

Working with people and communities: our involvement strategy

JHOSC, May 2025

When do we get to have our say?

***“ You come and talk to us when you want to shut something.
You come and talk to us when you want us to get vaccinated.
When do we get to say what we want?”***

North west London resident, 2021



NHS North West London's involvement charter

You can be involved in key decisions that affect you

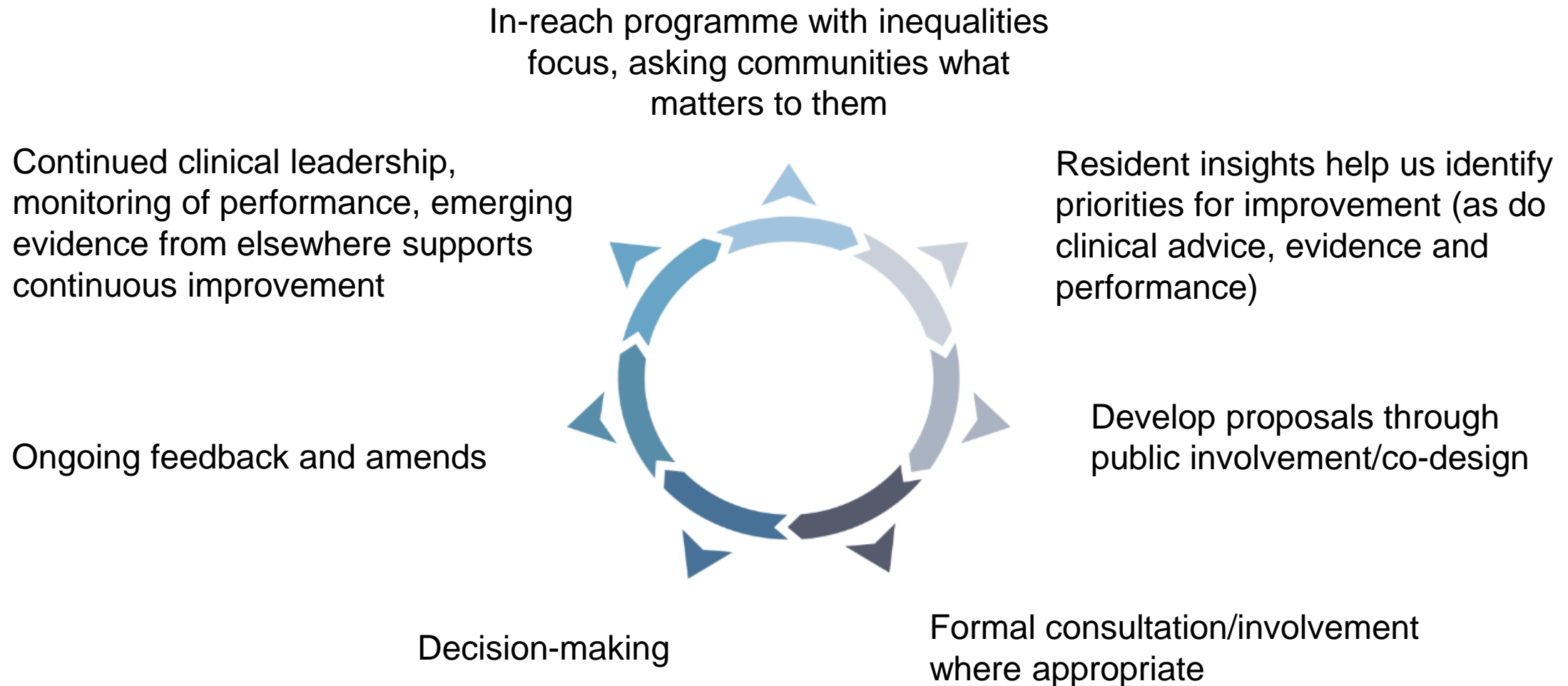
You will know how your views have shaped and influenced the decisions

We will co-design services with local people, working with all the communities we serve

We will provide you with information that is in plain language, timely, balanced , objective and in different formats when needed

We will be transparent in everything that we do

Resident insights help us identify priorities for improvement



Who do we have to reach?

NW London has 2.1m residents, over 100 languages, 200 ethnicities.

1 in 5 adults has 2 or more long term conditions.

This list is not exhaustive: all groups and sub-groups have specific health needs.

The 'protected characteristics' are:

Age, disability, sex, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation, marriage or civil partnership.

