



**North Central London**  
Integrated Care Board

# Working with our People and Communities Strategy 2022/23 to 2025/26

September 2022



## Contents:

1. Context
2. Introduction
3. Working as an Integrated Care System
4. Vision and principles
5. Approach: How are we going to do this?
  - 5.1 Inform and communicate
  - 5.2 Raise voices of local communities
    - 5.2.1 Engagement
    - 5.2.2 Co-Production
    - 5.2.3 Consultation
    - 5.2.4 Deliberative and participative models
  - 5.3 Support our communities to live well
    - 5.3.1 Community empowerment approaches
6. Accountability and Transparency
7. Resourcing and Funding
8. Support to deliver the strategy and approach
9. Evaluate
10. Delivering the strategy
11. Glossary of Terms

## 1. Context

The purpose of this strategy is to outline North Central London Integrated Care Board's (NCL ICB) commitments, approach, and principles to community engagement and empowerment. Transitioning to an Integrated Care System (ICS) and ICB has provided us with a unique opportunity to fundamentally change the way we work as a system and improve the quality of life and health of all in our diverse communities.

We have the opportunity to address health inequalities, acknowledge and support community-based development, collaborate with communities to build social capital and assets, and encourage people and communities to come forward to 'have their say' on the development of the highest quality care services and issues which are important for them.

As a system we recognise and value the benefits of this community-focused approach, in particular through our work at Place; our Working with People and Communities Strategy harnesses the thinking and best practice already being shaped by our Borough Partnerships, as well as at a pan-borough level.

This strategy has been developed in collaboration with our partners, including Healthwatches, Voluntary, Community and Social Enterprise (VCSE) sector and with people and communities across north central London (NCL). This collaborative approach is central to our future ICS commitment to placing people and communities at the heart of what we do.

## 2. Introduction

We are committed to investing in community engagement and empowerment approaches to ensure our plans and local services reflect the needs and priorities of our population, to tackle the inequalities still experienced by some communities and to ensure we are listening and acting upon the wide-range of community and patient feedback we receive by commissioning and providing high-quality services for all in our NCL population. These strategies support the delivery of the NCL ICS Population Health Improvement Strategy.

Working with communities to co-design solutions that prolong good health, prevent avoidable ill health and address health inequalities will help our services to meet local demand and build assets within our local communities. To be an effective health and social care system it is essential that we adopt this approach - understanding that partnership working with our local communities and VCSE now will ensure a financially stable and resilient system for the future.

The strategy is intended to provide a strategic framework to shape and inform how the ICB approaches, plans, resources and evaluates community engagement and community empowerment programmes. It is designed to serve as an overarching framework to ensure that high-quality community empowerment work is embedded across the ICS at a multi-geographical footprint: at NCL, borough and neighbourhood level. The strategy will support the ICB to focus the right resource in the right places to achieve our aims and uphold the principles set out below. We cannot do this without our VCSE partners. They are crucial partners in championing, engaging with and ultimately delivering this approach. As such, we have also developed a Working with VCSE Strategy, which gives more detail around our commitments to building a strong and thriving VCSE across NCL.

We have included best practice examples throughout this document to demonstrate how we are already addressing and delivering the principles and ways of working laid out in this strategy.

## 3. Working as an Integrated Care System

The statutory duties of North Central London Clinical Commissioning Group (NCL CCG) relating to public involvement transitioned to the NCL ICB on 1 July 2022 and this document lays out how we will meet those duties. We want to build on the strong foundations laid by NCL CCG, our local councils, NHS trusts and Primary Care Networks (PCNs), to both expand and improve our approach to community engagement. We will do this through a variety of mechanisms designed to facilitate strong community engagement and empowerment and support the development of VCSE as a key strategic partner of the NCL ICS.

