

Engagement toolkit: working with people and communities

A guide to engaging for SEL ICS projects and programmes

August 2022

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How to use this guide

Who this guide is for and how it can help in your work

This toolkit has been developed by the ICS to support all staff undertaking engagement work and projects across south east London. It sits alongside the [ICS working with people and communities strategic framework](#).

Throughout this guide we use the term “engagement” to mean working with local people and communities.

This guide will help you understand:

- The ICS ambition for working with local people and communities - set out in our engagement vision, mission and principles
- Your responsibilities around engagement
- When, how and who to engage with, to get the most out of your engagement work to develop your projects
- Best practice from across the ICS and examples of how to use different methods for engagement
- The support available to you – from the ICS engagement team, wider resources and training

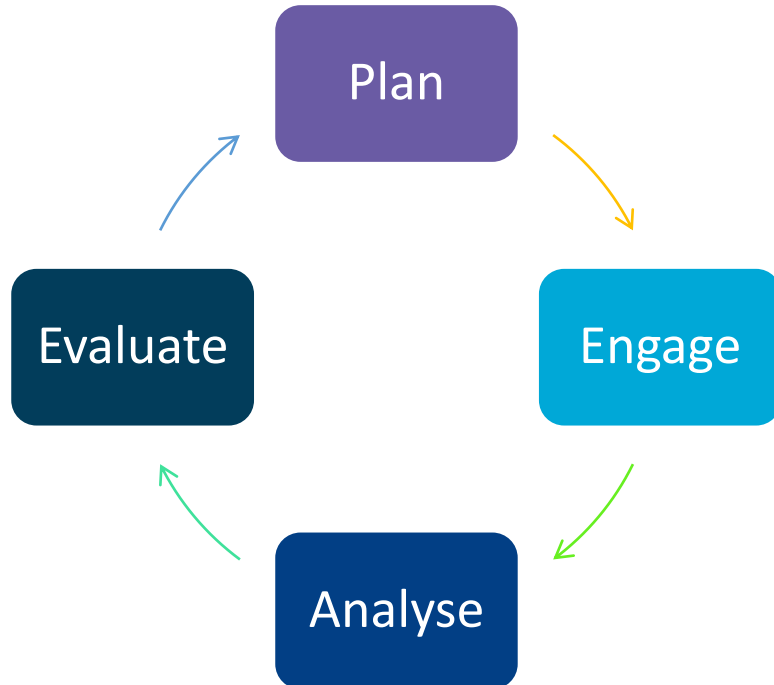
Support for staff

Undertaking effective engagement is everybody's role. Whatever previous experience you have of engaging local people and communities, there is support available to help you.

- **Tailored support from the ICS engagement team – depending on the scale of your project**
 - Understanding and implementing the engagement principles
 - Help to develop plans, advice on engagement methods and support to reach relevant communities experiencing greatest health inequalities and people with lived experience
 - Support on using the [Let's talk health and care in south east London platform](#)
 - Overview of good governance for engagement, including for SEL projects facilitating links into the Integrated Care Board Engagement Assurance Committee
 - Understanding of statutory guidance and legal duties
- **Practical tools and templates**
 - Templates and checklists to help you plan, report on and evaluate your engagement activities
 - Guides on how to effectively use different engagement methods, how to commission expert organisations to support your work and top tips for working with specific communities of interest
 - Engagement hub of current insights from across SEL to support your planning
- **Training and development**
 - Practical support to plan engagement
 - External programme of training such as with [The Consultation Institute \(tCI\)](#) and [NHS England public participation online training programme](#)

Tools and templates available to support you

Resources are available every step of the way.



Plan

- [Engagement planning template](#)
- 'How to' guides
 - [Mapping your stakeholders](#)
 - [Running a focus group](#)
 - [Developing effective survey questions](#)
 - [Having 1:1 conversations](#)
 - [Running an online event](#)
 - [Commissioning trusted community organisations to support engagement](#)
- [Identifying and supporting people with lived experience as part of governance and decision making processes](#)
- [Equality Impact Assessment guidance and template](#)
- [Data Privacy Impact Assessment template](#)

Engage

- [Event evaluation form](#)
- [Equality monitoring form](#)
- [Photo consent form](#)

Analyse

- [Example best practice feedback reports, including creative methods](#)

Evaluate

- [Evaluation guide and checklist](#)

Top tips for working with communities of interest

- [People with learning disabilities](#)
- [People who have experienced trauma](#)
- [Communities experiencing health inequalities](#)

What is engagement and why it is important

What is engagement and why is it important?

