

NHS North East London Integrated Care Board (ICB) board

1 July 2022, 11.45am – 1.30pm – MS Teams

	Item	Time	Lead	Attached/ verbal	Action required
1.0	Welcome, introductions and apologies	11.45	Chair	Verbal	Note
1.1.	Declaration of conflicts of interest				Note
2.0	Patient story	11.50		Verbal	Note
3.0	Chair and chief executive reports				
3.1	Chair's report	12.10	MG	Attached	Note
3.2	Chief executive's report	12.15	ZE	Attached	Note
4.0	Strategy				
4.1	Corporate objectives	12.20	ZE	Attached	Approve
4.2	Working with people and communities strategy	12.30	CP	Attached	Approve
5.0	Governance				
5.1	Governance and finance arrangements for ICB establishment	12.40	ZE	Attached	Approve
6.0	Questions from the public	1.15	Chair	Verbal	Discuss
7.0	Any other business and close	1.25	Chair	Verbal	Discus
Date of next meeting: 28 September 2022					

NHS North East London ICB board

1 July 2022

Title of report	Chair's Report
Author	Marie Gabriel, ICB/ICS Chair
Presented by	Marie Gabriel, ICB/ICS Chair
Contact for further information	Janet.evans10@nhs.net
Executive summary	This paper sets out the aims and purpose of our ICS and ICB. It provides information on key national and local priorities to shape our thinking and forward agenda.
Action required	To note the report.
Previous reporting	The purpose, four cornerstone approach and priorities were agreed collectively through workshops of all partners in the North East London Health and Care Partnership.
Next steps/ onward reporting	N/A
Conflicts of interest	N/A
Strategic fit	The strategic context both nationally and locally is included in the first section of the report.
Impact on local people, health inequalities and sustainability	This is the core focus for north east London as outlined in section one of this report and through the national messages summarised in the second part, which includes that national commitment to a greener NHS.
Impact on finance, performance and quality	In the second section the report focusses on the messages from national leaders on the overall strategic expectations for the NHS, including ensuring recovery post-pandemic and building resilience in advance of winter.
Risks	As a Board we will consider our strategic risks in meeting our objectives as described in the paper later on this agenda.

1.0 Introduction

1.1 As this is the inaugural meeting of the North East London Integrated Care Board, (ICB) it is fitting that we begin with clarity on our purpose. As a board we are responsible for achieving progress on the four aims of an Integrated Care System, (ICS) as required by NHS England. These four aims are to:

- Improve outcomes in population health and healthcare
- Tackle inequalities in outcomes, experience and access
- Enhance productivity and value for money
- Help the NHS support broader social and economic development

1.2 As a partnership we have considered what the attainment of those aims will mean to us and to the people and communities of north east London. Consequently, we have been able to be clear on our joint purpose, our design principles that will define our approach and four flagship priorities, against which we will work with and through the Integrated Care Partnership, (ICP) to determine our success.

1.3 **Our Purpose:**

We will work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity

1.4 **Our four Cornerstone Approach:**

We will design and operate the North East London ICS and ICB in a way that:

Improves Quality and Outcomes: Individually and together, we will continuously improve access, experience and outcomes for and with our residents, with a specific focus on delivering integrated care in the neighbourhoods where our residents live and work. We will seek to learn together and from international best practice to continuously improve quality, to re-invent our ways of working and better secure our outcomes.

Secures Greater Equity: We will resolutely tackle inequality in outcomes and experience for our residents and staff, harnessing the diversity of our north east London experience to create better and more responsive solutions and utilising our combined resources to tackle the causes of inequality. We embrace the right of our residents to meaningfully participate, as an equal part of our team, benefiting from the strengths that they bring as individuals and communities

Creates Value: We will transparently work with our residents and staff to secure the maximum, sustainable benefit from our physical, digital and financial resources, re-purposing what we have, reducing waste and taking care of our environment. Critically we will support and enable our most important resource, our staff, to reach their potential, enjoy work and be able to effectively contribute to our vision.

Deepens Collaboration: We will work in meaningful partnership towards shared goals, holding each other to account for the commitments we have made to each other and to our residents. We will set resident interest and the common good as our defining success measure and we will support our staff to lead and deliver across organisational boundaries. Our key collaboration will be with our residents, who will drive and co-deliver and evaluate the outcomes of our partnership

1.5 The four priorities that we have agree to take forward as a system and against which the Integrated Care Partnership will develop a Strategy, are Children and Young

People, ensuring our residents have the best start in life; Employment, creating meaningful work opportunities and experience for our residents and staff; Mental Health, improving community wellbeing and also access to, experience of and outcomes from services; and Long Term Conditions, with a focus on prevention so that our residents can live longer and healthier lives.

- 1.6 The above illustrates that our most important partnership, is a meaningful partnership with our people, (both residents and staff), and our communities. This is why the first strategy our Board is being asked to agree is our Working with People and Communities' strategy.
- 1.7 This commitment to working with people and communities reflect my own personal priorities as Chair, with a specific emphasis on ensuring that their participation and co-production is a positive experience for those participating and leads to improvement. As Chair, my personal priorities also reflect our four Cornerstone Approach, which are to deepening collaboration and to secure greater equity for our communities and for our staff, with a specific focus on access.
- 1.8 The second part of this report focuses on the national context and highlights key activities undertaken by myself as Chair and our non-executive community that should inform our discussions.

2.0 National Context and Chair's Activities

- 2.1 Last month I attended the NHS England and NHS Confederation Annual Conference and Expo. The Secretary of State for Health and the Chief Executive of NHS England were keynote speakers. Key messages from both included the continued need to focus on recovery, across all services but with a specific focus on elective and diagnostic waits, cancer, primary care and mental health. The opportunity to transform how we do things through the deeper collaboration harnessed by Integrated Care Boards and Systems and seizing the promise of developments in data, technology and life sciences. Both emphasised the continued need to support our workforce, to ensure that staff were included and engaged, that we create culture of respect and that we tackled inequality and discrimination. They also highlighted the need to build capacity in the right places so that we can tackle demand, particularly in emergency and urgent care and primary care and build resilience for winter and the future. Finally, whilst recognising that we are one of the most efficient health systems globally, that we should seize every opportunity to maximise the benefit of every pound of taxpayer we spend and to be greener.
- 2.2 I meet regularly with our eight Healthwatch organisations and at our last meeting I asked, based on the insights they have gathered from individuals and communities, what their priorities would be for us as an ICB. Their priorities response is set out below and will need to shape our forward agenda as a board.
 - i. Using community insights and resident voice at a neighbourhood level, including good quality inequalities data, to tackle inequalities in outcome. Currently focusing on disabled residents and equality of outcomes in maternity
 - ii. Working with patients and residents to release pressure and improve patient experience in relation to urgent, primary and A&E care.
 - iii. Ensuring the integration of care is undertaken from a patients/service user perspective

- iv. Recognising that dentistry is the area of concern most flagged by our residents, consider action that we can take within the ICS and working regionally and nationally to address concerns.
- 2.3 On 8 June the NHS Non-Executive Community came together to inform how we should work together as a system. I was impressed and thankful for their obvious commitment to ensuring that the integrated care system delivered on its promise. I will provide an update on the outcomes of the NED discussions at the Board.
- 2.4 The final highlight and priority of the last month is my podcast interview with Jane Chidgey-Clark, the National Freedom to Speak Up Guardian. It is essential that we consider and plan for how we will not only have robust arrangements to speaking up as a Board responsible for the employment of staff but also for how we will encourage, enable and value speaking up as a system, particularly as we integrate care and tackling health inequalities. I am pleased that Diane Herbert has agreed to be our Board Freedom to Speak Up Champion. As part of my interview, I was asked to share my Freedom to Speak Up Pledge. My Pledge as the Chair of the North East London Integrated Care Board is *“to ensure that, as we establish, develop and deliver the ICB and the ICS, we are defined by an open, honest, inclusive and learning culture, which values and encourages, supports, acts on and rewards speaking up.”*
- 2.5 I look forward to working with the board members, the wider system, our people and communities to achieve evidenced progress in meeting our shared ambitions.

NHS North East London ICB board

1 July 2022

Title of report	Chief Executive Officer's Report
Author	Zina Etheridge, Chief Executive Officer
Presented by	Zina Etheridge, Chief Executive Officer
Contact for further information	Laura Anstey l.anstey@nhs.net
Executive summary	This is the first report as we establish the Integrated Care Board on 1 July. It sets out the ambition and reflects on the strong foundations in place across the system, along with the challenges that require focus in our first year of operation.
Action required	To note.
Previous reporting	N/A
Next steps/ onward reporting	N/A
Conflicts of interest	N/A
Strategic fit	The report relates to the chief executive's intentions for the ICB and ICS and aligns to our strategic purpose, priorities and objectives.
Impact on local people, health inequalities and sustainability	The ICB will enable us to have greater impact as we are enabled to work in a more integrated way across health and care organisations in north east London.
Impact on finance, performance and quality	N/A
Risks	N/A

1.0 Introduction

- 1.1 I am really excited to be providing the first Chief Executive's report for the ICB. In future I anticipate focussing the report on key issues in front of us as a system, but I wanted to use my first report to reflect more widely as we start the ICB, as well as identifying some immediate challenges for us.
- 1.2 The bringing together of the partnership of the NHS, local authorities and the voluntary sector provides us with the best opportunity we have had for many years to place the assets and needs of our communities at the heart of what we do. I feel enormously privileged to be the first Chief Executive of the Integrated Care Board for North East London – where we have everything from one of the world's most important financial centres to some of the most deprived parts of the country, enormous diversity across our populations, a vibrant voluntary and community sector, passionate workforce and, our greatest asset, our 2 million residents who know better than anyone else how we can best achieve longer, healthier lives for everyone.

2.0 The Foundations we have in place

- 2.1 I am extremely grateful to the outgoing CCG Chair and Governing Body, as well as all of the staff, of the CCG for leaving us with strong foundations – both technical and in relation to tackling inequalities. Technical, as demonstrated through our recent end of year audit on finance, governance and performance. Our auditors and legal advisers have confirmed that the transition from the former CCG to ICB is in good order, advising that "...the process that the CCG has put in place to ensure the new ICB starts life well-informed is, in our opinion, a good process which follows NHS England's guidance and meets their expectations. It has been well-designed, is sufficiently clear and is proportionate to the north east London context."
- 2.2 The former CCG also leaves a legacy of a passionate focus on tackling inequality for us to continue to build on. The pandemic had enormous impact on north east London's residents, taking lives and deepening existing inequalities. But it has also left us with stronger relationships across health, local government and the voluntary and community (VCS) sector, and a much better understanding of each-others' strengths. The vaccination programme too has forged new alliances, and most importantly shown us many ways in which we can really tackle inequalities.
- 2.3 We have found, with help from the VCS, new ways into communities and a new understanding of what we need to do. It has also shown us how important it is that we build trust in us from all parts of the community.

3.0 Across the landscape we have many strengths to build on:

3.1 Our NHS institutions and partnerships

Our cancer alliance is one of the most high-performing in the country. That means that our residents will get a faster diagnosis or confirmation that they do not have cancer, and rapid access to treatment across all of our hospitals.