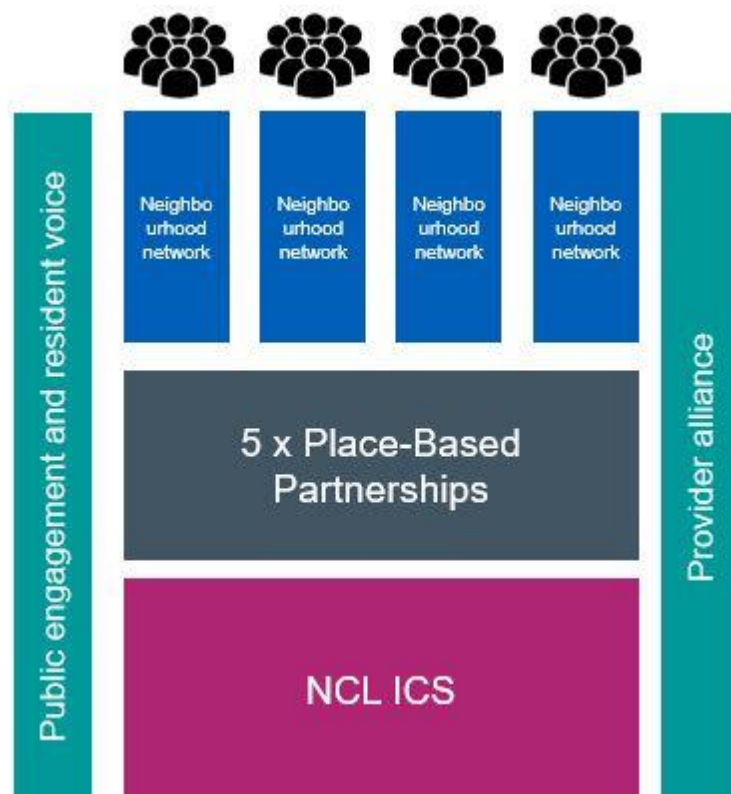
NCL ICB, as a partner within the NCL ICS, is committed to supporting delivery of the ICS's aim to help residents to 'start, live and age well'. This holistic perspective on communities' lives recognises that a range of wider determinants have a significant impact on individuals' health, wellbeing and life chances, and emphasises the importance of taking a strength-based approach to motivate and support people to make changes themselves, e.g. enabling self-care or being more physically active.

We know we could do more to encourage some people, often from under-served communities or groups, to access services earlier and before a crisis such as a hospital attendance or admission. The reasons for this are wide-ranging and complex, but we know we need to improve equity of

access, outcomes and experience. Through listening to and working with local communities, plus partnering on programmes with our VCSE, we can take a more holistic view of communities' needs and skills and crucially, start to address these needs. This is vital to building sustainable and thriving communities. What we describe in this strategy not only supports the development of social value within our local communities, but also has a positive financial impact on the whole system, thereby ensuring that we adopt an approach that will see long-term return on investments.

An important focus will be how we work with people and communities through the Borough Partnerships in our five boroughs; Barnet, Camden, Enfield, Haringey and Islington. These Borough Partnerships - which includes our Trusts and PCNs, Councils and VCSE - proactively promote community engagement and empowerment approaches so that we can ensure we are delivering high-quality services which meet care needs and building social capital through a range of mechanisms, such as ensuring individuals' voices are heard and listened to, and the co-design and production of services and solutions.

All partners across the ICS have responsibilities to engage and work with their residents and patients. We will be working in partnership to ensure we make the best use of our resources and that we align how we engage and work with our local communities.



## 4. Vision and Principles

### Vision

*We will support people to live healthier and more independent lives in thriving local communities by working in partnership with local people and communities to design solutions and services around their priorities, needs, experiences and strengths.*

### Principles of working with people and communities

- We communicate with our local communities through clear, accessible and culturally competent, public-facing information on our vision, priorities, plans and progress, to build understanding and trust.
- We proactively seek to understand communities' and people's priorities, experiences and aspirations for health and care.
- We put people and communities at the centre of our planning, decisions, and the design and delivery of services and wellbeing projects.
- We proactively seek to hear from the diverse communities in NCL and build relationships with those who are socially excluded, vulnerable or who experience the greatest barriers to accessing services and the highest health inequalities.
- We use community development approaches that empower people and communities, building on community assets and strengths to improve health and wellbeing and reduce inequalities.
- People are supported to look after their own health, including through enabling access to wellbeing and self-care opportunities across NCL.

