successfully engaged in the past, recognising that only a minority of our residents will want to attend ICB/ICS meetings.

It is important to recognise that conversations with the public are not the sole remit of communications and engagement staff: councillors, clinicians and health and care leaders and staff are a key part of these interactions with the public.

The diversity of our population is reflected in over 200 languages spoken and a range of specific communication needs among sections of our population, including people with disabilities, people with learning difficulties and autism, children and young people, travellers, and users of mental health services. We also need to recognise the important role that family carers, parents and agencies such as schools and employers can play in delivering and responding to healthcare messages. It is important that we work with our partners to fully understand our populations, including meeting their specific needs.

This includes taking account of and addressing specific public health challenges in North West London, including comparatively high rates of diabetes, childhood obesity and smoking. One in five of our population has a long term condition. We recognise that only 10% of a person's wellbeing relates to access to healthcare; wider determinants of health include income, housing, employment, environment, and education. The only way to address these challenges is through an ongoing partnership between health, local government and our residents. This work is underway through our Proactive Population Health Management and Reducing Inequalities programme and will be developed further through co-design with residents and populations.

While there needs to be a substantial focus on outreach and reaching more of our communities more consistently, we also recognise the value of resident voices sitting on workstreams and decision-making bodies. Our Integrated Care Partnership Board will include local people and we will work with lay partners to ensure that there is public representation on key workstreams at both NW London and borough level. These residents may wish to share information and approaches and on that basis, we are proposing creating a NW London Residents Forum, which will help oversee our approach to public involvement.

We recognise that there are a number of residents and patients who already take an active role in engaging with the NHS and local government. GP practices have patient participation groups (PPGs), provider Trusts have various patient and service user groups and in some cases lay partners and there are a range of condition-specific and campaigning groups in North West London; we will work with existing groups while seeking to broaden our reach into our populations. Providers, including NHS Trusts and primary care networks, have a responsibility to work with their patients and residents and we will work collaboratively across the system to support this. Most GP practices have patient participation groups (PPGs) in line with their contractual requirements, we will work with primary care to develop their approach to public involvement and with the emerging PPG Forum.

The NHS can learn from others working with local communities – e.g. the voluntary sector and local authorities – as well as from communities themselves. We must work together: the NHS, local councils, the voluntary sector, Healthwatch, NEDs and governors, local people – to co-design the future of healthcare services in NW

London. Every member of staff and everyone in NW London has a potential role to play.

Our approach needs to recognise the impact of the Covid-19 pandemic. Health services are dealing with a significant backlog of unmet need and are under huge pressure. We will need to work with the public as we look to recover from this unprecedented public health emergency. We recognise that the unique pressures created by the pandemic have delayed the development and implementation of our new approach to working with people and communities, but we also recognise that public support and confidence in our services can only be improved by working with our residents as partners.

Lastly, we need to recognise that we are not starting from scratch. While our approach is new, the principle and requirement of working with residents is not. It is important that we build on existing relationships that are held at borough and provider level and that we work with primary care networks to ensure that they involve residents and patients effectively at neighbourhood level.

## Objectives

The primary objectives of the ICS are to improve the health of our population, reduce inequalities and ensure high quality, efficient services. We want to involve as many of our residents as possible in achieving these objectives.

We want to empower local people to take control of their own health and co-design the healthcare agenda. We will work with our populations to reduce inequalities in outcomes, access and quality of care, through active co-production.

Our approach has been co-designed with over 200 local residents, built on through 'vaccine equity' workshops with residents in 2021 and via ongoing dialogue with over 300 community groups across North West London. Some of this work is already underway, some of it is new.