We have innovative primary, community and mental health services, often providing best practice models of care. NHS trusts, VCS organisations and GP practices have worked together to develop a patient owned digital platform for people with severe mental illness. This work has been recognised through national award and provides interactive information, visible on the person's phone, which both empowers and

helps them stay connected across the many organisations involved in their support.

North east London has continued to be a pioneer of the social prescribing movement. We have 86 link workers in post who last year helped just over 30,000 residents. Social prescribing plays a central role in supporting our adult population with a recent expansion across our primary care networks. We are also developing children and young people's social prescribing services across all of our place based partnerships.

3.2 Our voluntary sector

We have a vibrant and incredibly diverse voluntary and community sector (VCS) creating the networks that bind our residents and communities together, support some of the most vulnerable, and flexible and dynamic and really understand our communities. We have 1,200+ VCS organisations across north east London.

3.3 Our local authorities

Democratic and civic leadership and the ability to convene wide and deep partnerships at place level. Our local authorities really understand their places and communities, and can influence many of the wider determinants of health in ways that health partners on their own cannot.

3.4 Our workforce

Across health, care, wider local government and the voluntary sector, and often drawn from our local communities our workforce is passionately committed to our residents.

3.5 The people of north east London

Our greatest asset is our residents and communities, which is why it's so important that today we consider and agree our 'Working with People and Communities' Strategy. I have seen many of these assets first hand in my four months as ICB Chief Executive Officer (CEO) as I have visited boroughs and hospitals. I know that other members of the board will want to get out and see and talk to people over the next few months and bring their stories and insight to this board.

4.0 Our challenges

4.1 As we enter the first phase of the ICB, we have a number of immediate challenges which need focus.

4.2 Demand for urgent or same day care, and urgent support for those in mental health crisis is very high and meeting this demand is placing huge pressure on primary care, our emergency departments and the Ambulance Service.

4.3 In the aftermath of the pandemic, a lot of people are still waiting a long time for planned care in our hospitals, impacting on their quality of lives and often exacerbating other long term conditions or their mental health.

4.4 The cost of living crisis is impacting on our workforce and our residents, particularly coming on the back of the pandemic. We can expect to see the impact on our residents' health, exacerbating long term conditions, increasing pressure for urgent care and moving more families into crisis and needing support from social care. For our workforce it is another pressure after the pandemic, and there is a particular risk that care workers may chose alternative employment leaving that system understaffed even as demand increases.

4.5 We must ensure that we tackle these challenges together, whilst keeping our eye on our longer term objectives.

5.0 Leadership across North East London

5.1 As we start the ICB, I am delighted that the board is supported by a very experienced new Executive Team who bring a huge diversity of backgrounds. Across the wider landscape, I am delighted that Dr Neil Ashman has been confirmed as the CEO of the Royal London Hospital. Dr Ashman is the current group director of clinical transformation. I am similarly pleased that Louise Ashley has been appointed as the CEO of Homerton Healthcare NHS Foundation Trust and Place-based Leader of the City and Hackney Health and Care Partnership. Louise is currently the Chief Executive of Dartford and Gravesham NHS Trust in Kent.

Zina Etheridge
22 June 2022

NHS North East London ICB board

1 July 2022

Title of report	Corporate objectives
Author	Laura Anstey, Chief of Staff
Presented by	Zina Etheridge, Chief Executive
Contact for further information	Laura Anstey l.anstey@nhs.net
Executive summary	The paper outlines the proposed approach we will take and builds on the Integrated Care System (ICS) purpose, priorities and principles as well as the four aims of an ICS as set nationally, and for which the NHS North East London is responsible for using its resources and powers to achieve progress on.
Action required	To approve
Previous reporting	N/A
Next steps/ onward reporting	To be cascaded through the organisation and system
Conflicts of interest	N/A
Strategic fit	This paper sets the strategic focus for the remainder of 2022/23
Impact on local people, health inequalities and sustainability	The paper sets out how we plan to establish our organisation and system in order to achieve improvements for our population.
Impact on finance, performance and quality	The paper outlines the challenges and required focus to ensure we deliver improved performance within a challenging environment and how we must align our financial strategy to this and our wider objectives.
Risks	We have much to do, with a need to focus on our long term objectives for improving population health while ensuring we focus on immediate and short/medium term priorities as we continue to recover from the pandemic.

1.0 Background

1.1 Introduction

The NHS North East London Integrated Care Board (ICB), known as NHS North East London, is established on 1 July. The first year is very much a transitional year and as such it is proposed that from now until April 2022, that we set foundations for our strategic and corporate objectives.

The following brief paper outlines the proposed approach we will take and builds on the Integrated Care System (ICS) purpose, priorities and principles as well as the four aims of an ICS as set nationally, and for which the NHS North East London is responsible for using its resources and powers to achieve progress on.

1.2 The North East London ICS purpose, priorities and design principles

In autumn 2021 partners across the system came together to agree a purpose statement, design principles and four priorities as a system to focus on in partnership.

Our collective purpose is as follows:

“We will work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity.”

We will design and operate the North East London ICS in a way that:

- Improves quality and outcomes
- Secures greater equity
- Creates value
- Deepens collaboration

Our flagship priorities are:

- Children and young people – to make north east London the best place to grow up
- Mental health – to improve the mental health and wellbeing of the people of north east London
- Employment and workforce – to create meaningful work opportunities for people in north east London
- Long-term conditions – to support everyone living with a long-term condition in north east London to live a longer, healthier life

1.3 The four aims of an ICS

NHS North East London is responsible for using its resources and powers to achieve progress on the four aims of an ICS as outlined by NHS England. These four aims are to:

1. Improve outcomes in population health and healthcare
2. Tackle inequalities in outcomes, experience and access
3. Enhance productivity and value for money
4. Help the NHS support broader social and economic development.

2.0 The transitional objectives for NHS North East London

2.1 The board of NHS North East London will work to ensure that the wider ICS's purpose and priorities are delivered by working for all the people of north east London to create meaningful improvements in health, wellbeing and equity and ensure that the ICS is designed and operated in a way that:

- improves quality and outcomes
- secures greater equity
- creates value
- deepens collaboration

2.2 From now until next March, we will set foundations for our strategic objectives through establishing:

- The five-year strategy for the ICB, including a clear approach to the four priorities that bring the whole system together, with a clear framework for wider strategy development including to address population growth;
- A finance strategy which supports us to work as a system including through a three year medium term financial strategy (MTFS), and with a focus on sustainability;
- A shared approach to population health with an approach to data and the digital infrastructure to support this, and enable us to tackle inequalities;
- The policies we will need as an ICB to achieve our aims;
- Governance that enables and supports integration and focusses our collective effort on our objectives.

As an ICB we must also deliver the following:

- A system operating plan including elective recovery, mental health standards and ensure a joined up approach to demand, especially urgent and emergency care which ensures north east London residents get the care they need.

And ensure that we are:

- Reshaping the way we work so that we place residents at the heart our services and strategies through engagement and participation.
- Embedding clinical and professional leadership across the different parts of our system
- Focussing on our workforce – enabling all of our workforce to achieve equitable access to services to support them, and putting in place the foundations for a shared strategic plan for a workforce across north east London that meets capacity gaps, ensures we have the new skills we need for the future and provides great employment opportunities for our residents.

3.0 Next steps

3.1 As the Board and system develops over the coming months, a full set of strategic objectives will be developed in place for April 2023.

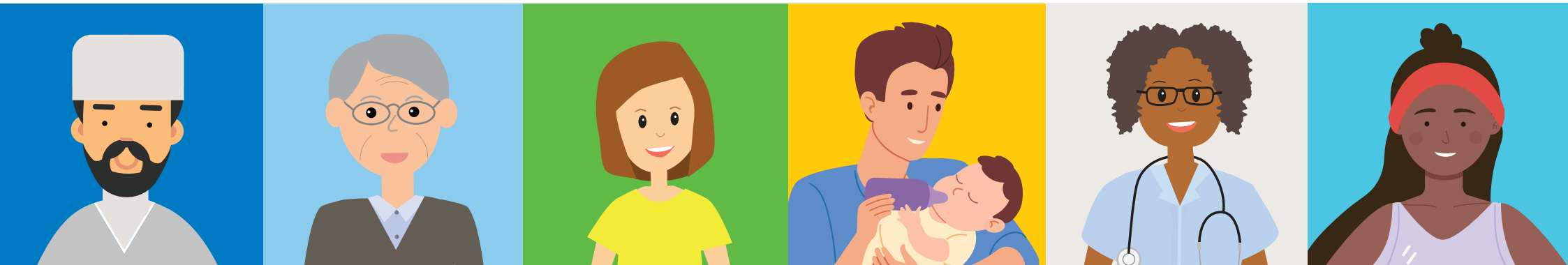
NHS North East London ICB board

1 July 2022

Title of report	Working with People and Communities Strategy
Author	Amy Burgess, Senior Engagement Lead and Marie Price, Director of Corporate Affairs
Presented by	Charlotte Pomery, Chief Participation and Place Officer
Contact for further information	amy.burgess7@nhs.net
Executive summary	<p>North east London health and care partners have committed to put people participation at the heart of all we do. Each ICS is expected to develop a system-wide strategy for working with people and communities by July 2022.</p> <p>ICSs are not expected to start afresh, but to build on the good work within their systems. We have been careful in starting this work not to impose a north east London view or approach, but to build up from what already exists. We know practice varies across organisations and places within our partnership, and also that we have many examples of best practice within our system, including internally recognised approaches.</p> <p>Participation and engagement leaders from ICS organisations have been working together to capture the positive practice to date and begin to set out how we intend to achieve our collective ambition for participation. The strategy is a start, but there is much more to do as we bed in our new system and build relationships and trust. We will work together to identify our priorities for year one.</p> <p>The strategy was submitted to NHS England (NHSE) in May 2022. NHSE will not be ‘assessing’ strategies, but reviewing for best practice to share and providing feedback/suggestions to each system. As an ICB and ICS we will be assessed later this year as part of the overall oversight framework on how well we are delivering on our participation objectives. More importantly, we will hold ourselves mutually accountable for the commitments we have made, and do that through this board and our wider integrated care partnership.</p>
Action required	To approve

Previous reporting	ICS Executive Team; Strategy Group, Transition Group and Oversight Group, Engagement Group.
Next steps/ onward reporting	Once agreed, and updated following NHSE feedback, the strategy will be widely shared across the system.
Conflicts of interest	N/A
Strategic fit	The strategy relates directly to the 'working with' commitment within our purpose as follows: "We will work with and for all the people of north east London to create meaningful improvements in health, wellbeing and equity."
Impact on local people, health inequalities and sustainability	<p>That ICS partners recognise participation as a right for local people and which leads to better outcomes. That partners commit to working within their organisations and collectively to honour this. This will take time and we need to spread the good practice and examples already in place.</p> <p>To tackle inequalities we need to work with those most impacted to share learning, to co-design and co-commission services and solutions that will have most impact.</p>
Impact on finance, performance and quality	<p>Doing this well will require increased investment at an ICB level, and potentially within partners in future. For example, we want to 'level up' to best practice for reward and recognition, to support our NEL CVS bodies to build capacity as a collaborative and fund Healthwatch to work with us at a north east London as well as local level.</p> <p>We should drive up improved performance and quality improvement through greater responsiveness to people in north east London on the issues that matter most to them, rather than a narrow focus on constitutional targets (which also have their place).</p>
Risks	That we set out an ambitious commitment that not all partners deliver on – regular review and collective challenge informed by patient, service user and resident voice will be key to our success.