## 5. Approach: How are we going to do this?

We will use a range of mechanisms for engaging and empowering the diverse people and communities that live in NCL. We commit to using the best method(s) and activities to reach and work with our local communities, elevating their voices and harnessing their unique skills and experiences to develop and design local services and solutions, and to support people to successfully look after their own health and wellbeing. We will do this throughout the ICS – working across NCL on system barriers and solutions, working at Borough and working at Neighbourhood in collaboration with our Primary Care Networks (PCNs).

As NCL ICB, and through the ICS, we will:

### 5.1 Inform and communicate

We commit to regularly informing people about what we are working on and how we are working together across the ICS.

We pledge that local communities and people will know how they can be involved and the range of ways they can help to shape the way we are working at Neighbourhood, Borough and NCL level. Most importantly, we will ensure this information is available through a variety of media, including but not limited to, websites, newsletters, webinars, face-to-face meetings and sessions, social media, and through our staff and partners.

We will ensure the information available is culturally sensitive and accessible – and that it is developed in formats that meet the communication needs of our local communities.

We also commit to using clear and jargon-free language to describe what we mean.

We will work with local people and communities to understand their views and feedback on the ways in which these views have shaped services. We will consistently work to raise the voice of local communities in all that we do and improve our communications and engagement to better accommodate their needs.

## 5.2 Raise the voices of our local communities

We will ensure that local people can engage with us in a way that suits them, by taking a multi-faceted approach, and ensuring that our engagement is inclusive by proactively reaching out to those who have the greatest barriers to accessing services and having their voice heard. We will do this through:

### 5.2.1 Engagement

We commit to seeking and hearing the voices and experiences of local communities, thereby developing rich insight into our local communities' lives, their concerns, needs, understanding and skills. Engagement will be undertaken in a variety of ways, including public events, focus groups, surveys, and more contemporary and creative social, digital and mixed media approaches. We will ensure community insight and research informs and shapes our commissioning, transformation, and integration plans, improving the quality of local health and care services and our communities' experiences within them.

We will ensure we build on COVID-19 pandemic learnings and embed what has worked well in terms of online engagement, but also ensure that digital inclusion issues are given significant weight when planning engagement work.

#### **Best practice example: Enfield Patient Participation Group Networks**

*Patient Participation Groups (PPGs) work in partnership with GP practices to improve services for patients in primary and community care: every member practice in Enfield has an active Patient Participation Group, with a quarterly network meeting for all PPGs in Enfield chaired by an elected patient. The network was started in 2014 to enable the election of a PPG member onto key decision-making boards. The elected PPG Chair continues to be an active participant of the Enfield Borough Partnership, and sits on a number of committees and meetings to represent the patient voice.*

*Enfield has recently received additional funding, through an NCL Health Inequalities Fund, for a PPG development programme in 2022/23. Chair of Arnos Grove Medical Practice and the elected PPG network chair is leading on this project with the Enfield engagement lead.*

*The programme is supporting PPGs to understand their development needs and offering support to meet these and to improve diversity of the membership of PPGs, particularly in the most deprived wards and to help the PPGs reach out to registered patients, either in their own practices or across the neighbourhood Primary Care Networks.*

*Alongside this, we are improving the way PPGs communicate with each other and work across the borough – strengthening the patient voice within primary care and within Primary Care Networks – by strengthening this network approach. The PPGs work together as a network on certain*



*engagement topics with patients. This year the focus will be on understanding patients' experiences of access to NHS services.*

### 5.2.2 Co-production

Communities are fundamental to building social capital and community assets, and should be integral to designing and delivering collaborative solutions and services, with the statutory sector.