It is also common to take account of:

Carers, people experiencing social or financial deprivation and other groups depending on issue

Groups we have heard from include:

- Gypsy, Roma and traveller communities
- Ex-offenders
- Asylum seekers and refugees
- Rough sleepers/homeless people
- Children and young people
- Mental health service users
- People with physical disabilities
- People with learning disabilities
- People with sensory impairments
- Wide range of community groups

How we reach them

- Extensive **community in-reach programme** reaches hundreds of residents every month – targeted through an inequalities lens, working with local authorities and the voluntary and community sector to identify and speak to groups ‘where they are’
- **Co-Design Advisory Body**, drawn from people working with communities that have been poorly reached in the past, has transformed our understanding of a whole range of communities, including travelling communities, refugees and asylum seekers, homeless people, people with physical disabilities, people with learning disabilities and autism and many more. Attendees have described the group as transformational, as learning from attendees has impacted how we communicate with communities.
- Quarterly **Residents’ Forum** open to all, which has discussed issues as diverse as planned care, primary care access, palliative care and our involvement strategy. Quarterly ‘collaborative spaces’ open to all in each borough are in place or being developed. We also support an independent Patient Participation Group (PPG) Forum.
- Resident voices on ICS programmes via our **lay partners** - 120 currently registered with the ICB.
- A **Citizens’ Panel** of 3,800 people, recruited to reflect local demographics – used for survey and ongoing dialogue.
- **Commissioning local VCS organisations** to get key messages to communities during winter.
- **Partnership work** with local authorities, Healthwatch and voluntary and community sector organisations.
- **Social media**, especially via Next Door, Facebook and less frequently X.

How we work with people

Our involvement programme is strategically focused through:

- alignment of borough and ICB priorities
- use of local data analysis to identify target communities and geographical areas
- building trusted relationships with community leaders and local groups, aligned to the ICB's priority areas
- asking people what matters to them, rather than just focusing on NHS priorities and changes.

Some examples of targeted involvement delivery include:

- an ICB-funded initiative in Harefield, engaging women from the traveller community through floristry workshops combined with health promotion and feedback sessions
- collaborative workshops alongside the British Indian Association in Brent, focused on cervical cancer awareness among South Asian women. Delivered in partnership with Royal Marsden Partners and Brent Public Health, the evaluation showed increased confidence in accessing screening and a reduction in hesitancy
- a continued focus on Chinese-speaking women aged 25–49 in south Westminster, identified through data analysis as having particularly low cervical and breast screening uptake.

What the last quarter looked like

In the last quarter of 2024/25, key outputs included:

- 90+ events delivered to support the Compassionate Care For All public consultation (November–February)
- A breast cancer screening engagement session delivered in partnership with public health, community champions, and VCS partners, including Q&A on hesitancy and barriers
- Over 2,500 resident contacts across 119 involvement events (December–February)
- Presentations and outreach to promote priority areas such as childhood immunisations, including tailored sessions with learning disability and autism groups, women and Family Hubs, and the French-speaking African heritage community
- Two faith-centre events in Hounslow, hosted at a local Hindu temple and gurdwara. These events focused on breast and cervical cancer, hypertension, diabetes, and frailty. Delivered in partnership with Imperial Health Care Partners, Chelsea and Westminster Hospital, and Hounslow Public Health, the events provided health checks and screening referrals. Over 300 community members attended.
- A member-led review of the Co-Design Advisory Body, with attendees describing the group as transformational.
- A Residents' Forum on planned care, which was also a key topic for in-reach work.

How the team is structured

Our **Involvement Team** is structured to support the ICB through a borough cluster-based model, with staff working in three groups.

- Involvement team for Brent, Harrow, Hillingdon and Ealing (each borough has an involvement manager)
- Involvement team for Westminster, Kensington & Chelsea, Hounslow and Hammersmith & Fulham (each borough has an involvement manager)
- Our Insights Unit (two staff) works across north west London – producing insight reports and coordinating system-wide activity (lay partners, Co-Design Advisory Body, Citizens' Panel).

The team operates as a single, integrated function within the ICB's Communications and Involvement Directorate, ensuring a clear and consistent connection between resident engagement and the ICB's core programme priorities.