North East London Integrated Care System
**Working with People and
Communities Strategy**



2022-2025

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North East London Integrated Care System is determined to be a transformative collaboration driven by people and communities, clinically and professionally led and enabled by a committed executive team. This strategy frames our joint ambition to work with our people and communities in true co-production both across and within our system. Through a co-production approach we will define what happens across the partnership itself wherever we collaborate, be it at place, system, through our provider collaboratives and within the NHS North East London Integrated Care Board and all the decisions it makes.

We recognise that for this to be achieved we need to ensure that our co-production and participation is defined by local people and occurs within the design, development, delivery and evaluation of our work. We recognise that we also need to ensure that across our system as we collaborate and integrate services there are common standards that our people and communities can expect and use to hold us to account. In addition, we recognise that to deliver true co-production we must invest in supporting our people and communities to participate, ensuring that they have access to the resources, information and staff which means every interaction is positive and leads to an improvement. This is why we have developed common standards and have been purposeful in declaring that participation is a right, as stated in our NHS Constitution.

We know that without meaningful co-production and participation we will not achieve our joint ambitions to improve access, experience, outcomes, value and equity for the people of north east London. This strategy is the beginning of our work to create, maintain and deepen an ongoing, trust based and purposeful dialogue with our people and communities. This is therefore a living document, which we will continue to develop and refine as through our discussions and experience and as we move forward on our improvement journey together.



Marie Gabriel CBE
Chair



Zina Etheridge
Chief Executive Officer Designate

Executive Summary

We are a community of over two million people with a rapidly growing population. We're the most ethnically diverse area in the country, with one of the youngest populations, and we have considerable health and economic inequalities.

Our partnership of NHS, local government, voluntary community and social enterprise sector (VCSE), Healthwatch and wider health and care organisations have a collective agreed purpose to **'...work with and for all the people of north east London to create meaningful improvements in health, well-being and equity'**. We will do this by ensuring we have **'... an ongoing and meaningful dialogue with all our people and communities that builds trusts, improves quality and outcomes, secures greater equity, creates value and deepens collaboration'**.

Our approach to participation

In north east London we believe people and communities have the right to participate in all aspects of our work. From the design of services to setting of budgets, from the development of strategy to being active participants in the delivery of services, and from holding us to account to shaping the measures by which our success will be defined. We believe participation is a right because it is a right within the NHS Constitution, it is public money and therefore health and care services belong to our local people and are directly linked to their health and wellbeing. We know that by working alongside residents and communities in partnership we will together be better able to address inequalities, improve access, experience and

outcomes, and that our best services are those that have been co-designed with the people who use them.

In this strategy we set out our commitment, along with examples of where we already have good practice, where we know we must improve, our priorities for action and investment, and how people can become involved. We are fortunate to have excellent examples and international best practice of participation here, some of which you will read about later. This strategy has been developed in partnership with our communities and with those working in participation and engagement. One outcome of this collaboration has been the development of a set of standards for participation which will remain under development and will be tested widely throughout our first years an ICS. They have been developed to underpin our work to reduce unfair differences in people's opportunities for, and experience of, participation. We intend to embed the standards through our work on tackling inequalities, improving quality of care and through our four partnership flagship priorities. In ensuring we meet these commitments, we have developed the following priorities against each of the standards:

- **Commitment: We will develop an infrastructure of participation within our governance and leadership** – this will include people and community voice at ICS Board level through representation by a member of our NEL ICS VCSE Alliance as a voting member; senior executive leadership through the appointment of an ICS Chief Participation and Place Officer and specific leadership at place; enactment of our pledge to be people and community driven, clinically led and executive enabled through our requirements as we delegate responsibilities within each of our collaboratives, where groups of NHS providers work together. Participation will be part of the culture and individual staff development

of the ICS and importantly we will develop mechanisms for our people and communities to hold the ICS to account for its commitment to participation, and the outcomes of that participation.

- **Collaboration:** We will work across the ICS and with our people and communities to deepen our collaboration – this will include continuing to build on the work we already undertake within primary care, the development of clinical and professional pathways and wider engagement and the work of our partners with a focus on how to integrate care, management of population health, tackle health inequalities, and ensure productivity. We will also develop how our joint standards will be delivered, resourced and evaluated.
- **Insight and evidence:** We will gather insight and evidence to inform our priorities and target our participation efforts – this will include identifying how to build on the commissioned Community Insights System developed and managed by our eight local Healthwatch organisations and bringing together evidence from across our collective partnership to ensure that people and communities drive our four partnership agreed flagship priorities: employment, mental health, children and young people and long-term conditions, with an emphasis on prevention. We will also use insight and evidence to identify communities most impacted by health inequalities and those seldom heard to target, encourage and specifically enable participation.
- **Accessibility:** We will ensure that all people and communities are aware of and are supported to participate – this will include being clear about the role of an integrated care systems, the different ways that participation can take place, the support and training that is available and how people will be rewarded. Critically, it will also include proactively

seeking to remove barriers to participation, utilising community development approaches and reducing inequity in our participation activities, enabling inclusion and positive participation for all and ensuring that we purposefully seek a diversity of people and communities.

- **Responsiveness:** We will ensure that the impact of participation is clear to people, communities and partners – this will mean developing guidelines with people and communities that will ensure that participation is a meaningful and positive experience; providing clear evidence of the impact of individual and collective participation within strategies and decision making; providing ongoing feedback and supporting people and communities to evaluate participation and developing mechanisms for their oversight of the recommendation implementation.

We're not starting from scratch. There are lots of examples of how we've worked with local people and communities, particularly during the pandemic when we built so many new relationships. Local community leaders recorded messages encouraging vaccine take-up which were shared far and wide through previously untapped networks, we held online sessions for expectant parents concerned about the impact of the vaccine on their babies and held vaccine drop-in sessions in community settings such as mosques and churches. Throughout this strategy you will find many examples of participation and engagement.

While we have great practice in NEL, we have much to do and recognise that we will need to continuously improve over time. Together we've agreed on a number of priorities based on what we've heard from local people. This will include in year one ensuring that we establish consistent arrangements for reward and recognition and a focus on accessibility.

Roles, responsibilities, and resources

Commitment begins at the top from our Chair, Chief Executive, ICB Board and wider integrated care partnership. We have a Chief Participation and Place officer as part of the executive leadership team, a place for our VCSE collaborative as a full member on the board of our new Integrated Care Board organisation and, following a proposal from all eight Healthwatch organisations, will fund them to fully participate in our decision-making. We've established a network of engagement and participation staff with a view to developing a community of practice and are investing in resources and tools to make this every colleague's business, wherever they work.

Healthwatch and VCSE organisations are included as full members in all our place based decision-making groups, and have been involved in developing our priorities and plans. In some of our places where neighbourhood working between health and care is most developed, such as City and Hackney, local community groups are fully embedded. In areas such as Barking and Dagenham, Havering and Redbridge, where we know we need to boost and build capacity for patient participation in GP practices and primary care networks, so we are running pilots and developing resources including participation toolkits to help make this happen.

How will we know we're making progress?

Statutory organisations, along with VCSE umbrella bodies and Healthwatch, will come together four times a year across NEL to focus on each of our four priorities, and included within this will be a review of participation and impact. We'll also test views through our NEL ICS Residents Panel and Healthwatch Community Insights System using existing and newly commissioned research. This will feed into an annual review which will build on our monthly reports to the ICS Board, setting out the impact participation is having at place, provider collaborative and programme levels. We're proud that our good work with Healthwatch to date was cited nationally as an example of promising practice and in the most recent draft guidance on 'Working in Partnership with People and Communities'.

How we developed the strategy and how it continue to evolve

Participation and engagement practitioners have come together to share best practice, experience and views from their organisation's forums, including at over 40 meetings, through a bespoke event which included five focus group sessions and a survey of our 2,500 strong online panel. All of this has informed this strategy to date, and we now want to take the conversation wider through further sessions as we fully scope out our programmes and finalise our decision-making arrangements for 1 July.

North east London is a diverse, vibrant and thriving part of London, with a rapidly growing population of around two million people, living across seven boroughs and the City of London. It has a rich history, culture, and identity, and is an exciting place to live and work. At the same time, we know that there is work to be done to reduce health inequalities within our communities.

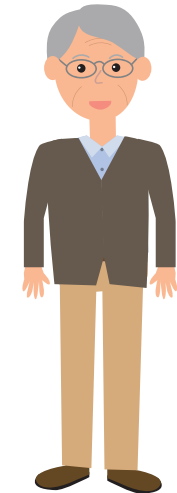
In 2022, health and care organisations from across north east London, came together as an Integrated Care System, also known as the North East London Health and Care Partnership. Working in an integrated way means working better together to ensure local people experience the best possible health and care services, live healthy and happy lives and see a reduction in health inequalities. This means we learn from each other and collaborate to embrace a shared way of working. We know that by sharing information and planning in a coordinated way, and by really listening to people when they give us feedback about their care, we can work together to ensure health and care services meet people's needs.

Participation, engagement and co-production with local communities must be at the absolute heart of everything we do. To improve lives and reduce health inequalities we need to work with our local populations to really understand how they feel and what the barriers are to accessing health and care. Participation is not a nice to have, it is a right, and a must do.

Our approach to participation is ambitious and working as an Integrated Care System provides exciting opportunities, and we are not starting from scratch – we are proud to have a strong foundation to build upon. For many years, health and care organisations have been working with local people and other partners on a shared ambition of integration, improvement, and mutual accountability, aimed at improving access, experience, and outcomes for all people. During the Covid-19 pandemic we worked in a way we had not done before, overcoming huge barriers. As we progress we want to continue to build on the power of our collective strength and develop approaches, facilitating and encouraging the co-design of solutions within communities, building on our existing assets and collective capacity to reduce inequalities together. To achieve our goal, the ambition of this strategy is aligned to our ICS design principles which set out a commitment to ensure **'...an ongoing and meaningful dialogue with all our people and communities that builds trusts, improves quality and outcomes, secures greater equity, creates value and deepens collaboration'**.