Co-production is a way of working with people and communities in equal partnership to design services. We will work with people at the earliest stages of service design, development and evaluation, acknowledging that people with lived experience and their carers are expertly placed to advise on what support and services will make a positive difference to their lives.

We will champion this way of working across the ICS.

### 5.2.3 Consultation

Consultation is a formal and statutory process we must undertake if we propose a significant change to, or decommission, a service.

We commit to speaking with and listening to local communities at the very start of the process; this includes those who most use the services, face significant barriers to accessing services or face the highest health inequalities, alongside those people who may benefit from a service but who are not doing so through choice. We will also make sure that we are engaging with the diversity of voices and communities reflective of NCL and commit to ensuring that we engage across the breadth of the nine protected characteristic and social inclusion groups.

We explore their needs, concerns and hopes for services and this becomes a crucial part of evidence, shaping any proposed service changes. Additionally, we use the intelligence we already have from community engagement, so that we make the most of people's time and respect their valuable contributions.

As a final step in the consultation process, we are committed to sharing proposed plans for service change with local people, evaluating their insight on the details of the proposed service change and demonstrating how their feedback (alongside other evidence base and needs) has shaped the proposals.

### 5.2.4 Deliberative and participative models

We will utilise deliberative and participative models, such as Citizen Assemblies, as part of our wider engagement approach. We will include this approach as part of large-scale service transformation programmes. As these models are considered, developed and adopted we will ensure they are informed by culturally competent methodologies and so do not replicate current gaps in engagement with diverse and under-served communities.

#### ***Best practice example: NCL Residents' Health Panel***

*In 2019, we launched an online citizens' panel, known as the NCL Resident's Health Panel, recruiting approximately 900 members who are broadly representative of our local communities. The NCL Residents' Health Panel is one route through which the ICB is able to engage with a diverse range of people and to hear from people that are seldom heard. It is one of the tools we use to seek representative, robust views and reliable evidence to support decision-making on service change/design, including formal consultation.*

*Enhancing our Residents' Health Panel is integral to our Working with People and Communities Strategy. As part of our work plan for 2022/23 we will further develop our panel to ensure better use and involvement in a wider range of activities at both local and system level, including:*

- Undertaking a review of how our panel has been used to date, levels of participation from members, where engagement activities have worked well and identifying gaps where benefits have not been realised.*
- Developing and implementing a formal system to gather feedback about how panel insights have been used in commissioning decisions to improve outcomes.*
- Developing a coordinated programme of work in line with partners (NHS trusts and primary care, our five councils, VCSE and Healthwatch) and collating a forward view of projects and programmes of work.*
- Looking at cross-cutting themes such as digital inclusion and health inequalities, to align with our system priorities.*

### 5.3 Support our communities to live well: empower people and communities

We are committed to working with local people and communities to understand what matters to them for their health and wider quality of life. In partnership, we want to develop sustainable and innovative solutions that bring support and services into communities, rather than expecting our diverse communities to come to us.

The COVID-19 pandemic exacerbated and shone a light on long-standing inequalities and deprivation within communities. Alongside this, there has been much wider recognition of the latent power and untapped assets that exist in these communities.

The impact of the pandemic has changed the way we work across all sectors in NCL, including how we work with each other and the local communities we serve. Together with our new ICS responsibilities, this will mean a fundamental shift in our engagement approach, the way we deliver services and the way we share voice and power with our local communities.

We are at the start of this journey, but our ambition is to build the foundations for this approach, working across our ICS to identify opportunities to strengthen local decision making. By focusing on supporting communities to live well and addressing health inequalities, we commit to empowering our local communities.