Case studies

Tackling hypertension

- Harrow has London's highest prevalence of coronary heart disease (2.7% compared to London's 1.9%). It is estimated that there are over 19,000 people in the borough with undetected high blood pressure, accounting for 6.7% of the whole registered adult population in May 2023.
- Using an innovative machine learning model, the project team identified 19,030 residents in Harrow at high risk (over 60% chance) of having undetected hypertension. The combination of data-driven geographical targeting with community insights as to particular communal 'hot spots', supported the team in achieving a high rate of detection (one in five) where residents being screened were found to have a blood pressure reading outside of the normal range.
- Over 680 participants were screened and results were fed back to GP practices in Harrow for further action. Learnings from this project were a key contributor to the creation of an [NHS North West London toolkit](#), for supporting professional colleagues across the system in leading community outreach campaigns focusing on undiagnosed hypertension.
- The creation of the toolkit was led by NHS North West London's involvement team, co-designed with partners across each of our eight boroughs. The toolkit has been launched and wallet-sized blood pressure reading cards will be distributed to borough teams, to support in ensuring readings are easily shared back to practice.

Hindu women's health event

- In Hounslow, the involvement team have established a set of pilot sessions, bringing together local and system health & care partners to deliver health focused sessions to the congregations of three faith centres in the borough. The first of these took place on 25 March 2025, at the Lakshmi Narayan Hindu temple.
- The team worked with the management committee of the temple to identify core the core theme for steering the engagement session. It was agreed that the initial focus would centre on women's health, in particular breast cancer screening. The team were able to invite a number of partners to provide a positive range of direct interventions and health promotion offers for those residents attending.
- A colleague from Imperial College Health Partners attended and was able to directly book women attending onto screening appointments within the following two weeks, an offer that 4 women took up on the day. The Hounslow public health commissioned Health Outreach Team attended to offer balance checks and blood pressure readings. Over 100 such checks and readings were provided on the day, with 5 women being directly referred onto frailty pathways following balance checks. NHS North West London's local childhood immunisations coordinator attended to collate resident insight relating to vaccines hesitancy, and provide information. The local primary care network were represented by one of their GPs and a practice nurse. Chelsea and Westminster were represented by a colleague offering counselling sessions for those living with, and/or recovering from breast cancer.
- There were 150 attendees throughout the day and the team have already booked in to provide follow-up sessions every two months for the duration of 2025. With the next session to take place on 17 June 2025. Due to the strong relationships, the temple's management committee offered the venue and local promotion for free. Due to the position of the team as strategic coordinators of public involvement, such a positive range of colleagues and partners were able to provide their offers to a key target demographic (South Asian women aged over 40) within a local community safe space. The model hinges upon such trusted relationships, which the involvement team remain uniquely placed to deliver. The pilot continued at a Hounslow gurdwara on 1 April 2025, and a Hounslow mosque on 25 April 2025.

Women's screening event

- RBKC public health team organised an event at Westbourne Park Baptist Church, focused on sharing cancer screening information, specifically breast, bowel and cervical cancer screening. This event was promoted among the church's congregation, local learning disability groups and carers.
- Partner colleagues working on breast and bowel cancer promotion at Imperial College Healthcare NHS Trust presented on these topics.
- The NHS North West London involvement team were asked to support with a talk on cervical cancer screening. The team delivered a talk on the importance of screening and early detection, the eligibility criteria, the screening itself and how to book appointments. The team supported with a Q&A after, where questions on eligibility and the HPV vaccine were answered.
- This event was attended by 28 women, from mostly black heritage community backgrounds.
- This event is a great example of how different parts of the system – local authorities, NHS provider Trusts and the ICB – work together to support our residents and communities.

Legal duties on involvement

NHS duty to involve

Under the Health and Social Care Act 2022, ICBs must make sure that service users, carers and their representatives are involved in:

- the planning of the ICB's commissioning arrangements
- the development and consideration of proposals by the ICB for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals (at the point the service is received by them) or the range of health services available to them
- decisions of the ICB affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

This could be delivered through public consultation, public engagement or information for the public, depending on what is proposed.

Statutory guidance requires each ICB to produce an **involvement strategy** and ICBs are assessed annually against the implementation of this strategy. NW London has been assessed very positively and been referred to as an exemplar.

[You can read our involvement strategy here.](#)

The 'Triple Aim'

The 'Triple Aim' obliges bodies that plan and commission services – ICBs and NHSE – to consider the effects of their decisions on:

- the health and wellbeing of the people of England (including inequalities)
- the quality of services provided or arranged by both themselves and other relevant bodies (including inequalities in benefits from those services)
- the sustainable and efficient use of resources by both themselves and other relevant bodies.

Working directly with people and communities is essential to achieving this legal requirement. [NHS England »](#)
[Working in partnership with people and communities: Statutory guidance](#)

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