We know that when reaching out to listen to local people we have not always got it right. Across north east London we have many people living with the impact of the pandemic, be this bereavement, post Covid-19 syndrome (long Covid), poor mental health or financial hardship. At the time of writing this strategy, many people are struggling with rises in energy and fuel costs and are having to make difficult decisions to keep afloat, which will be exacerbated as the cost of living is expected to rise. All of these impact on health and wellbeing, and understanding what this

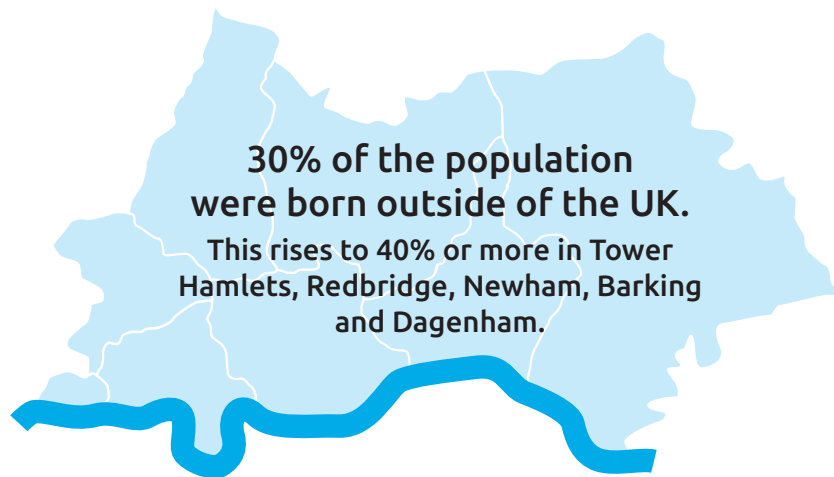
looks like for our people is vital if we are to develop the health and care services our communities need. As we become an Integrated Care System, we recognise the need to take a more holistic approach to supporting the mental and physical wellbeing of the people we support, learning from what has gone before and using engagement and participation to build new and innovative ways to understand the people we serve and sustain them through the challenging times ahead.



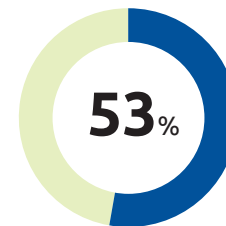
About us: our population, partnership and people's aspirations for a healthy community

The population of north east London is **2.02 million**

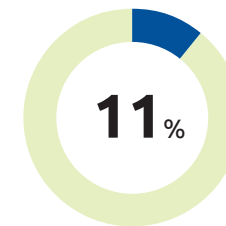
Our residents belong to a number of different faiths including Christianity, Hinduism, Judaism, Islam and Sikhism



Our diversity is our strength



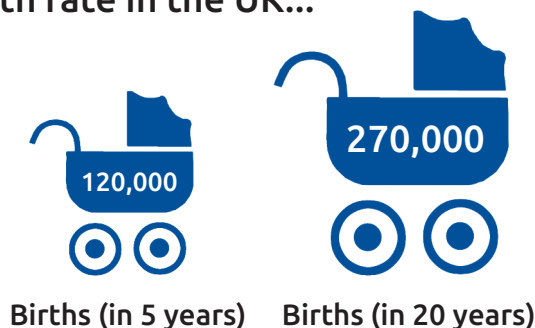
NEL



England

We have the **highest** birth rate in the UK...

with population expected to grow by 120,000 in the next five years and by 270,000 in the next 20 years. This is equivalent to adding another place the size of Waltham Forest, Havering or Hackney.



We are the most diverse ICS in the country with over half (53%) of NEL's population identifying as **Black, Asian** or from an **ethnic minority** compared with 11% across England overall.

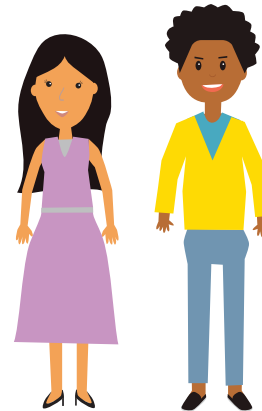
With the exception of Havering and City and Hackney, all NEL Places have predominantly non-white populations.

Newham is the most ethnically diverse locally and within England with white ethnic groups making up 25% of the population.

Our population is young

Relative to England we have a greater proportion of people under the age of 39.

The vast majority of our working age population (75%) are employed but we also have some high levels of unemployment coupled by local health and care workforce gaps.



17% of the population speak a language other than English at home.

After English, the most commonly spoken languages are Bengali, Urdu, Turkish, Polish, Gujarati, Portuguese, Tamil, French, Lithuanian and Panjabi.

Local NEL communities help design multilingual NHS app

In order to redesign the NHS app with non-English speakers in mind, three communities in Tower Hamlets and Newham (Bangladeshi, Somali, Romanian) were engaged, and asked to watch videos designed by the national NHS digital team in their mother tongue, outlining the benefits of the app and encouraging them to download it.

The videos were also uploaded to YouTube, with communities asked to leave feedback in the comments, and shared through WhatsApp groups (more than 40 in Tower Hamlets) and social media. Evaluation and analysis of the engagement is being commissioned.

More than 1 in 4 people in north east London live in areas ranked in the most 20% deprived in England.



More than 1 in 5 people have a common mental disorder like depression or anxiety.
This is higher than the England average (17%).

Our partnership: Organisations in north east London are increasingly working together to integrate care – though groups of providers coming together to provide mutual support and address inequalities and variation in access, experience, and at each of our seven places to ensure that we fully integrate health and care services for local people.



1
Care Provider Group

This brings together providers of care and support across a number of areas including digital innovations, data capture, mutual aid, service improvement and sharing best practice



8
Local authorities

- Barking & Dagenham
- City of London
- Hackney
- Havering
- Newham
- Redbridge
- Tower Hamlets
- Waltham Forest



276
GP practices

Our 276 GP practices have come together as 49 Primary Care Networks which bring together GP practices across north east London to improve primary care services and meet the changing needs of the community



8
local Healthwatch

Acting as a health and care champion, providing independent advice and support for local people



1,200+
voluntary and community sector organisations

The north east London VCSE Alliance brings together all of our voluntary and community sector organisations and provides a vital role in reaching our wider communities, alongside being a provider of services.



3
NHS hospitals trusts

- Providing secondary care, working together:
- Barking, Dagenham, Havering and Redbridge University Hospitals Trust
 - Barts Health NHS Trust
 - Homerton Healthcare NHS Foundation Trust



1
Integrated Care Partnership

of local authorities and ICB, with a broader partnership of all partners

2
NHS Foundation Trusts

Providing mental health and community services, working together plus Homerton (listed above providing community services

1
Integrated Care Board (ICB)

- East London Foundation Trust
- North East London Foundation Trust

Community voices: As an ICS we have four core aims to: improve outcomes in population health and healthcare, tackle inequalities in outcomes, experience and access, enhance productivity and value for money, and help the NHS support broader social economic development. We asked local people, representatives and practitioners what was important to them.

What does a healthy community look like to you?



“The day-to-day needs of individuals being supported in helping and promoting a healthy life. This includes, housing, standard of living, education, food choices, employment, equal access to services, environment and quality health services.”



Yunus Dudhwala
Head of Chaplaincy
Barts Health NHS Trust

“Being able to access great healthcare and the necessary services my son may need as he grows up. He’s only nine months old, but having services available to support me in helping care for him, would give me confidence.”



Ben Lee
New parent
Walthamstow

“Somewhere that enables people to live their fullest most vibrant life. A group of people with a common purpose, working together to empower and enable individuals to take back control of their own lifestyles and wellbeing. A lot of patients say they get lost in the system – sent from one post to the next – and nothing ever gets done, so a healthy community is us getting things done.”



Gee Gahir
Health and Wellbeing Coach
Havering Primary Care Network



What does a healthy community look like to you?



“Somewhere residents can have access to a good education and jobs, a safe environment, good transport links, and healthy food; a community where you can rely on each other for support, uplift and empower each other. Crime rates would be low, poverty would not exist and there would be no waiting time for medical appointments. People looking after their physical and mental wellbeing and not being ashamed to talk about conditions or scared of being labelled.”



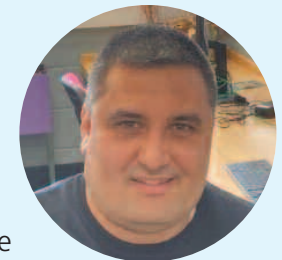
Kolsuma Begum
CVS
Tower Hamlets

“One where health and social care are properly funded, and where they work together with patients and service users, in an equal partnership to deliver the best possible care for all citizens.”



Shirley Murgraff
Public Representative
City and Hackney

“Roma people being respected and viewed in a positive light, and not prejudged based on negative stereotypes. Their inequalities need to be recognised in order for the health of the people to be improved, and services put in place to tackle overcrowding in homes, and support for those with mental health issues and financial worries.”



Nick Radu
Engagement Officer and Education
Consultant for Gypsy Roma Travellers
Redbridge



What does a healthy community look like to you?



“Residents living individual fulfilling independent lives as long as possible. Let’s allow local people to take control of the health and wellbeing and together we shall have a successful healthy community for the long-term future.”



Dr Ken Aswani
Clinical Chair
Waltham Forest

“A healthy community is inclusive of the needs of its residents. It promotes health and wellbeing and encourages individuals to take better care of themselves.



It is also about connections and engagement and making sure that people are listened to so that their needs are met both on an individual and community basis”.

David Kingsley
Youth Representative
Hackney

“A healthy community would be one where people are able to reach out to all departments of the NHS quickly and easily. One where people are being helped, mentally and physically, by their GP or local hospital as and when they require attention.”



Carole Loveday
Resident
Havering



How this strategy was developed – you said, together we did 16

The well-established **NEL Participation and Engagement Working Group** is made up of engagement and participation leaders from health and care organisations across north east London. The purpose of the group is to collectively share good practice and what is working well, identify where there is value in coming together, and facilitate NEL-wide discussions.

Through local and organisation focussed activities using their place-based and organisation structures, three working groups have explored the development of training on patient and public involvement, establishment of a community of practice and developed draft standards for working together.

Colleagues looked at what already existed, including our partner strategies and plans for engagement and co-production, which are set out in Appendix 4. The working group then took the existing learning from current best practice in participation and built on it to feed into this strategy in the following ways:

1

Engaging at over **40 local patient and public meetings** to share the work and seek feedback

2

Bringing together engagement leads and 50 local people in **five focus groups** to discuss what good participation looks like and develop some NEL ICS participation standards in April 2022

3

Creating a **NEL Residents Panel** survey to seek feedback from the wide group of members and received 120+ responses

4

Surveying colleagues from across the system about where the opportunities are for participation, as part of the development of the NEL ICS Quality Framework

5

Holding discussions with our **local Healthwatch** and incorporating their feedback

Co-designing our approach: We are working in partnership with local people to design structures for participation that are meaningful. This strategy reflects the extensive work done to date. In summer 2022 local people, many with existing experience of participation at a place level, will come together with system partners to build on our current approach. The workshop will consider how members of the public can best be involved in NEL wide projects, recruitment, training design and delivery, consultation and co-production. To do this effectively we will work in partnership with our local Healthwatch, VCSE and all of our organisations (representatives of whom will be attending the workshop).

Links to other strategies: In addition to aligning this to local partner engagement and participation strategies, we are doing the same for those newly developed for the ICB and ICS, such as the Quality Framework, Green Plan, emerging communications, digital and estates strategies. As a system we will develop an overall Integrated Health and Care Strategy through our Integrated Care Partnership later this year – seeking the views of partners and local people will be essential in producing this, in line with the ambition set out in this strategy.



Our vision and standards for participation

Our overarching vision is that participation is everybody's right and local people will be treated as equal partners with an equal voice.

Organisations and boroughs within NEL have different approaches to participation and co-production. As we move forward as an ICS we will build on what is working well and work together where we need to improve, reducing unfair differences in people's experience of participation. Significant work is already underway to develop what this means for us as we establish our Integrated Care Board and Integrated Care System.