We use the term “engagement” when talking about working with local people and communities. Engagement is often used interchangeably with “involvement” and “participation” . We use the term working with people and communities to include patients, residents, carers and service users. Engagement helps us to understand the needs and aspirations of people which helps:

- **Empower communities** - through supporting people and community partners to help lead change and be a greater participant in managing their own health and wellbeing.
- **Support in reducing health inequalities** – there are complex reasons why people and services don’t match up and understanding this and what people want from health and care services helps move to a place where people and communities can be treated more holistically.
- **Gain community support** – making changes based on support and input from those accessing services means they are better aligned to the needs and expectations of patients
- **Better service design which works for local people** – leading to improved access, experience and outcomes
- **Build partnerships** – improving trust and transparency which in turn drives innovation

Other terms such as “co-production” and “consultation” may also be familiar. These terms also sit within the engagement spectrum and have specific meanings and usages, which we will explore.

Our commitments

At South East London level we have committed to working in **genuine partnership** with our communities, and to be **ambitious** in how we do this.

We know joint working with our communities will help us make better **strategic decisions**, better **allocate resources** and better **plan** services.

We also know that developing our relationship with local communities offers our most powerful **form of accountability**.

Where we are heading

We are starting from a strong baseline, with some excellent recent examples of joint working.

But, there are things we can do to improve as a system:

- Use insights to inform decisions and aim for true co-production (so engagement isn't tokenistic)
- Show we have listened by acting on what we hear, and reporting back ('you said, we did')
- Recognise the impact engagement has on communities (emotionally, psychologically, financially)
- Engage people where they are, in more inviting (non-corporate) environments.
- Empower people, build trust and be transparent, to shift the power dynamic between local people and statutory organisations (recognise hierarchies)
- Develop a more systematic approach to engagement (whilst still allowing creativity and the testing of new methods) to reduce duplication and engage people earlier

How we will get there

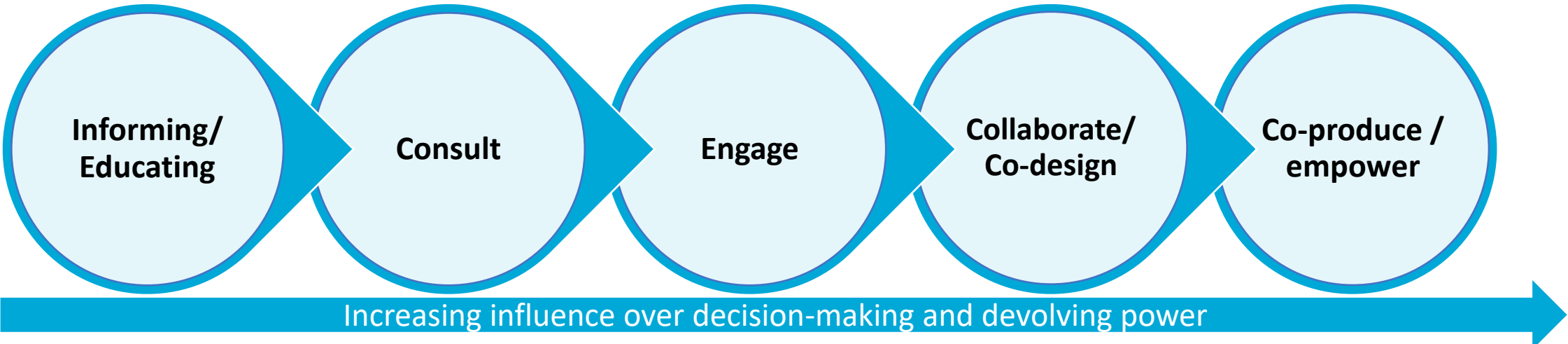
Our 'working with people and communities strategic framework' sets out how we will work differently.

This toolkit is a key part of embedding a strategic approach at the very earliest stages of our work.