- Working in partnership across the NHS and local councils and with our voluntary sector, community groups, resident associations, faith groups, schools, patient groups and more to reach out into the community and hear their views, in the first year (up until July 2023), we will work with the Proactive Population Health Management and Reducing Inequalities programme, Healthwatch and local people to develop clear **public health related metrics** for public involvement work, including short term proxy measures (e.g. take up of screening for diabetes or cervical cancer, impact of winter campaign on health behaviours and subsequent system pressures) and longer term public health targets. **These targets are to be agreed separately.**

- Align our community engagement to the national **Core20Plus5**<sup>1</sup> approach to reducing health inequalities, agreeing parameters with our Proactive Population Health Management and Reducing Inequalities Board.
- Support development of ICS strategy and population health and care inequalities strategy by ensuring public involvement in ICS/ICP decision-making.
- Work with local authorities to develop a coordinated programme of **outreach and community research** in our population in each borough, using population health and outcomes data, as well as existing grassroots community knowledge, to target specific communities as appropriate
- Hold quarterly ‘**collaborative spaces**’ in each borough: open community conversations where health and care professionals come together with the public and stakeholders to discuss healthcare issues. The agenda for these meetings will be co-designed with residents; it is important to recognise that issues raised unprompted by local people can provide important insights. (These conversations may be combined with existing arrangements at borough level where appropriate.)
- Work with ICB Business Intelligence teams, who compile public and population health data, to ensure that all **insight** from public engagement with residents and all patient experience feedback is stored in our whole systems integrated care database to inform strategy.
- Publish monthly **insight reports** setting out what we are hearing from our residents.
- Put in place our **Lay Partner programme**, recruiting residents from our communities to support NW London programmes in shaping their plans. Ensure that residents are represented and supported to participate equally on key ICS and borough-based workstreams so that there are always resident/patient voices in the room. Build on the success of the Imperial lay partner programme by sharing learning across the system<sup>2</sup>. A **Co-Design Advisory Body** will be developed from community-based stakeholders and residents with expertise in public and community involvement.

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<sup>1</sup> The Core20Plus5 national approach to reducing health inequalities will inform our approach. The ‘core 20’ is the most deprived 20% of the national population identified by the [Index of Multiple Deprivation](#). The ‘Plus’ is population groups the ICS identifies as experiencing worse than average outcomes who are not identified in the core 20, with a number of specific ‘inclusion groups’ named in the guidance for us to take account of. The 5 sets out five areas of clinical focus: maternity, severe mental illness, chronic respiratory disease, early cancer diagnosis and hypertension.

<sup>2</sup> Imperial College Healthcare NHS Trust has a strategic lay forum made up of lay partners, which oversees the Trust’s involvement strategy. Lay partners often support key workstreams, ensuring the Trust’s plans and initiatives are shaped by the needs and preferences of patients and communities.

- Establish a **NW London Resident Forum**, bringing together lay partners, patient participation groups and others with an interest in NW London-wide 'collaborative spaces'. This group will discuss specific NW London-wide healthcare issues. We will ensure that the group represents different communities, age groups and characteristics.
- Put in place and support specific **resident reference groups** where ICS/ICB programmes require deliberative input – for example, our Post Covid Syndrome patient group.
- Work with public health directors to deliver **integrated public health campaigns** on agreed topics.
- Specifically **target** and work with groups with specific needs, including people with long term conditions, black and minority ethnic communities, people with disabilities including people with learning difficulties and autism, traveller communities, children and young people, older people, mental health service users, LGBT communities, family carers and others. This work will be carried out at borough level, based on local health data and insights.
- Ensure **NHS service change programmes** and key ICS and borough-based workstreams carry out appropriate public involvement or consultation – this work can be led at Trust, provider collaborative or ICS level as appropriate.
- Work with grassroots voluntary sector organisations and residents to **build trusted relationships** with our communities, tested with a 'before' and 'after' survey via our Citizens' Panel.
- Draw on local expertise in involvement and communities, setting up a dedicated advisory group to support and develop our approach to working with people and communities across North West London.
- Ensure that our duties under **equalities** legislation are met and exceeded by putting in place ICB oversight of equalities impact assessments, conducting appropriate gap analyses of which communities and groups we talk to and publishing an annual equalities report.
- Recognise **digital exclusion** by ensuring a good mix of in-person and online engagement with people and communities.
- Use our 3,800-strong, demographically representative **Citizens' Panel** to deliver surveys and focus group research across the ICS and to disseminate healthcare information.
- Develop and maintain a strong focus on hearing from **people who are furthest from decision making** by working with grassroots community organisations, charities, churches, employers, schools, patient groups, MPs and councillors, Healthwatch and residents' associations to maximise our reach in to local populations.