In collaboration with our partners, members of the NEL Participation and Engagement Working Group, public forums and groups and local people, we have been co-designing a set of NEL ICS standards for participation. These standards set out a proposed shared way of how we will work together in a meaningful way, in partnership with our local communities. We aim to work in partnership with local people to implement changes whilst treating people with dignity. These are draft and have been tested through a workshop of patient and service user members from current ICS organisations and through a survey of our Residents Panel. Respondents to the survey were supportive of the standards and provided further suggestions on what we should focus on in year one. We will be testing these widely in our first year as an ICS and agreeing how we will be able to measure our success in delivering against these.

Commitment

We are committed to putting people participation at the heart of our work from the earliest opportunity. Public voice should be present in all our activities. We will achieve this by:

- Developing an infrastructure of participation and co-production within our governance and leadership, ensuring Healthwatch, the voluntary and community sector and local people working alongside us are given clear roles and responsibilities and treated and taken seriously as an equally valued voice and partner, whilst honestly acknowledging differences in power and resources between those taking part
- Truly listening to people and providing opportunities for local people to be involved in planning and decision-making in a wide variety of ways including co-production or co-design of services where appropriate
- Being clear about what everybody is here for and what we are going to achieve
- Ensuring we give something back to people who are involved in our work. This could include training, acknowledgement, new skills, credit vouchers or payment
- Developing a culture of honesty and transparency, committing to evaluation and learning from our mistakes
- Providing our staff with the skills and knowledge to listen and act upon feedback from local people to ensure that participation and co-production is part of the culture and individual staff development of the ICS
- Developing mechanisms for our people and communities to hold the ICS to account for its commitment to participation and the outcomes of that participation

Collaboration

We will **talk to each other and identify where we can work together** to achieve a high standard of participation with the communities we serve by:

- Building on the collaborative work we have already undertaken to integrate care, manage population health, tackle health inequalities and ensure productivity
- Ensuring that all partners are brought together to plan at the earliest possible opportunity, including Healthwatch and the community and voluntary sector
- Developing joint priorities and messaging, and avoiding duplication
- Sharing best practice and championing innovation
- Finding common solutions to collective challenges
- Developing how our joint standards will be delivered, resourced and evaluated

Insight and evidence

We will **share insight and produce plans based on evidence and feedback** from our local people. We will do this by:

- Using a range of insight gathering tools including the NEL Community Insight System, commissioned from our local Healthwatch using a wide range of existing and bespoke insight from local people and the [NEL Citizens Panel](#)

- Identifying where we have common priorities and coordinating the sharing of relevant insight for example around our agreed flagship priorities of employment, mental health, children and young people and long-term conditions, with an emphasis on prevention
- Having structures in place which ensure we build and develop our work based on existing feedback and insight
- Making sure we are asking the right questions when we seek insight and experience from local people
- Using insight and evidence to identify communities most impacted by health inequalities and those seldom heard to target, encourage and enable participation

Listening to local people: North East London ICS Community Insight System

The eight NEL Healthwatch organisations have been funded by NEL ICS to develop and manage a Community Insights System (CIS). The CIS is a database which brings together feedback on healthcare providers from a wide range of sources including surveys, complaints data, thank you cards and compliments, patient advice and liaison service (PALS) a feedback from voluntary and community sector projects.

Over 90,000 pieces of data have been inputted to date and staff from health and care organisations from across NEL are able to use the database at an early planning stage to explore how services are being experienced and identify critical issues.

Accessibility

We will ensure participation is accessible to all local people by:

- Exploring together how best we as organisations from across north east London can collectively remove barriers to participating in engagement activities
- Being clear about the role of an integrated care system
- Providing transparent access to all the relevant information and giving people the tools they need to participate, the support and training available and how they will be rewarded
- Proactively seeking to remove barriers to participation, utilising community development approaches and reducing inequity in our participation activities
- Purposefully seeking to hear from and involve a diversity of local people and communities
- Ensuring that we are actively using the [Accessible Information Standards](#) and providing information in community languages and plain English
- Ensuring our spaces and venues are easy to access for all
- Ensuring people are supported to use online platforms and technology and provide training where required
- Ensuring children and young people are involved and catered for where appropriate

Responsiveness

We will be responsive to the local voice by:

- Asking local people how they would like to be involved to ensure we are hearing their voice in a meaningful way
- Being clear about the way in which our communities can influence design and decisions, then following through and implementing change based on their influence
- Keeping local people informed about the way we have implemented change as a result of listening to what they told us
- Sharing responses in a timely manner and ensuring that where people have fed in their thoughts and experiences they are kept informed about outcomes
- Understanding that the diverse communities we serve will experience services differently, and tailoring our approach to be responsive to their respective needs
- Providing clear evidence of the impact of individual and collective participation, providing ongoing feedback
- Supporting people and communities to evaluate participation and developing mechanisms for their oversight of implementation

Quality improvement through participation

People participation is integral to improving the quality of care of our services and the health outcomes of our population.

We intend to co-create a common approach to quality across our ICS in partnership with local people and will build on successful participation approaches to ensure our residents are helping us improve services. We will also work with service users of all ages, and use personal stories to improve our services and reduce inequalities and inequity. To support these priorities, we have established a System Quality Group with an inclusive membership including people with lived experience and Healthwatch colleagues.

Quality improvement in action: local residents shape Mile End Early Diagnosis Centre

Patient engagement was at the heart of the Mile End Early Diagnosis Centre, which provides capacity for an extra 16,500 vital procedures annually for local residents across north east London.

Patients were involved from the very start of the project, over two years ago, and they have provided invaluable input into both the design of the building and the patient pathway itself, to ensure the patient journey was right from day one.

The result of this is that since opening in March 2021, they have received 100 per cent positive feedback from service users. Read more about once service user's experience [here](#).

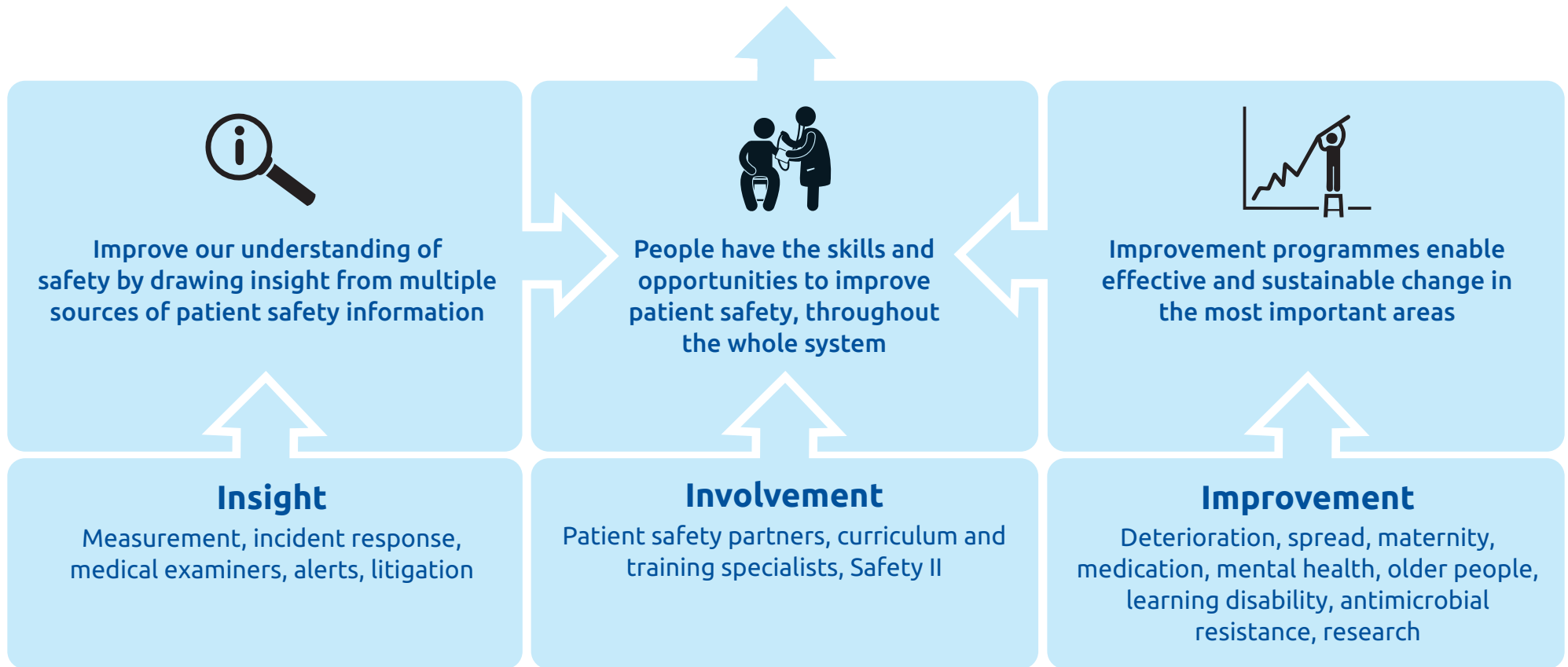
NEL Patient Safety Partners – actively involved in the design of safer care

The new NHS Patient Safety Strategy launched in 2019 requires NHS organisations and staff to rethink and redesign the current approach to reducing potentially avoidable harm. A key building block of the strategy is to improve the way we involve patients and staff in patient safety initiatives and ongoing work.

The Patient Safety Strategy recognises the key role that patients and residents can play in contributing to an organisation's governance and management processes for patient safety. Roles for patient safety partners in NEL will include:

- membership of our quality, safety and improvement committees/groups whose responsibilities include the review and analysis of safety data
- involvement in patient safety improvement projects
- working with our board, committees and programmes to consider how to improve safety
- involvement in staff patient safety training
- participation in investigation oversight groups
- helping to ensure any committee/group where included considers and prioritises the service user, patient, carer and family perspective and champions a diversity of views.

Continuously improving patient safety



← A patient safety *culture* →
A patient safety *system* →

Tackling health inequalities

Health inequalities are avoidable, unfair differences in health status between different groups of people or communities.

This strategy will play a vital role in tackling health inequalities in north east London. Covid-19 exposed and exacerbated inequalities. We know that inequalities in social and economic conditions before the pandemic contributed to the disproportionate negative impact on the health and wellbeing of people in north east London, the UK and across the world.

Positive health outcomes can be better achieved by focusing on prevention and fostering the things that protect and create healthy communities. Having a voice in local decisions and feeling connected to other people and the area you live, has a positive impact on health and wellbeing and can help provide protection against disease and ill health. Involving local people and communities in their own care and in collective decision-making is central to the ICS' purpose and commitment to reducing health inequalities.

Our health, wellbeing and quality of life are influenced by many different factors, for example employment, air pollution and housing conditions. Communities themselves are often best placed to suggest solutions that meet their needs. The North East London health inequalities programme is set up to ensure we meet NHS England's Improvement five health inequalities priorities, and that the ICS participates fully in the London Health Equity Group and refresh of the [Mayor's health inequalities strategy](#), as well as delivering on the London Vision priorities.

Before we develop any new service or strategy we will carry out an equality and quality impact assessment to ensure that we are addressing inequities. Below are just some of the examples of the approaches we're taking to support partnership and community led solutions.