Setting our aspirations high, we have created a set of standards to ensure all ICS engagement work is consistently of a high quality and meets best practice.

In addition to our own standards, current legislation requires us to involve the public in our work.

Engagement spectrum



Doing to

Providing information to help people understand the issues, ideas and solution.
Communication rather than active engagement.



Doing for

Setting the agenda and listening to people's views about certain issues. Working with people so that they can clarify, understand and influence the issues, alternatives and solutions.



Doing with

Adopting a different mindset to work in equal and reciprocal partnership with local people. Entering into conversations with no set agendas or preconceived ideas including identifying the issues, creating solutions and taking decisions.

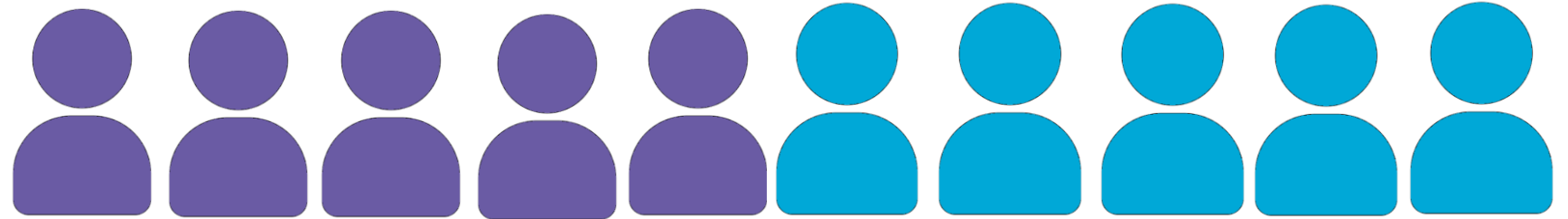
Purpose of engagement

<p>What methods do we have to do this?</p>	<ul style="list-style-type: none"> • Newsletters/bulletins • Social media • Website content • Written or verbal updates at existing meetings • Factsheets/ leaflets 	<ul style="list-style-type: none"> • Surveys • Focus groups 	<ul style="list-style-type: none"> • People with lived experience part of project meetings • Deliberative events • Ethnographic studies • Interviews 	<ul style="list-style-type: none"> • Co-design/ co-production workshops with people with lived experience • Experience-based co-design • Appreciative inquiry 	<ul style="list-style-type: none"> • Participatory budgeting and personal health budgets • Decision-making powers within meetings • Engagement in procurement
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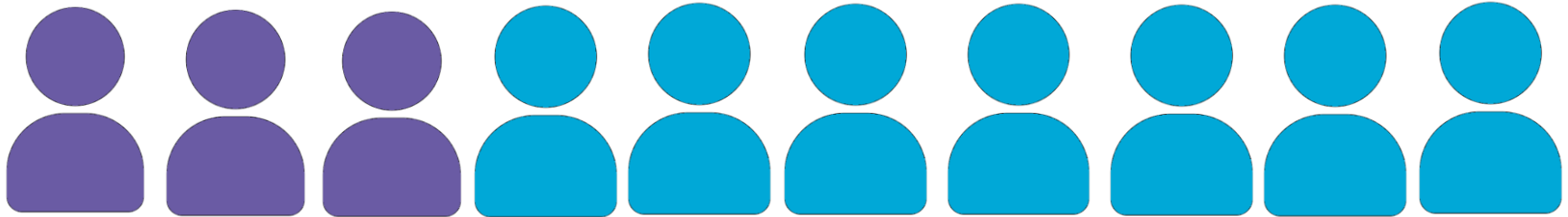
Different ways to be involved

Be mindful that the type of involvement will determine the level of influence local people have in decision making.

