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| **Statutory Guidance on Working with People and Communities 2022****Case study template** |
| **Details** |
| **Title of the case study** | North West (NW)W London Engage-Participate-Involve- Collaborate (EPIC) programme |
| **Organisation** | North West London ICS |
| **Synopsis** | *North West London is the largest ICS, covering eight very diverse boroughs. There had been some excellent pockets of good practice in different boroughs and across the system in terms of resident involvement, but no consistent, agreed approach across the patch.**In December 2019, we launched the EPIC (Engage- Participate-Involve-Collaborate) programme to try to address some of the challenges around how we work with residents. A key strand of the programme was co-production of a future, best practice approach to resident involvement in the CCG/ICS. Over 100 people attended the launch event, indicating considerable appetite for the initiative.* |
| **Key contact** | Rory Hegarty, Director of Communications and EngagementNorth West London Integrated Care System and North West London CCGrory.hegarty@nhs.net |
| **Content** |
| **Background** | North West London is the largest ICS, covering eight very diverse boroughs. There had been some excellent pockets of good practice in different boroughs and across the system in terms of resident involvement, but no consistent, agreed approach across the patch.In December 2019, we launched the **EPIC** (Engage- Participate-Involve-Collaborate) programme to try to address some of the challenges around how we work with residents. A key strand of the programme was co-production of a future, best practice approach to resident involvement in the CCG/ICS. Over 100 people attended the launch event, indicating considerable appetite for the initiative.The programme was led by our Director of Communications and Engagement, Rory Hegarty, with support from Samira Ben Omar, initially Associate Director of Equalities and later Head of Community Engagement and Partnerships. The programme was driven by a steering group of around 20 people, drawn from across our boroughs and with an independent lay chair, Alan Wells. |
| **The need** | Despite some very good practice in North West London, the public were not involved in shaping how we work with them and many of our communities were not being effectively engaged. Feedback also suggested that the NHS was too often focused on ‘single issue’ engagement and did not let the public set or change the agenda.There was concern that a single CCG and ultimately an ICS would reduce local voice.In addition, public engagement during the pandemic suggested many communities had lost trust in health and other public services. A typical view was: “You talk to us when you want to shut something. You talk to us when you want us to get vaccinated. When do we get our say?” |
| **The solution** | * **EPIC** (Engage- Participate-Involve-Collaborate) programme – launched December 2019.
* A key strand of the programme was **co-production of a future, best practice approach to resident involvement in the CCG/ICS**. Three large network meetings were attended by over 150 people. There was a series of steering groups (about 20 people representing all boroughs, Healthwatch, voluntary sector and a lay Chair) – which co-designed ideas for discussion at network meetings.
* Out of this, we developed the NW London [**Involvement Charter**](#Involvement_charter) **–** suggested by a local resident – iterated with network, published for comment, now finalised following wider engagement.
* **Vaccine equity huddles** were held earlier this year – ‘collaborative spaces’ with residents, clinicians, councillors, Healthwatch, NHS and local authority staff – open invitation and co-designed solutions to challenging issues around vaccination. We have learned from and want to build on this approach.
* **Outreach** with over 300 community groups has continued that dialogue.

Our approach now is:* ‘**Collaborative spaces**’ are being put in place in each borough/Integrated Care Partnership (ICP): open meetings where health and care professionals come together with the public and stakeholders to discuss healthcare issues – same approach as ‘vaccine equity huddles’. (NW London wide collaborative spaces on specific programmes.)
* Collaborative spaces are open: more focus on discussion than papers, focus on co-design of solutions and agendas agreed jointly – and feed in to ICS/ICP decision making
* Supported by **outreach** with all our communities including **targeted involvement** of groups we have not successfully involved in the past, based on health and insight data
* **Lay partners** to sit on key programmes/workstreams as appropriate
* Assured via the **Involvement Charter**

The next steps are the launch of the NW London inequalities framework in May 2022, which will include open community conversations in each borough. We will be talking to residents about their experience and challenges around inequality and this will feed into the ongoing development of our approach to public involvement. |
| **Costs** | The main cost was staffing, and venue hire for the opening meeting. The vaccine equity workshops included a lot of very senior NHS and local authority staff, plus councillors, voluntary sector and Healthwatch. There was no budget attached to the programme other than staffing. |
| **Challenges** | The work was delayed by the Covid-19 pandemic, but we also learned a great deal from the vaccine equity workshops and direct engagement with communities and residents during the vaccination programme. Some communities told us they had little trust in the NHS and public services: we have directly targeted these communities and our developing outreach programme is about ‘going to where they are’ rather than asking them to come to NHS meetings. |
| **Impact** | Over 150 residents got involved in the deliberative EPIC network meetings and a similar number attended the vaccine equity events.The vaccine equity events started as a conversation about vaccine hesitancy, but, promoted by public attendees, we went on to discuss issues like historic mistrust, structural racism and how we could work better with communities on public health campaigns. We started out with a clinical chair; later meetings were co-chaired with local residents. The events emphasised again the importance of open conversations and letting communities co-design the agenda. Development of the involvement charter was time-consuming: we started with a very wordy document which could have been seen as ‘NHS speak’ but ended with a very clear set of standards and metrics on a single page. The process was led by a local resident with support from the ICS team.We are in the process of agreeing population health metrics for future engagement work: we would like to be measured on what we achieve in making our communities healthier, rather than on ‘traditional’ means such as website hits or meeting attendees, though these will of course continue to be measured.The process has changed our approach to public involvement: our focus now is on a combination of ongoing community conversations and outreach to specific communities. This remains a new approach in NW London, though the vaccine equity workshops and our developing outreach programme are major contributions to proof of concept. |
| **Lessons** | (no content) |
| **Next steps, sustainability and scaling** | In order to embed this approach at neighbourhood level, we have been funded by NHS England and Improvement for a piece of work with primary care networks. The aim is to improve the approach of primary care to resident involvement, including rethinking the concept of the traditional patient participation group and ensuring wider community involvement, including regular community conversations at neighbourhood level.This will sit alongside the launch of our inequalities framework in May, which is a joint NHS-local authority piece of work. The draft framework sets out our ambition in terms of tackling inequality across all our boroughs and we will work with residents and communities to shape our approach and metrics. The framework is not a programme or workstream: it is a whole new way of working which embeds community involvement and insight in our work, with a view to tackling inequalities across our eight boroughs. |
| **Find out more** | Rory.hegarty@nhs.netOur [involvement charter](https://www.nwlondonics.nhs.uk/get-involved/north-west-london-ics-involvement-charter) |
| **Resources** |
| Add files |  |
| Add hyperlinks | [Updates from the NHS in NW London](https://nhsnorthwestlondoncollaborationofccgs.newsweaver.com/ahpgh0vdg3/x8prya378om) |
| **Media**How do you think this case study could be presented? |
| Text | X |
| Video | X |
| Audio file / podcast | X |