Working with our partners to reduce health inequalities in maternity

As we improve equity for mothers and babies, and equality in experience for maternity staff, we'll be working with our NHS trusts, partners and communities to produce a five-year equity and equality maternity strategy.

Working with Healthwatch and voluntary organisation Maternity Mates, across all our boroughs, we'll ensure people have an opportunity to engage and share their ideas on how to improve experiences for all those who become pregnant.

By using existing data and new ICS funded activity through Healthwatch, we will collect ideas for interventions and innovative solutions to improve maternity outcomes.

Community leadership in Havering to reduce health inequalities

Harold Hill ward in Havering is one of the most deprived 20% areas in the country. Through a successful partnership bid of the ICS and Havering voluntary sector leaders, we received funding and support to trial an innovative community led initiative.

Embedded in a local community hub and led by the local community and voluntary sector, a local resident has been recruited as area health coordinator to recruit and support a group of community connectors to act as conduits for local people, focussing on barriers and enablers to reduce health inequalities and connect service users with decision-makers. We will evaluate the impact and ensure we extend the initiative more widely if it's shown to work.

BHR working with the Roma community to support the Covid-19 vaccine programme







To encourage Roma people to get vaccinated, the ICS commissioned a local teacher with links to the Roma community, to hear and respond to concerns about the Covid-19 vaccination, with the aim of increasing take-up.

Working alongside an engagement and development officer at Redbridge Council, to coordinate outreach events, they reached out to over 700 Roma residents, and vaccinated more than 400, including 45 in one day at Ilford Town Hall, which exceeded the targets set out.

Through these new relationships members of the community sought and received further support, ranging from housing, education, support for children with special educational needs, registration with a GP and much more.

How we will listen and engage with our local people

We know that engagement is on a spectrum and, depending on the project, the level of participation changes. The five areas shown below describe different levels of participation, outlining what to expect from us as an Integrated Care System, and what this looks like for our communities and how it makes local people feel. Participation across the ICS will happen at different levels – across the whole of north east London, as part of our collaborative work, for example our mental health providers working together, or at local borough level. We know that we need to be clear about expectations and responsibilities and will be using the best practice set out in this spectrum of engagement to guide these conversations and build a system together over the coming year to ensure we are measuring impact.

	Inform 	Consult 	Involve 	Co-produce 	Empower 
What we will do	Provide our people with balanced and objective information to help them understand the problem and possible solutions	Gather data, insights and feedback from our people on a proposed change	Work with our people to ensure opinions and experiences are consistently understood and considered	Join our people on every area of decision making, including alternatives and preferred solutions	Put decision making in the hands of local people for some areas – e.g. personal health budgets
What this looks like for our local people	Keeping people informed	Listening to, and taking time to understand concerns and ideas	Ensuring a consistent feedback loop to let people know when their contributions have directly influenced decisions or are reflected in possible solutions	Working with our people to inform solutions and use their advice and recommendations in decisions in the fullest way possible	Person centred care, where people make informed decisions about their care, look after their health and wellbeing, access right care at the right time
How this makes Sandria feel 	Having information about local health services allows me to understand what is available to me and my family	Being given the opportunity to share my opinions on how services are for me and my family makes me feel my views matter	Understanding what ideas were used and what maybe wouldn't work, helps me understand what can be changed and improved in future	Knowing that my ideas and suggestions can actually change what ICS partners do, and hopefully see better services for my children in the future is a great feeling	Being treated as an equal in decision making, knowing your rights and responsibilities as a patient or service user, feeling confident about making decisions about your care

Increasing impact on the decision ►

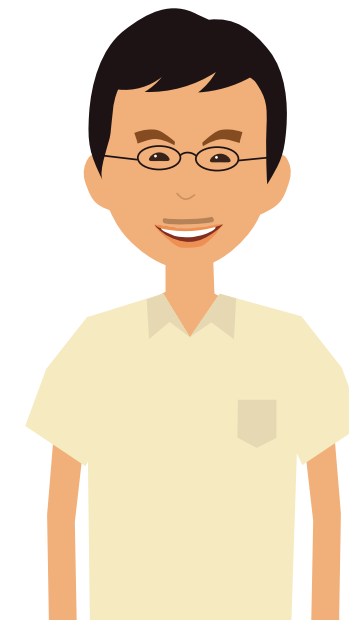
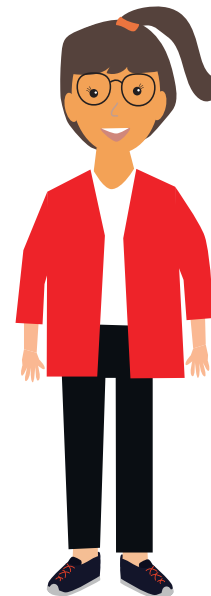
Embedding participation in our four partnership priorities

In 2021 we held a number of partnership workshops with 100 plus colleagues to agree our purpose and priorities. Together we agreed on four areas where we could have most impact collectively:

- Babies, children and young people
- Employment and workforce
- Long term health conditions
- Mental health

More information is available on our partnership website [here](#)

From January to April 2022, we ran **exploratory sessions with programme leads** from each of our four priority areas to start to identify where there is meaningful opportunity for our local communities to collaborate on shaping and inputting to the design and delivery of each programme. The findings from these sessions is set out below:



Babies, children and young people: making north east London the best place to grow up

With the highest birth rate in London, and 30% of our community being babies, children and young people, we know that by championing their health and care needs and participation opportunities now, it will improve outcomes for many years to come. By working with young people on projects such as the 'All About Me for the Benefit for Everyone' conference, developing a 'Youth Health Champions' programme and with the programme board co-chaired by a young person, we ensure that our work is always considering the needs of children and young people, helping develop and improve services with those who use them.

Much of our co-production and engagement work is with young people, but we know there is a huge gap in hearing the voices of younger children. We have great connections and opportunities to engage with parents and

carers of children, but rarely do so directly. We will work with partners to develop our plans, building on these examples:

HeadStart Newham Youth Panel

Giving a voice to young people, Newham's HeadStart [Youth Panel](#) began in 2016 and sees young people sit alongside senior councillors, teachers and strategic partners within the Local Authority and CCG. The Panel acts as a scrutiny group, and all adults applying to work with HeadStart are interviewed by them. They've worked on a range of projects to engage other youths in the borough, including a [booklet](#) on transitions in life, have a series of [podcasts](#), publish a monthly [newsletter](#) and during lockdown they delivered drop-in mental health support groups for young people.

"I am keen to participate with the BCYP Board due to my frontline experience as a Youth Worker where I have been exposed to various issues with the current health care system for young people. Having worked as a Youth Worker/Youth Board Member and being involved in the opening of an In-House GP service within a Youth Service in Tower Hamlets, I have first-hand experience of seeing 'what works', and this is the reason why I would like to share my experience to influence change. Being the Co-Chair for the Board represents an opportunity to challenge current practises and be part of the solution to provide a greater integrated care system for the young people of London."

Mohammed Motin, Co-Chair, BCYP Executive Board



Waltham Forest Youth Health Champions programme

The Waltham Forest Youth Health Champion programme gives young people the skills to act as peer mentors and has trained over 340 young people, with each champion having the potential to reach around 100 other young people, making the collective reach in the thousands. The champions have worked on many health and wellness schemes that have positively impacted the wider community, including: collecting one ton of food for a food bank; running a Violence Against Women and Girls campaign called 'Stop the Silence', which won a Royal Society for Public Health award; and supporting a commended mental health campaign: 'Forest Minds'.



Health Spot in Tower Hamlets

Co-designed with young people Health Spot is a specialist extended GP hub specifically for young people, run in partnership with [Spotlight](#) to make care accessible and relevant to young people's experiences. Launched during the first Covid-19 lockdown in 2020, it offers confidential appointments with GPs experienced in supporting young people, with the option of additional support from youth workers, counsellors and substance misuse workers. The service is delivered in a safe and convenient youth space set up by a local housing association and is dedicated to supporting the health and wellbeing needs of young people aged 11-19 years, or up to 25 years if facing additional challenges. By working with young people, they have created a service they want, removing barriers to access, so a young person can visit for a GP appointment, speak to a youth worker and/or a sexual health advisor all in the same location and without feeling exposed by attending a GP practice.

Employment and workforce: we will work together to create meaningful employment opportunities for people in north east London

We know that unemployment can affect people's health in several ways. It can act as a source of stress, deprive people of income and social networks, lead to unhealthy coping behaviours and exasperate inequalities.

The Covid-19 pandemic has further highlighted the need for us to prioritise addressing unemployment and focus on the quality of employment in north east London.

We are passionate about creating meaningful employment opportunities for local people within the health and care sectors, so that we grow into an organisation that is representative of our local populations. Through our positive partnership working we secured £250k from the Mayor's Academies Programme (MAP) to establish a **Health Hub** in NEL, working with employers to remove barriers and blockers to recruitment for local residents. Through the hub, we will support **750 individuals from underrepresented groups** to find work.

In addition to this, we have grown a network of over **150 Health and Social Career Ambassadors**. In partnership with [Care City](#), a locally based community interest company we have established a **young persons' panel** to check and challenge our plans and strategies.

Involving local people in the programme will:

- Ensure health and care jobs are increasingly filled by local people
- Provide local communities with increased awareness of the variety of careers available within health and care
- Provide a vehicle for showcasing health and care as a whole sector and promote various routes into the sector, at all levels
- Provide accessible information, signposting and role models to job seekers and young people to enable them to make informed decisions based on opportunities available.

As we develop our programme we will ensure we build on the strong foundation through our ambassadors and young person's panel to ensure participation is fully embedded.

Long term conditions: we will support everyone living with a long-term condition in north east London to live a longer, healthier life

Long-term conditions (LTCs) are one of the major causes of poor quality of life in England and in north east London: Respiratory disease affects 1 in 5 people in NEL and is the third biggest cause of death. Local people have high levels of Type 2 diabetes, with Newham having the highest rate of diabetes in London

Developing a LTC is closely related to health inequalities and therefore focusing on prevention at a greater scale forms a key part of our overall NEL strategy to tackling emerging health inequalities. A health equity audit for cardiac rehabilitation will begin in May 2022 to enable the system to understand how health inequalities impact on the quality of life for patients eligible for cardiac rehabilitation in NEL.

Understanding what living with an LTC means for our local people, how it impacts on their ability to live a happy life and how best we can make support accessible, is absolutely central to this programme of work.

We are developing an LTC participation and engagement plan which includes:

- Embedding co-production in the development of resources and the planning of services
- Using feedback and lived experience to inform future programme planning
- Developing effective public facing communications of health messages and support available such as structured education and annual reviews

We are identifying opportunities to broker:

- Approaches to partnership working with voluntary sector organisations
- Ensuring that we have people with lived experience represented in our programme and within decision making
- Developing a network of LTC Champions to support with community outreach

Mental health: we will improve the mental health and wellbeing of the people of north east London

The NEL mental health programme is built on the principle of involving local residents with lived experience of mental health services, and the wider communities and neighbourhoods within which people live, work and socialise in the way we do things. The programme also benefits from the incredible coproduction work that takes place within our two main providers of mental health services – East London Foundation Trust and North East London Foundation Trust – and the way they empower service users to act as full partners in the delivery of care, and in the improvement of services.