- Support and work with **existing resident and patient groups**, such as patient participation groups and patient and lay groups based in provider trusts.
- **Meetings of the Integrated Care Board** and other decision-making meetings will take place in public and the public will have the right to ask questions at these meetings.
- Support and enable staff across North West London to work with residents and communities.
- **Coordinate social media** activity across the sector, especially on public health campaigns, service change programmes and promoting public events and involvement opportunities. We will use a multi-channel approach, including film and infographics, to get information across.
- Continue to work proactively and reactively with the **media** so that we can communicate important messages to local people and other stakeholders.
- Develop our single **website** housing ICB and ICS content and this site will link to all partner organisations' websites.

This approach will be assured and underpinned via the **Involvement Charter**.

This is a three-year strategy, which will be iterated depending on insights and developments in year one. Our initial plan for year one is attached as an appendix. **Year two and three objectives** will build on year one, with specific objectives to be added depending on insights received, specific ICS/ICB programmes and population health and care metrics.

## Implementation

### How it all fits together

This strategy sets out a framework for action. The approach has been co-designed with over 200 local residents and with input from local authorities, NHS providers, NHS England and communications and engagement teams across North West London. Population health metrics to support the strategy will be agreed at NW London level, though local metrics can also be used by borough-based partnerships.

The NWL Integrated Care Board, which will meet in public, will be ultimately accountable for this strategy, via the Proactive Population Health Management and Reducing Inequalities Board and Strategic Commissioning Committee. Day to day coordination of the strategy at NW London level will sit with ICS communications and engagement leads (NHS and local authority). The Lay Partner Advisory Group will guide and oversee the public involvement and engagement process from a resident perspective, as a reference group drawn from all eight boroughs.

Delivery of public engagement sits at borough level. Community outreach, collaborative spaces and conversations with specific communities will be planned jointly by local authority and NHS teams working at place level, taking account of



their specific populations. Insights from these conversations will be fed in at both North West London and borough level. Communications teams across North West London – NHS and local authority – will coordinate the overall approach. There will be a monthly planning cycle for community engagement.

Residents will co-design the agendas for quarterly community conversations (collaborative spaces) in each borough and community outreach will target specific communities by going to where people are (rather than asking them to attend meetings.) It will be for borough-based partnership to determine the arrangements for resident voices and panels at borough level. Health and Wellbeing Boards will continue to plan health services in each borough, and will continue to meet in public.

The role of the voluntary and community sector is important. We will work with grassroots organisations across North West London to support our outreach programmes and with 3rd Sector Together (3ST), which brings together third sector organisations across North West London, to develop and iterate our approach.

Our lay partner programme is open to anyone who wishes to be involved and residents who join it will be allocated to programmes where resident voices are required. Resident involvement in key ICS/ICB workstreams will be agreed with the programme and members of the public who wish to be involved will be provided with training and mentoring in their role.

We will put in place a Co-Design Advisory Body (DAB), drawing on local expertise from local authorities, the voluntary sector and residents, to help steer and review our approach to public involvement.