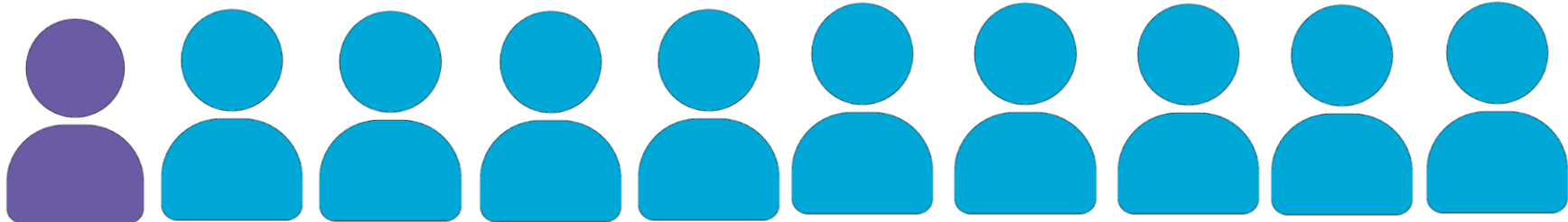
Co-production – a partnership between users and staff



Co-design – working closely with people with lived experience, or their parents or carers, (as part of user reference groups, for example)



Engage – involving people with lived experience, or their parents or carers, in decision making groups



Local people



Staff

How engagement supports our works

Engagement directly contributes to and enhances our work.

Examples here show how engagement adds value at all points in the cycle.

1. Governance, decision making and PMO structures

Those with lived experience are recruited to be a part of key decision making groups and committees in PMO structures.

Engagement Assurance Committee include local people / people with lived experience to support planning and assuring engagement activities.

Engagement outputs are required and reviewed at all key decision making groups to ensure activities have impact on our work.

2. Assessing and deciding system and programme priorities

Understanding what our communities need to support their health and care right now and in the future.

Helping us make tricky decisions about what to focus on with limited resources.

3. Contracting and tendering services

Designing service specifications together with communities.

Working together to create meaningful evaluation criteria for patient experience and equalities aspects of the work.

Local people scoring bids and helping us evaluate potential providers of services.

4. Designing and evaluating services

Understanding how existing pathways are working and what can be improved.

Testing ideas for new services to understand the impact of our ideas on different groups.

Post-implementation peer evaluation of new services.

Getting started with engagement

We have developed a vision, mission statement and principles with stakeholders

The **vision and mission for working with people and communities** were co-developed with local people and engagement practitioners from across the ICS. These set out the purpose of working with people and communities.

Our Vision

Working with local people to build a healthier future for all communities across south east London.

Our Mission

South East London Integrated Care System works in partnership with local people and communities. This improves health and wellbeing and supports people to thrive and live healthier lives. We will prioritise working in partnership to address health inequalities, which are unfair and systematic differences in health between different groups of people.

Engagement principles

These engagement principles were co-developed with local people and engagement practitioners from across the ICS. No matter how large or small the project is, we aspire to work with local people and communities based on these engagement principles.

- 1) **SEL ICS CO-PRODUCES (WORKS TOGETHER):** We work in partnership with local people and communities to shape local health and care services, so they work best for the people who need them. We work with organisations to identify and reach communities who experience the unfair differences and recognise the strengths that people bring.
- 2) **SEL ICS CARES:** We will continue to improve the health and wellbeing of everyone in south east London and address health inequalities, which are unfair, avoidable and systematic differences in health between different groups of people. We value and recognise people for their contributions. We create safe spaces to discuss ideas, experiences and solutions so that people feel comfortable to share as much or as little as they choose. This way people will feel confident that their care or treatment will not be negatively impacted by what they might share.
- 3) **SEL ICS LISTENS:** We listen to diverse voices from our communities who experience poorer health and we are determined to build relationships and trust so that we can listen better. We know that how people experience services may be affected by many factors, such as race or disability, and it's important we understand these and address any unfair differences in experiences. We are always listening. This means that, together, we better understand people's health needs, what support they need and what really matters to them.
- 4) **SEL ICS LEARNS:** We learn from listening and we act on what people tell us. We work with partners to share what we have learnt and, in turn, learn from what others have heard. Together with local people and communities, we regularly review what we are doing. This means we are open to changing how we work. We show, publicly, what we have learnt from our engagement work.
- 5) **SEL ICS SHARES:** We are changing the way we work, so that the ICS and local people share more power in how decisions are made. When people need support and treatment, we work with them to understand what is important to them and what makes them stronger.
- 6) **SEL ICS IS ACCOUNTABLE:** We are open about what decisions have been made and communities will be able to hold us responsible for our decisions and actions. We are clear about what can and can't be changed and why. We share, publicly, opportunities to be involved, what we have heard communities tell us, and the difference this has made. We directly feedback to those who have engaged with us so that they understand what has happened as a result of their participation.