#### ***Best practice example: Community Research & Action Programme***

*It is widely recognised that certain communities face specific barriers to accessing statutory health and care services, which plays a significant factor in widening health inequalities and contributes to poorer health outcomes. The Community Research & Action Programme raises the voices of local communities and invests in grass-roots VCSE and communities, to deliver a community-asset-building and engagement programme to tackle health inequalities. The programme supports local communities to access the health and wellbeing support they need through key signposting, and co-designed community interventions. Through it, we gather vital insight into our communities' lives, and their lived experiences of accessing health and care services and wellbeing support, to underpin ICB and ICS, and Borough Partnership priorities and decisions. It creates a systematic approach to working with our local communities and to collating and evaluating their experiences.*



*The approach originated in Islington in 2014 and is now being developed locally across all five boroughs in NCL. It includes a collaborative of VCSE organisations, with a lead facilitating organisation and a range of grass roots VCSE (who receive funding through the programme.)*

*Outcomes of the programme include:*

- 1. Research and evaluation of the lived experience of our local communities: their needs, skills and assets to inform, shape and design ICB and ICS work programmes.*
- 2. Upskilling VCSE through both peer training and additional training (via workshops) on the local NCL health and social care system.*
- 3. Navigation: supporting local communities to access statutory services and a range of health and wellbeing borough-based support and information.*
- 4. Community capacity building / co-designing community interventions: offering hands-on interventions so that local communities can access the support they have identified they need. The impact of these interventions is measured via a wellbeing intervention measure, which measures how a person's confidence has increased. Outputs: better access to services and improved health and wellbeing amongst our most disadvantaged communities.*

### **5.3.1 Community empowerment approaches**

If we are really to tackle the issues which matter to local people and communities – particularly those who face the highest health inequalities and live in areas of greatest deprivation – we must begin to shift our focus to working with our communities to address their needs and priorities, and most importantly, to recognising the skills and strengths they bring.

If we can recognise local people as active participants in their own wellbeing and that of their communities, rather than recipients of a service, we have a far greater chance of tackling health inequalities in a way that is meaningful for our communities. This approach gives local people choice and control over how they manage their health and demonstrates that local people have responsibility for their health and wellbeing.

In NCL, our response to the pandemic highlighted that where we had already developed and resourced programmes which worked with and empowered local communities through the improvement of access to statutory services, connecting local people into wellbeing support and building local community resilience we were able to immediately mobilise – collectively across statutory partners, local VCSE and communities – to address the immediate crisis needs of the pandemic such as supporting most vulnerable in our communities through delivery of medicines & food and empowering local communities with clear health messaging, training to accessing online services & developing meaningful online social connections.

We commit to building on this approach and the areas of best practice across NCL so that we can collaborate with our local communities in the design and delivery of hyper-local wellbeing initiatives and strong public services. It is an approach which starts with people's strengths rather than their deficits, and builds on community resilience, research and insight, lived-experience and the assets that exist in the community.

#### **Best Practice Example: Healthy Neighbourhoods**

*Healthy Neighbourhoods is a collaboration between the statutory sector – primary care, NHS and council – and voluntary sector engaging and working with local people aimed at promoting individuals' health, wellbeing and life chances in a way that makes sense to them because the approach and solutions are designed with communities and their representative groups. The model*

is initially being rolled out in east Haringey (around the 20% most deprived neighbourhoods, often the most diverse) as part of the NCL Health Inequalities Fund programme.

The objectives of Healthy Neighbourhoods is to collaborate to:

- Build capacity and infrastructure for ongoing community engagement to understand health-related issues in communities, to co-develop solutions, and to build capacity within the community to deliver care and support. This engagement not only develops the solutions associated with Healthy Neighbourhoods, but also encourages individuals to ‘have their say’ on a range of other health- and care-related topics, e.g. on primary care, their local hospital etc.
- Deliver a set of co-designed and targeted initiatives to address the identified health-related priorities in these communities developed between grassroots community, VCSE and statutory sectors locally.