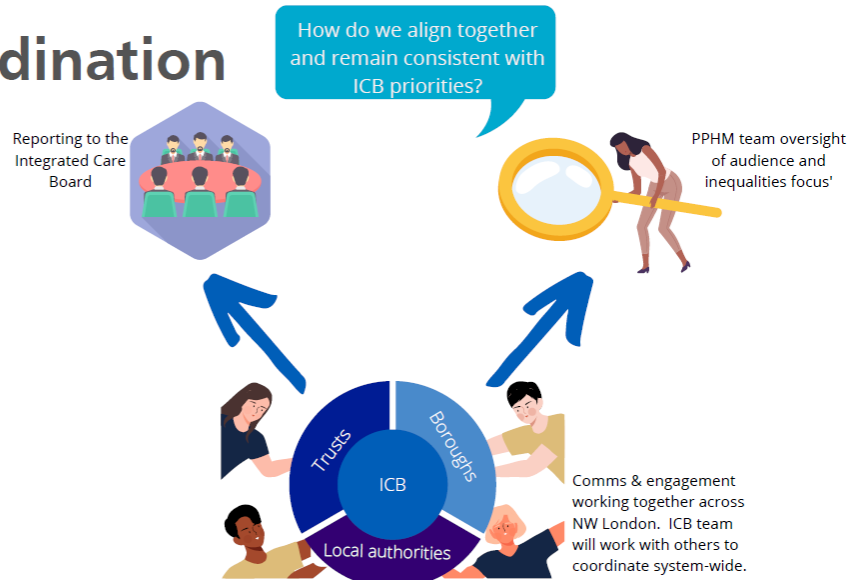
Health services will continue to be subject to scrutiny by local authorities at borough level and by the NW London Joint Health Overview and Scrutiny Committee.



# Planning



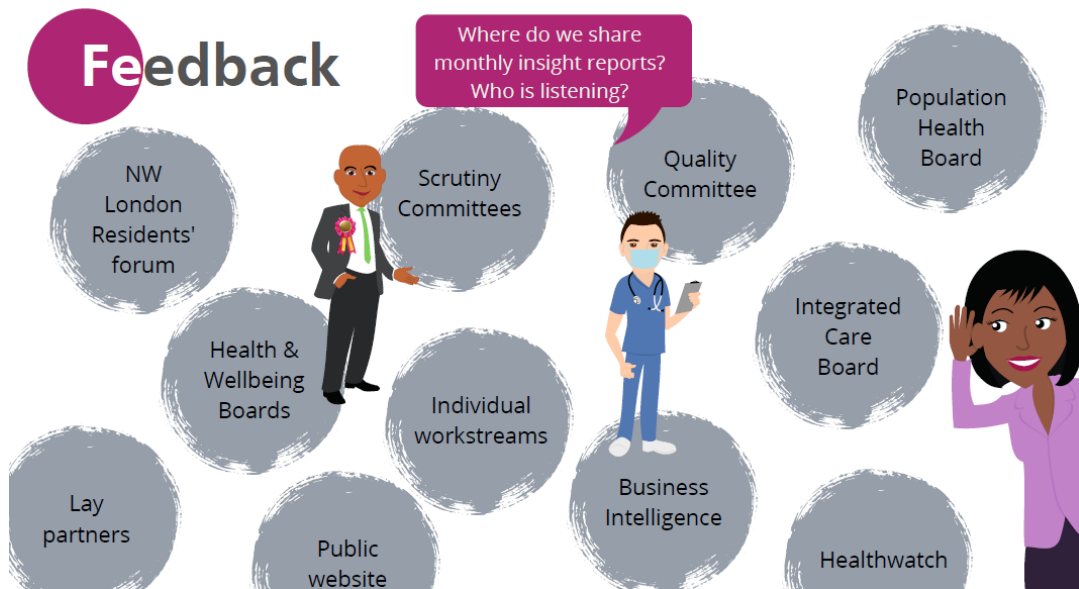
# Coordination



# Delivery



# Feedback



## **What do we need to talk to local people about?**

The content of conversations with the public cannot be determined just by us.

Insight reports will drive future involvement and engagement plans, including our outreach work with communities, which will be agreed at place level with borough-based teams.

This is why we are launching our collaborative spaces with the question '*What matters to you?*', with supporting materials setting out population health and inequalities data for their borough.

These conversations will start with publication of a draft inequalities framework document and will feed in to the overall development of our approach across Northwest London. The inequalities framework is a draft at this stage; we will co-design our approach with residents and populations. An event in each borough is being organised by the NHS and borough teams. Events will be based in community spaces, with information on display about the local borough and its inequality challenges, with the potential for stalls for community organisations / local authority teams, / NHS specialisms (e.g. diabetes, hypertension, obesity) and health checks.