What does “good” engagement look like?...Planning engagement

These minimum standards for engagement build on the engagement principles set out in our working with people and communities strategic framework.

When you are planning your engagement work, think about...

- **Planning and carrying out engagement as early as possible in your project so that the insight you gain informs the development of your project.**
- **How your engagement will influence the work you are doing. What is the purpose of your engagement? What do you need to know?**
- **How you can reach a diverse section of the population, even if they choose not to respond. Don't be afraid to think creatively!**
- **Who could help you to engage? Might staff working closely with certain community / user / patient groups, including those working with young children, be able to help you?**
- **Making activities as inclusive and accessible as possible.**
- **How you can bring the voice of local people into governance structures and decision making - beyond simply having service users and carers attending meetings.**

What does “good” engagement look like?...Planning engagement (continued)

When you are planning your engagement work, think about...

- **What you are engaging on and why, what working with you will look like for participants and how you will support them.**
- **Being open – ask questions and setting agendas based on what matters to local people so that people are able to talk about what they need or think is important.**
- **How participants might be affected by working with you on this project – understanding the emotional and psychological impact of sharing personal experiences is important.**
- **Having a budget for your engagement work to support in making engagement effective.**
- **What grass-roots community organisations you could fund to work with you to reach certain communities and deliver engagement work.**

What does “good” engagement look like?...During engagement

When you are actively engaging, think about...

- **Keeping language simple and free from jargon and overly complicated ideas and keeping sentences short.**
- **How you can make people’s and communities’ voices as equal to professionals as possible.**
- **How you are showing you respect and value the contributions you are receiving.**
- **Being adaptable – if something isn’t working or, for whatever reason, participants aren’t engaging as you expected, take the time to pause and change your plans if it feels right to do so.**

What does “good” engagement look like?...When you have finished engaging

When you have finished engaging...

- Let people who have worked with you know how their feedback has influenced your work and the impact this has had. Remember to let internal colleagues know too as it might be useful to their work or be an example of best practice.
- Don't be afraid to be honest when you aren't able to take feedback into account, and explain why. People welcome honesty and transparency.
- Reflect on what's happened and evaluate it. Look at who you've reached through your engagement and identify any gaps. You can then prioritise engagement with these groups in future phases of your work.
- Remember it's OK if you didn't reach as many people or the communities of people you were hoping to. Engagement is a continuous learning process. Be clear if there are any limits to your findings.

The importance of working with Healthwatch

Healthwatch organisations have insight they have collated from local people through a range of mechanisms including people contacting them through their helplines; meetings, outreach and engagement events with local people, surveys and people's stories.

For further information about Healthwatch in south east London and links to the six Healthwatch web sites please see the ICS website [About Healthwatch - South East London ICS \(selondonics.org\)](https://selondonics.org)

Healthwatch are organisations with statutory functions funded by, but independent from, local authorities. In south east London there are six independent Healthwatch which are coterminous with the six boroughs in south east London (Bexley, Bromley, Greenwich, Lambeth, Lewisham, Southwark).

The six local Healthwatch across south east London are the independent champion for people who use health and social care services. Healthwatch listen to what people like about services and what could improve, and share their views with partner organisations across south east London.

Who to engage: stakeholder mapping

You need to consider **who will be interested and affected** by the work you plan to do, or have **influence** over it. The people you **identify** are your stakeholders.

Once you have identified your stakeholders, you will want to **prioritise** them. This is done by considering what **influence and interest** they do or might have. You can use the stakeholder mapping framework as a guide and place your stakeholders where you think they best sit, based on your current knowledge. Prioritising your stakeholders focusses efforts and resources and helps you plan how you will engage each of your stakeholders

What you know about your stakeholder and what they tell you might change where they sit on your map, over time. You should start your stakeholder mapping early and update it as your project develops.