Since 2018, we have held **three Mental Health Summits**, which have brought service users, carers, and community and faith organisations together with providers of health and care services to identify priorities for the programme, and to bring a deep understanding of the needs of the north east London population. **Our next Summit, planned for Summer 2022**, aims to take this one step further. This time, service users will shape and lead the event from beginning to end, signalling our programme’s shift from co-production to patient leadership in all aspects of its design and delivery.

All About Me, For the Benefit of Everyone

A reverse conference held in June 2021, saw over 200 people come together to talk about Children, Young People and Family Mental Health Transformation across NEL ICS. At this event, young people, carers, parents, teachers, A&E staff, police, school governors, GPs, schools nursing, voluntary sector organisations, ICS and mental health leaders came together to understand young peoples’ experiences of using services, and to support people with lived experience to develop a series of ‘I Statements’ across 10 priority themes. The insights gathered through this interactive and collaborative event were then channelled into a detailed set of recommendations around how partners across health, local authorities and the voluntary sector should work together.



Embedding a culture: ensuring participation is everybody's right and everyone's responsibility

Providing our staff with the skills, training and support to involve our local people at the earliest opportunity in a way that is inclusive and equitable ensures we form a culture of participation moving forward.

- A sub-group of the NEL Participation and Engagement working group have been working with partners and representatives to develop a plan for an **online participation training package** – modules will include detailed sections on best practice in engagement/participation of individuals, groups and communities, how to drive meaningful change through participation and working in partnership with the voluntary sector. The ambition is to launch the learning tool over the next year for all staff employed in the ICS.
- We will hold lunch and **learns for teams** across the system, promoting participation and educating system partners about its value, and how to approach it. Local people and their representative organisations will take the lead in developing the content and delivery of these sessions to bring the topic to life for partners that may be less familiar with participation and engagement
- A separate subgroup of the **NEL Participation and Engagement Working Group** are exploring how best to establish a NEL Participation and Engagement Community of Practice. This will be a safe space where engagement leaders and practitioners from across NEL can come together both on an online forum and in person to share good practice and offer advice and support. Large quarterly in person get-togethers will focus on the NEL flagship priorities, considering where we are coming together around the priorities and how we can improve our collective approach

- We will also run bespoke sessions to support colleagues to undertake meaningful **equality and quality impact assessments** (EQIAs) as standard practice as we develop new services, pathways and facilities.

As part of the wider development of the ICB and ICS's culture and ways of working we will work closely with our new Chief People and Culture Officer and their peers within our partnership organisations to ensure we fully embed a culture where participation really is central to all we do.

Rewarding and recognising local people who work alongside us

We have undertaken a scoping exercise of all reward and recognition policies across health, care, local authorities and the voluntary sector with a view to building on best practice and developing a NEL ICB policy by 1 July 2022. At the moment we have gold standard practice in some boroughs and none in others given historic financial challenges. By coming together as an ICB and ICS we have the opportunity to reduce these unfair differences. To do this will required increased investment and our leaders have committed to this.

Financial reward is just one aspect though and alongside this we will ensure we have a range of methods to ensure we recognise and reward people who participation. This can range from dedicated training, including formal qualifications, participation awards, coaching and leadership development. Through our conversations with people over the coming months we will develop a policy that includes a wide range of opportunities.

People and communities in our governance and workstreams

In agreeing our ambition and purpose we made it clear as a group of partners that participation was central to this. Our constitution clearly states our commitment and obligations with regard to participation, but we intend to go much further. We know we need active participation and leadership from service users, patients, carers and residents if we are to succeed in our collective ambition and deliver against our four priorities.

As stated in the previous section we know we must resource participation fairly, which is why we have agreed to fund Healthwatch and our VCSE leaders to provide capacity for leaders to participate in NEL level decision making.

Participation in our formal governance

- Integrated Care Board (ICB) board: Our statutory decision making ICB board includes a member from the NEL VCSE collaborative and we are resourcing Healthwatch to participate, linked to their NEL group of eight organisations. In addition, the ICB will begin with a people or community story, each report will be required to evidence how participation has informed its recommendations and each committee will need to ensure it has due regard to people and community voice. For example, audit committee will consider an audit of participation, remuneration and

workforce will reflect on how people and communities can be involved in its recruitment, induction and development of staff, finance and investment committee will seek people and community input into investment decisions and the population health and integration committee will wish to ensure that the people most affected define what integration should look like. The Board will also ensure mutual accountability for participation through the metrics of success it develops and through its partnerships of collaboratives and at our seven places.

- Integrated Care Partnership (ICP): All VCSE umbrella bodies and Healthwatch organisations are members of our system wide ICP which will be formally established in July. We will hold four annual sessions on each of our four priorities that will form our health and care strategy. These will be underpinned by people and communities participation.
- Place-based partnerships Healthwatch and local VCS or equivalent bodies are full members of place-based decision making, with each place-based partnership having an explicit duty to ensure wide participation of local people and communities in all that they do. You can read more about current arrangements for participation in our local places in Appendix 2.
- Provider collaboratives: their programmes of activity and decision-making committees include service user, patient and carer voice.
- Quality governance: resident and patient voice is a key component of our system quality governance arrangements.

Placed based participation in action: City and Hackney

To ensure partners reflect and respond to the needs of their local community, City and Hackney Place Based Partnership, together with Healthwatch Hackney, have developed a system of public representatives to ensure the voices of local people are being heard and their opinions not only taken on board, but utilised to make real change in the community.

The public representatives include a range of people, including 10 younger people (17-24 years) and 10 older people (55+), who meet in an informal weekly group to provide their thoughts on upcoming projects and current issues. Feedback from the meetings is gathered, shared and used to make decisions about what approach should be taken.

Recently the representatives have been reviewing women's health literature. They examined the online information we provide locally and agreed it was not accessible. They agreed to focus on one topic (menopause) to create a template for online information that can then be used for other women's health conditions.

The representatives undertook desktop research to consider a wide range of information and extracted the elements they felt worked well from some of the sources. This included case studies to personalise the information, short information bytes to make the information easy to absorb, links to more in-depth information embedded in the text, and photos of people that are representative of the local population to break up the text. They put these elements together to create a template that will be taken forward for all our online information on women's health conditions.

Participation in our formal governance

- All programmes will ensure that service user, patient and resident voice is embedded within the leadership of each programme, with best practice such as that of the BCYP programme with a young person as co-chair of the programme board.
- As we develop our new clinical and professional networks we will ensure staff and local people are embedded within these. One example of how we are ensuring user voice features in our network is summarised below:

NEL Women's Experience Forum

The Women's Experience Forum is open to all people receiving maternity care at all local maternity units. People can join a monthly discussion with senior midwives and maternity staff across NEL to ask questions about their pregnancy and hear updates on maternity services in the area.

"The Experience Forum has been a very helpful way to connect with providers of maternity care across East London and get updated information during the Covid-19 pandemic," says Kelly, Maternity Mates Programme Coordinator in Tower Hamlets and Waltham Forest. "It's also given us a space to share the concerns and experiences of the women we support to help address the inequalities in care."

Through the forum, community-based organisations have been able to share support and referrals where demand has increased. Maternity Mates, Happy Baby Community and Newham Nurture all support pregnant refugees, among others, and were able to share their capacity to ensure refugees from Ukraine would be able to access the support they needed.

Harnessing partners' governance

Local elected members provide a key link to the communities they serve. This level of democratic accountability and connection to communities at place is a real asset for our ICS. Through our place-based partnerships, ICS wider programmes and governance we will benefit from their continued dialogue with their communities and expertise in co-production. Local authorities have a range of opportunities and mechanisms for community input, including through annual surveys, local residents panels, tenant and resident associations and service user groups.

We have three foundation trusts locally who include trust governors with a duty to represent their membership and the public. Through our VCSE collaborative we have an experienced group of leaders, many acting as advocates for a range of communities and groups.

These colleagues can help us to build trust and a regular dialogue with those communities who are not participating. Similarly, our eight Healthwatch organisations are champions of local people with wider membership and mechanisms for reaching people and targeted activities can support us to connect with local people.

Staff in ICS organisations

Together ICS organisations employ thousands of people, many of whom also live in NEL. We want to hear their voice and will run a number of lunch and learns and sessions for staff on participation throughout the year to find out what they think and provide opportunities for them to be involved in co-production and co-design of plans. We will make good use of our established internal communication and engagement channels and do this

more formally through the staff diversity groups across NEL which are beginning to work together – for example NHS LGBTQ+ network groups have come together to produce a [video](#) to raise awareness for International Day Against Homophobia, Biphobia and Transphobia.

Budget

Great participation brings enormous benefits but does require investment and resources. In NEL we have variation in spend across our seven place-based partnerships and want to level up to ensure all people have the same opportunities to participate.

We also know that in establishing our system and to ensure we tackle inequalities we must work at a local and NEL level. Our Healthwatch and most VCS organisations operate on a borough footprint, so we know we need to help both sectors create the capacity to engage at a NEL wide level, which is why we have agreed to fund this.

We have also committed to continue commissioning the Healthwatch Community Insights System and intend to increase usage of our online panel.

We have invested in more engagement and participation staff and want to build further capacity in the VCS. We fund a number of VCS bodies for specific services or programmes, including a number of dedicated staff to connect with local communities. We are working with our VCSE collaborative to identify where we together we need to build capacity so that we have a more consistent investment and services across all our places in NEL.

These are just some of the areas where we intend to increase resources. We plan to identify and agree the overall budget for year one by 1 July.

Monitoring and evaluation

This strategy has been developed in advance of the ICB and ICS being established on a statutory footing. Our first nine months will see us test our new arrangements and refine them ready for our first full year of operation from April 2023. We will also need to ensure that we are staying true to our principles and realising our ambition.

Together with patient, service user and resident partners, we will develop a one year action plan and set of measures/indicators, to take us from 1 July 2022 to 31 March 2023 to ensure that we are focussing on what is most important to local people. We will do this through our planned participation activity during June/July.

Each year we will conduct an annual review which will include a range of elements including an independent audit report commissioned through our Audit and Risk Committee, and which we have begun to discuss with our internal auditors. We are also partnering with another ICS to peer review our respective strategies as we develop them and will discuss the opportunity for peer review of progress against the strategy too.

Through a 'big conversation' with local patients, service users and residents we will evaluate our first year and together identify priorities for year two along with the criteria against which we will monitor and evaluate our impact. We will establish a training package to develop the capacity of local people to undertake evaluation.

Through the ICB, partners will hold ourselves mutually to account and will be advised on progress, or otherwise, through six monthly reviews of progress undertaken by a group of leaders, with a majority group of patients, service users, carers and residents.

Annually we will undertake an overall review of participation and ensure that we are delivering against our objectives. We will seek views widely, including through our online Resident's panel and through the Healthwatch Community Insight System.

Local and joint scrutiny committees will continue to play a key role in scrutinising our activity, including participation and a particular focus on engagement and consultations on service developments and change. We will continue to maintain positive relationships with scrutiny staff and members informally and formally through the committee meetings as the new committees are established for June following the May local elections.

Feedback loop

In addition to ensuring we do this for every activity and for every person who participates in ICB and ICS activity to be clear on impact and outcome, we will also publish an overall summary on our website and share this extensively through our community channels to show how we have responded to local people.