There are several aspects of the ICS/ICB strategy and various workstreams where we will want to seek people's views and input. This work will be planned through our ICS strategy working group and our communications and engagement teams. Equally, it is important that we are not seen to restrict the conversation to specific ICB-sanctioned items; there must be room for the public to put their own concerns and aspirations on the agenda. We are putting in place a specific resident reference group to support development of the strategy. There will also be an extensive outreach programme so that we can get a sense of what our populations want and the concerns they want us to address.

There are several change programmes requiring specific input from local people. Programmes are being led as appropriate by provider collaboratives, NHS Trusts or the ICB team, with support from local authorities. Where service changes are proposed, we have an agreed North West London protocol setting out a consistent approach to how we will work with the public.

### **Timescales**

Activity arising from this strategy is necessarily developed on an iterative basis, based on insights from our residents, population health and wider input. Timescales for some activity are still being worked through in partnership with local authorities and providers.

In June, we expect to publish the draft inequalities framework, for discussion with local people and communities. The first formal collaborative spaces will take place in the following months.

On 1<sup>st</sup> July, the ICB and ICS was formally established, with public-facing messaging including our new approach to working with residents. The first insight reports will be published in October 2022 and every month thereafter and public health campaigns will be being planned. The NW London Residents Forum will meet for the first time in

summer 2022 and collaborative space events will continue at borough level. Our outreach programme in each borough will now be underway. Insight reports will reflect this activity; they will be recorded on WSIC and inform future strategy.

Specific public engagement activity will take place on proposed changes to services in line with our statutory responsibilities, including within the first year of the strategy. These proposals will also be covered in our community conversations. Provider collaboratives will usually lead communications and engagement on changes to services in their trusts.

A six-month review of our approach will take place in March 2023, when we will plan out the activity for the rest of the year and activity for year two.

## **Oversight and evaluation**

Our strategy will be led and coordinated through NHS and local authority **communications and engagement teams** and supported by key professionals such as clinicians, public health directors, senior NHS and local authority managers. As set out above, we will develop staff across the sector to support them in working with residents and populations. A dedicated training programme will support residents who wish to sit on local or NW London workstreams, building on the Imperial lay partner model.

The **Population Health and Inequalities Board**, which is co-chaired by a Trust and local authority chief executives, will oversee the implementation of the strategy, receiving regular reports. Reports will also go to the Strategic Commissioning Committee and Integrated Care Board. Our Design Advisory Body will support and steer our general approach to public involvement. Insights will also be shared with weekly ICS strategy meetings. The Board will appoint a Non-Executive Director with a specific remit to ensure effective community involvement.