[Read the how to understand who to speak to guide \(mapping your stakeholders\) for further detail.](#)

Influence	High	Make these stakeholders aware of general opportunities to be engaged and be alert to any requests to be more engaged.	Prioritise engaging with these stakeholders. Arrange engagement activities directly with them.
	Low	Monitor these stakeholders and be alert to any requests to be more engaged.	Keep these stakeholders updated about what is happening and any opportunities to be engaged.
		Low	High
		Interest	

Working with children and young people

Whilst all guidance in this toolkit is relevant to working with children and young people, there are some adaptations that need to be made to work effectively with them. There are experts working with children and young people in SEL who we can put you in touch with. However, please also consider the following:

- **Partnering** with voluntary and community organisations or working with staff groups across the ICS who **specialise** in working and engaging with children and young people.
- **Age range** of those you want/need to speak to. Generally, childhood can be categorised in four age groups:
 - **young children:** infancy (0-4)
 - **children:** early years and pre-teens (6- 11)
 - **young people:** the secondary school, teenage years (12-18)
 - **young adults:** (18-25)
 Different skills are required to engage with a young people compared with young children.
- **Transitions** between services. Children may move up into adult services at different ages, depending on the service.
- **Ethical issues** – such as parental consent, being chaperoned, confidentiality, power dynamics etc.
- Using **creative, play based methods** of engagement e.g. arts and crafts as well as written arts like poetry.
- Making engagement **accessible** and offering **choices** in how people participate.
- **Attention span, interest levels and cognitive abilities** (for children with learning disabilities and those with cognitive impairments).
- **Adapting your engagement methods** to suit those you are engaging with. A focus group may still work well for young people/young adults with some adjustments e.g. shortening the length of the session and holding the session in young people friendly locations in the community. Consider offering incentives to encourage participation e.g. food, prizes or opportunities to learn new skills. Link into youth forums and other CYP user groups that exist.

How to engage: introducing different methods

It's important to consider the best ways to engage with the people and communities you hope to reach. Many factors will influence which methods you choose, for example: the aims and objectives of your engagement, the outcome of your stakeholder mapping, how your target stakeholders prefer to engage, the time available for your engagement work and your budget.

- Including a number of **different engagement methods** in your plans will mean you are more likely to hear from a wider group of people. It also enables you to explore your area of interest in greater depth. Depending on what the purpose and aims of your engagement are different engagement methods might suit your project better.
- **Qualitative** methods (such as interviews, group discussions or online chat forums) are better for more exploratory conversations, or when you are trying to answer the question 'why'. These methods use smaller samples but provide more in-depth understanding and allow participants to guide where the conversation goes.
- **Quantitative methods** such as surveys and polls, are better placed to answer questions like "how many" and "how often" and assessing levels of agreement and disagreement with what is proposed. They can gather a larger sample of views. They can also, more quickly, allow understanding of variation across areas or between groups.

Depending on your audience, more creative ways of engaging might be better, for example when working with children and young people, those who might be neurodivergent and those with learning disabilities.