We are currently in the mobilisation phase of the model, and are working collaboratively with VCSE, local people and communities to blueprint our approach. For example, VCSE local representatives helped design how we might approach support for people with low mental wellbeing: rather than label the solutions as ‘mental health solutions’ we have invested in activities based around interests, hobbies and leisure people may enjoy. We build relationships with local people and through these can also discuss their low mood. Often relationships are built with someone from a similar background. This approach represents practical help to address their wellbeing, e.g. the link between physical activation and improved mental wellbeing or connecting to others, as well as a way of building trust to discuss mental health issues and thus reduce perceived stigma.

## 6. Accountability and transparency

### Integrated Care Board

As an ICB, we commit to meeting our statutory duties and the requirements set out by NHS England in the *ICS Working with People and Communities Guidance*. Our community engagement and empowerment work will be reported to, and assured through, the ICB Board. The overarching areas we will report on, for assurance, include:

- Activity, outputs, outcomes and spend on ICB community engagement, research and community empowerment programmes.
- How the outputs and outcomes of this work have influenced decision making, service design and development, assuring quality of services, resource allocation and transferring resource to maximise the value of engagement.
- Priorities or needs identified as part of community research that were not identified by statutory services, and the community action taken in response to this; and

All ICB committees will ensure that proposals and decisions are rooted in local communities’ needs and aspirations and that they follow best equalities practice as per our [Equality & Diversity Strategy](#). Papers brought to committees will be required to demonstrate robust evidence of community engagement and empowerment approaches.

## Integrated Care System

A range of ICS forums have been developed, through which we can report and be held accountable on meeting statutory duties around community engagement and empowerment. Key forums include:

- NCL Community Partnership Forum: meeting since September 2021, with membership including the ICS Chair, ICB Chief Executive, VCSE partners and NCL VCSE Alliance members, Healthwatches, public members, people with lived experience and partners from across the ICS. This forum will be key to ensuring effective community and citizen participation in the work of the wider ICS. The aim is for it to be an active expert reference group on community engagement, as well as a forum for discussion and debate on emerging proposals and strategies. Members of this forum will also have the opportunity to be involved in other key strategic groups across the ICB – as community participants. Members of the forum have been involved in the development of this strategy.
- The five NCL Healthwatches will play a key role in working with us as an ICB - providing rigorous assessment to the way community voice shapes our approach and services. We are providing additional resource to support the five HealthWatches to work with us strategically across NCL and ensure their local community knowledge and insights can inform our work as an ICB and ICS.
- NCL VCSE Alliance: we have developed and are continuing to build on a VCSE Alliance model for NCL Integrated Care System. As a first step, the five VCSE umbrella organisations across NCL came together, and in early 2022 the Alliance broadened to include a representative organisation from each borough for mental health, homelessness, disability, deprivation, refugee and migrant and LGBTQ plus communities. We are working with the Alliance to ensure they can raise the voice of the VCSE within NCL ICS, support us to identify key system priorities and the barriers and blocks for the VCSE to work with ICB and ICS - informing our system development. They act as a facilitator between Borough Partnerships VCSE and NCL ICB and NCL ICS – with strong engagement and roots at Borough and Neighbourhood. The Alliance has endorsed this strategy. For more detailed information on how VCSE will be involved in our governance please see *NCL ICB Working with our VCSE Strategy*.
- NCL ICS Population Health Improvement and Health Inequalities Forum: plays a pivotal role in helping understand the needs of our population, setting priorities aligned to these needs and exploring how we can respond using evidence-based insight and intelligence to help improve population health. We will use this Committee to raise the voice of, and explore issues that, specifically affect communities who face high health inequalities. This will include communities' and VCSE ideas around what we prioritise and how issues might be addressed. This reflects our commitment that community voice is heard within the decision-making forums of the ICB.
- NCL ICB engagement steering group: we are forming a new steering group which will have assurance and oversight for delivering the commitments made in this strategy and our *Working with our VCSE Strategy*. This will include overseeing the strategies' delivery plans and all ICB community engagement & empowerment work. Through this the group will assure that ICB has a clear investment plan for engagement, makes best use of resources, invests strategically in the VCSE & community engagement programmes, develops