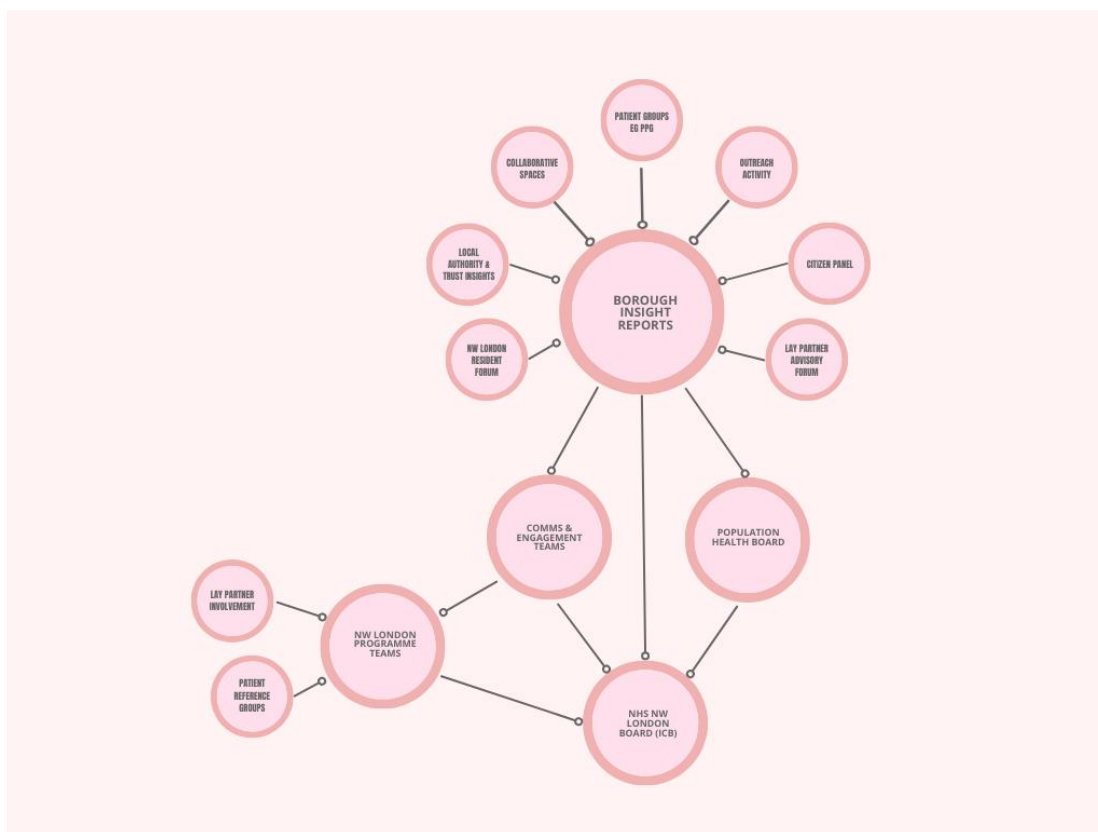
### **Success will be measured in terms of outcomes as well as outputs.**

The Pop Proactive Population Health Management and Reducing Inequalities is asked set up a working group to agree **population health based outcomes (or proxy measures)** to test with our residents and populations. These will be developed annually and examples of the things we would like to measure are uptake of screening and vaccination programme and reductions in unhealthy behaviours.

**Evaluation of the strategy will also include delivery of all the interventions listed in the 'objectives' section above.**

**Please note that this plan is iterative and will develop further.** It envisages delivery via a partnership of the ICB, local authorities and provider collaboratives, working with the voluntary sector and Healthwatch.

## Visual summary of our approach



## Summary of routes to involvement

Involvement methods and routes	Explanation
Involvement Charter	The co-designed Involvement Charter underpins the ICS's new engagement framework.
Community outreach	Targeted involvement of groups we have not successfully involved in the past, based on health and insight data and usually planned at borough level.
Collaborative spaces (quarterly in each borough)	Open community conversations where health and care professionals with the public and stakeholders to discuss healthcare issues. These work differently in different areas (e.g. Harrow has a Citizens Forum) but the key principle is that they are open to all and the agenda is co-designed with attendees.

Borough based stakeholder and residents meetings	Each borough based partnership is responsible for organising its own resident, public and stakeholder involvement forums, in partnership with local councils, NHS provider trusts, Healthwatch and the voluntary sector as appropriate.
Resident voices and lay partners	Resident voices and lay partners are invited to participate in a number of our health and social care programmes and projects that require the lay/patient perspective. We will work with others to offer training to lay partners, who can then act as resident voices on programmes and workstreams.
Citizens Panel (CP)	The CP is a demographically representative group of 3,800 residents. It provides NHS information, supports surveys and focus group research across the ICS, to a membership of nearly 4000 local residents.
The Patient Participation Groups' Forum (PPGs)	All NW London PPGs are invited to attend this forum to share intelligence, challenge and develop consistency. The intention is that this will be a self-organised, user-led forum, meeting at least three times a year.
NHS NW London Residents' Forum	The NW London Residents' Forum is open to the public to attend and will discuss specific North West London wide issues. This forum will not have any set dates, but organised when required.
NW London Co-design advisory body (DAB)	This body will consist of a diverse range of stakeholders and lay partners. The aim of DAB will be to assess the effectiveness of the NWL Involvement strategy and the Involvement charter against our practical engagement and involvement plans present and future.