1. Regulatory and legal framework

As well as a genuine desire to work with our local people and partners, we welcome the statutory and legal arrangements, which set out the importance of participation and the reduction of health inequalities.

The National Integrated Care System implementation guidance on **working with people and communities** sets out the following key points:

- A strong and effective ICS will have a deep understanding of all the people and communities it serves
- The insights and diverse thinking of people and communities are essential to enabling ICSs to tackle health inequalities and the other challenges faced by health and care systems
- The creation of statutory ICS arrangements brings fresh opportunities to strengthen work with people and communities, building on existing relationships, networks and activities

The Public Sector Equality Duty requires public bodies to have due regard to the need to eliminate discrimination, advance equality of opportunity and foster good relations between different people when carrying out their activities.

Under **section 14Z2 of the NHS Act 2006** (as amended by the Health and Social Care Act 2012) NHS organisations have a duty to 'make arrangements' to inform, involve and consult with the public.

The **Health and Social Care Act 2012** introduced the first legal duties about health inequalities. It included specific duties for health bodies including the Department of Health, Public Health England, Clinical Commissioning Groups, and NHS England which require the bodies to have due regard to reducing health inequalities between the people of England. The Act also brought in changes for local authorities on public health functions.

The **Equality Act 2010** established equality duties for all public sector bodies which aim to integrate consideration of the advancement of equality into the day-to-day business of all bodies subject to the duty.

The **Social Value Act 2012** requires public sector commissioners – including local authorities and health sector bodies – to consider economic, social and environmental wellbeing in procurement of services or contracts.

2. Current place based arrangements

Barking and Dagenham, Havering and Redbridge

Partner organisations in Barking and Dagenham, Havering and Redbridge (BHR) have a strong history of working together to listen to and involve local people in our work on health and social care.

Like our colleagues in Tower Hamlets, Newham and Waltham Forest, our emerging place-based partnerships are now building on these foundations to developing a stronger and more collaborative approach to how we engage and involve residents at a borough level. This will be vital to our work to reducing health and care inequalities and building greater confidence and trust in the work of the partnerships.

Bringing together those with expertise from our NHS, local authority and community sector partners will be critical, but equally essential will be supporting those with lived experience to feel valued and listened to.

Priorities across the three boroughs include:

- Involving people with lived experience and their carers in our plans for providing more patient-focused, integrated health and care
- Collaboration at borough level on shared health themes including diabetes prevention and support, services for children and young people, mental health and personalisation of care
- Supporting GP practices and Primary Care Networks to refresh how they approach patient and public participation and use feedback to improve patient experience

- Developing our Health and Faith Network and voluntary sector networks, already supported by all health and care partners, to help us reach out to communities who are seldom heard from
- Ongoing involvement of residents and local voluntary sector groups in large-scale developments including the proposed Health and Wellbeing Hub at the former St George's Hospital site in Havering, the Barking Riverside development and the redevelopment of Whipps Cross Hospital

City & Hackney

- City and Hackney 'People and Place Group' has a role around making sure that local residents have meaningful and accessible opportunities to get involved in shaping health and care services. The group also has a remit around ensuring that inequalities, sustainability and social value are considered throughout decision-making. The group's membership consists of local residents, clinicians and representatives from Healthwatch, community and voluntary sector as well as people working within the NHS and local authorities
- Our local group of public representatives are recruited from the diverse communities and have lived experience of health and care services. Often matched with a particular work programme or service area, they take part in meetings and act as 'critical friends', bringing resident perspective into conversations and decision-making

- We work very closely with our local Healthwatch, who are members of the City and Hackney Integrated Care Partnership Boards and lead on a number of activities aimed at embedding and improving resident participation in the way we do things. Our community and voluntary sector partners are crucial in helping us reach into local communities. We have established and are funding a VCS Enabler project, which intends to formalise the role of voluntary and community sector organisations as equal partners in the local system, representing the views of the sector and harnessing their insights and expertise in co-creating solutions to local issues
- We co-ordinate activity, share best practice and resources with other City and Hackney engagement and communications professionals via the City and Hackney Communications and Engagement Enabler Group, which meets monthly and is co-chaired by the Director of Healthwatch Hackney and our Associate Lay Member for Patient and Public Involvement.

Newham, Tower Hamlets and Waltham Forest

As this strategy is being developed, the three place-based partnerships that bring together all parts of the NHS, local authorities and the voluntary sector in Tower Hamlets, Newham and Waltham Forest are refreshing their individual ways of working to improve participation and public engagement, looking to optimise engagement and the health and wellbeing of their residents.

New engagement and community communications leads for each borough have been appointed, who will work with the evolving integrated care partnerships in the borough to align engagement across all the key agencies to reach out more and reduce health inequalities.

- In Waltham Forest there is a particular focus by Barts Health on engagement with the redevelopment of Whipps Cross Hospital, including a community forum, which operates across the Whipps Cross catchment area in Waltham Forest, Redbridge and West Essex. Barts also have an active faith forum that operates across the boroughs it serves
- Aligned to the Whipps Cross redevelopment, there are major developments in integrated community health and care in Waltham Forest being led by all parts of the NHS, local authority and the voluntary sector, with plans under development to put engagement at the heart of this
- In Newham, there has been a focus on supporting the patient and public participation groups from GP practices, and a new, wider programme of community engagement is under development
- Within the Tower Hamlets Together health partnership, the engagements leads for all the different partners come together to align engagement work within the borough, and are looking to broaden and deepen their work

3. Get involved

ICB

- [Join the north east London Residents' Panel](#)
- Respond to current consultations
- Get involved in our NEL programmes for example mental health, primary care or children and young people – [email us](#)
- Ask a question at our NEL ICB meetings

Barking and Dagenham, Havering and Redbridge

Residents can get involved in shaping health and care services in a variety of ways. Local residents can:

- Get in touch to join the [BHR Health and Faith Network](#)
- Join the [Patient Participation Group \(PPG\)](#) at their GP practice
- Get involved in [Volunteering](#) or becoming a [patient partner](#) at BHR Hospitals
- Get involved in local borough engagement hubs and groups – [Let's Talk Redbridge; Havering Community Cohesion and Engagement Forum; Barking and Dagenham Citizens' Alliance Network](#)
- Get involved in NELFT services by becoming an [involvement representative](#)
- Get in touch with [Healthwatch Barking and Dagenham; Healthwatch Havering](#) or [Healthwatch Redbridge](#)

You can contact the BHR communications and engagement team at bhr.communications@nhs.net

City and Hackney

City and Hackney residents can get involved in shaping health and care services in a variety of ways. Local residents can:

- Become a Public Representative for one of our work programmes or sign up to become a [Public Health Community Champion](#)
- Join the [Patient Participation Group \(PPG\)](#) at their GP practice
- Become a [member at Homerton Healthcare NHS Trust](#) or take part in the Homerton Patient Voices Group focused on patient engagement and experience
- Get involved in '[Community Voice](#) in Health and Care', a local project gathering community insight
- Take part in their local [Neighbourhood Conversations](#), [VCS Assembly](#) or share lived experience of health and care services at one of the special interest groups like Maternity Voices Partnership Forum, Older People's Reference Group or Hackney Migrant and Refugee Forum
- Get involved in volunteering through organisations like Volunteer at [VCH](#) or [City Connections](#)
- Get in touch with [Healthwatch Hackney](#) or [Healthwatch City of London](#)
- London Borough of Hackney [Consultation Hub](#)
- City of London Corporation [Consultations](#)

You can contact the City & Hackney communications and engagement team at nelondon.cahcomms@nhs.net

Tower Hamlets, Newham and Waltham Forest Tower Hamlets, Newham and Waltham Forest

You can contact the Tower Hamlets, Newham and Waltham Forest (TNW) communications and engagement team at tnw.comms@nhs.net

Tower Hamlets

- [Communities Driving Change](#) (CDC)
- Focused on 12 of the most deprived neighbourhoods in Tower Hamlets, the CDC is a Public Health initiative that aims to build a 'health creation' platform to improve the health of communities by:
 - identifying issues impacting health and wellbeing that matter to local people
 - recruiting other residents who have the energy and passion to make a difference
 - developing and finding new ways to improve health and wellbeing locally
- Take part in the [Equalities Hub](#), which hosts the Ethnic Minority Network, Disabled People's Network, the Interfaith Forum, the LBGT+ Forum, the Older People's Reference Group, Women's Network and the Youth Council, which offer a range of opportunities to get involved
- Volunteer at [Barts Health NHS Trust](#)
- Volunteer at the [East London Foundation Trust](#)
- Become a [Covid-19 Champion](#)
- Get involved in volunteering through [Volunteer Centre Tower Hamlets](#)
- Get involved with [Healthwatch Tower Hamlets](#)
- Join the [Patient Participation Group \(PPG\)](#) at your GP practice Get involved in [Tower Hamlets Council decision-making](#)

Newham

- Take part in [Newham Council consultations](#)
- Volunteer through [Newham Council](#)
- Join a local [Patient Participation Group \(PPG\)](#)
- Join the [Newham Health Champions](#)
- Volunteer for [Healthwatch Newham](#)
- Get involved with [Young Healthwatch Newham](#)
- Volunteer at Barts Health NHS Trust
- Volunteer through [East London Foundation Trust \(ELFT\)](#)

Waltham Forest

- Find out more about getting involved in the [development of the new Whipps Cross Hospital](#)
- [Have your say](#) on important matters and play an important role in your local community through Waltham Forest Council
- Become a [mental health champion](#)
- Become a [youth health champion](#)
- Get involved in the work of your local community and mental health trust [through North East London Foundation Trust](#)
- Get in touch with [Healthwatch Waltham Forest](#)
- Think about [volunteering with the council](#) or at Whipps Cross, including [becoming part of a patient panel](#)
- Take part in [health research](#)

4. Links to our partner engagement and participation strategies and approaches

Barking and Dagenham, Havering and Redbridge

- [BHRUT Patient and Carer Experience Strategy 2021-2025](#)
- [London Borough of Redbridge Statement of Community Involvement](#)
- [A Strategy for strengthening the voluntary, community and social enterprise sector in Barking and Dagenham](#)
[London Borough of Havering Housing Services: Respecting our Residents](#)

Barts Health NHS Trust

- [Whipps Cross Hospital Community Forum](#)
- [Working with our communities](#)

City and Hackney

- [London Borough of Hackney Community Engagement](#)
- [Hackney DRAFT Health and Wellbeing Strategy 2022-2026](#)
- [Hackney Community Strategy 2018-2028](#)
- [City of London Corporation Community Engagement](#)

East London Foundation Trust

- [People Participation Strategy](#)

Homerton University Hospital Foundation Trust

- [Homerton Healthcare: Shaping Our Future Together](#)
- [Homerton Healthcare Patient Experience](#)

North East London Foundation Trust

- [Best Foot Forward: NELFT Communications, Marketing & Engagement Strategy](#)

Tower Hamlets, Newham and Waltham Forest:

- [Tower Hamlets Council Community Engagement Strategy](#)
- [Waltham Forest Public Service Strategy](#)
- [Towards a Better Newham](#)
- [Newham Council Equality and Cohesion Strategy](#)