community programmes that have clear measurable outcomes and to assure that our community engagement drives forward improvements in population health for our local communities and raises the voices of local communities in the design, planning & delivery of health & care system. Membership will include representatives from across Engagement, population health, Communities and wider commissioning directorates including borough partnerships, NCL HW role and VCSE Alliance.

- Developing a communications and engagement network for the North Central London ICS: we are developing a network approach to communications and engagement across the ICS, which will include clear principles, approaches and processes to underpin collaborative working across partner organisations. Through an in-depth review with partners, we will define how NCL ICS communications and engagement priorities will be set, how activity will be collaboratively planned, delivered and reported, and also, collectively resourced by ICS partner organisations.

### Borough Partnerships

All five Borough Partnerships have a board that oversees, amongst other areas, working with communities and VCSE. All boards have VCSE and Healthwatch representation and are exploring local community input either via a community panel or community participants.

## 7. Resourcing and funding

We are committed to sufficient ICB staff resource and funding to deliver the aims and approaches set out in this strategy. We will continue to invest in delivering community engagement and community empowerment programmes as an ICB, as an integral part of our commitment to improving population health and addressing health inequalities.

We commit to ICB commissioning teams budgeting for sufficient engagement and co-design activity related to their programmes. We will also develop and deliver these activities with partners in the ICS, in order that we make the maximum use of our collective resource as an ICS.

The ICB Communications and Engagement team and ICB Communities team will support the organisation to forward plan, deliver and report on best practice engagement and community empowerment methodologies and programmes that tackle health inequalities and make sure local communities are at the heart of all we do. We will work in partnership with colleagues across the various organisations which make up the Integrated Care System.

We envisage local VCSE involvement in a range of community engagement and empowerment work. When we ask these sectors to support community engagement activity, resource proportionate to the level of activity will be made available for this. More detailed information is available on our commitment into investment in VCSE, and the NCL VCSE Alliance, in the NCL ICB *Working with VCSE* strategy.

## 8. Support to deliver the strategy and approach

The vision, principles and approaches set out in this strategy will be championed at every level of our system, and in all that we do. As part of this the ICB Communications and Engagement team, in collaboration with our system partners, will offer training and tools to support colleagues and partners to deliver high-quality community engagement, co-design and empowerment.

Our aim is to develop a strong level of knowledge across the system around engagement and empowerment methodologies, and how to apply these when working with local communities and VCSE in setting priorities, creating solutions and the design, delivery and development of both the organisation and services. This will be aligned with training on delivering our equality duties, such as undertaking robust equality impact assessments.

## 9. Evaluate

We recognise the huge breadth of insight provided by our partners, including VCSE and Heathwatches, and will further develop our processes to evaluate community all engagement and empowerment work being undertaken by ICB – both at an NCL level and Borough level. As part of this, we will develop outcome measures that reflect our engagement principles, including evaluation of the inclusivity of our work.

We will build strong and trusted relationships with our communities and measure if the way we are working is genuinely improving people's experiences of care, and supporting our communities to lead lives that they define as 'well.'

We will involve other organisations such as Healthwatch, our VCSE partners, and our local communities in developing outcomes, both in defining outcomes and in assessing our delivery of these. We will also learn from innovative best practice around community research and evaluation models.

We commit to developing:

- Processes to centrally collect and report on insights to inform ICB and ICS plans, programmes and ultimately decisions, including developing an insights bank;
- Evaluation on the impact of our community engagement and empowerment work, learning from previous programmes and projects to continuously improve the reach and impact of our work with local communities.

## 10. Delivering our strategy in 2022/23

This document is intended to provide a long-term strategic framework to shape and inform how the ICB approaches, plans, resources and evaluates community engagement and empowerment programmes. We will collaborate with partners to develop a more detailed 2022/23 delivery plan, to progress and embed this in the ways we work as an ICB, and across the ICS.

Our approach and way of working will be underpinned by the development of a number of programmes, frameworks and toolkits to ensure we are consistent and aligned across the system. Development of these products will be co-designed with stakeholders and our local communities across 2022/23.

Key elements of the 2022/23 delivery plan will include:

1. The development of a range of tools, guides and policies that will underpin and embed the approaches outlined in this strategy, including:
  - co-production tools,
  - community empowerment approaches training,
  - guide to service development and service change engagement;
  - guide to public consultation;
  - public reimbursement policy and
  - evaluation, impact and feedback framework.
  
2. The delivery of a range of programme activity, including:
  - Development of detailed Borough Partnership plans for working with people, communities, and local VCSE, aligned to this strategy.
  - Delivery of a community research and action programme, working with local VCSE in each borough, targeted to raise the voices of local communities who experience high health inequalities and/or barriers to accessing services.
  - Identification of, and support for, relevant ICB programmes and projects where engagement, co-production or consultation is required, to ensure the best practice approaches in this strategy are embedded.
  - Further development of methods to ensure ICB decision-making processes support community empowerment (i.e. how this can be part of needs assessment, priority setting and resource allocation process)
  - Developing a new ICB process to collect and report community insight: to collect quantitative and qualitative intelligence from all ICB community engagement and involvement work – combined with population health data as bi-annual borough reports with a NCL summary report on key themes. This will inform the Population Health Improvement Strategy and ICB plans and decisions, ensuring community and VCSE voice is at the heart of plans and decisions; and
  - Further development of assurance methods aligned to ICB governance, including the role of the VCSE Alliance and how VCSE and local communities are a part of decision making.
  
3. A focus on measuring and evaluating outcomes and impact, such as:
  - Using a 'You said, we did' approach to demonstrate an effective feedback loop.
  - Ensuring a strong link between implementation of this strategy and delivery of the NCL Population Health Outcomes Framework and Improvement Strategy;
  - Evidencing how local decision making can be enabled as a result of community engagement initiatives; and
  - Review and Refresh our delivery plan annually.



## 11. Glossary of terms: What is an Integrated Care System?

**North Central London Integrated Care System (ICS)** is the name of the NCL system as a whole. An ICS is a way of working, not an organisation.

Partners within the NCL ICS include:

Acute Trusts, Mental Health Trusts, Community Trusts, Local authorities (Barnet, Camden, Enfield, Haringey and Islington), Healthwatch and VCSE (Voluntary, Community and Social Enterprise) sector

**NHS North Central London Integrated Care Board (or ICB)** allocates NHS budget and commissions services. This is the organisation that NCL CCG staff will transfer to, and will be chaired by Mike Cooke, with Frances O'Callaghan named Chief Executive.

The **North Central London Health and Care Partnership**, is the Integrated Care Partnership, a joint committee with the councils across the five boroughs. This committee is responsible for the planning to meet wider health, public health and social care needs and will lead the development and implementation of the integrated care strategy.

### System

**Provider collaboratives** involve NHS trusts and primary care (including acute, specialist and mental health) working together. UCL Health Alliance incorporates all NHS trusts and primary care in NCL.

### Place

**Place-based partnerships** or **borough partnerships** include ICB members, local authorities, VCSE organisations, NHS trusts, Healthwatch and primary care.

### Neighbourhoods

**Primary care networks** will expand to incorporate general practice, community pharmacy, dentistry and opticians.

If you would like to receive information included in this document in another format, or have any questions on this document, please contact the NCL ICB communications and engagement team via [nclicb.communications@nhs.net](mailto:nclicb.communications@nhs.net)