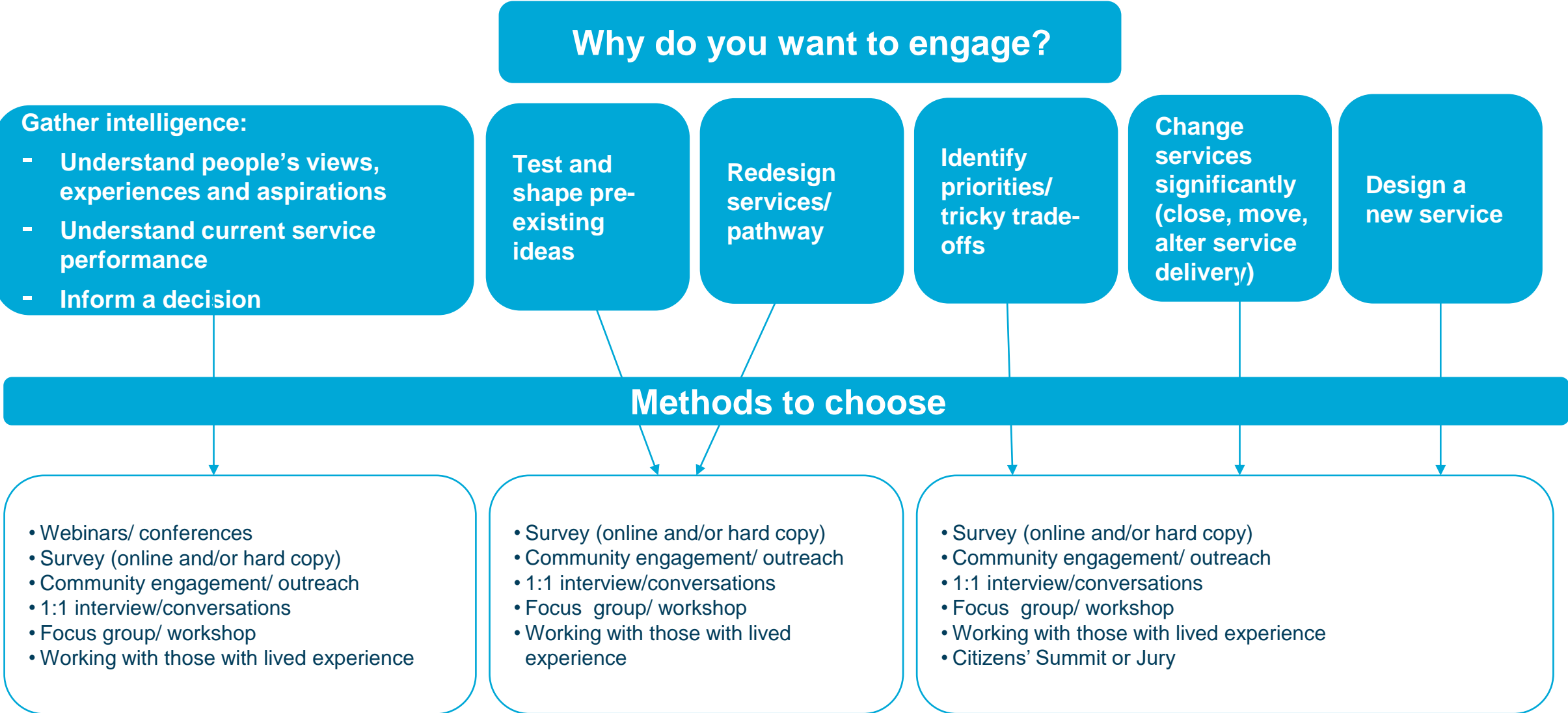
How to engage: introducing different methods

Some common engagement methods are explored below. You can find out the strengths and weaknesses of these, and other, approaches, [here](#)

COVID 19 has changed how we engage, and has encouraged the use of technology to meet online. All of these methods can be adapted depending whether you are working face to face or virtually. It's important to consider digital exclusion and ensure a mixed approach is take, so as not to advantage certain groups.

Method	Outline of approach
Survey (online or hard copy)	A set of structured qualitative or quantitative questions – usually self-completed by participants
Focus groups/ workshops	Small group discussion exploring pre-agreed topics
Working with people with lived experience	Individuals with specific experiences of services that are recruited to participate in planning, design and decision-making groups
Community engagement/ outreach	Going to communities where they are by attending their existing meetings. Funding trusted community organisations to partner with you to reach specific communities.
1:1 interviews/ conversations	Usually conducted 1:1, interviews can be structured or semi-structured exploring pre-agreed topics which allows deeper exploration of issues.
Citizens' Jury/ Citizens' Summit	Events focusses on exploring an issue from a number of different perspectives, With juries, small group of people meet over a short period of time to be informed about a specific issue by “expert witnesses” and to debate – coming to a conclusion or identifying solutions.
Webinars/ conferences	Large scale events focussed primarily on information giving.

How to engage: What methods you could use, determined by why you want to engage...



How to engage: what methods you could use, determined by who you are trying to reach...

Who are you trying to reach?

Large sections of the general population



- Webinars/ conferences
- Surveys (online and/or hard copy)
- Workshops / webinars
- Deliberative events such as summits / juries

Communities with specific demographics



- Webinars / conferences
- Surveys
- Community engagement/ outreach
- Focus groups / workshops in community settings
- 1 to 1 interviews / conversations

People with specific experiences of services



- Webinars / conferences
- Surveys
- Community engagement/ outreach
- 1 to 1 interview/conversations
- Focus groups / workshops with people lived experience

Channels for engagement

Different methods focus on “how” you’ll engage. There are a number of channels already set-up at a system and place level to help you recruit participants to join in and feedback.

Engagement channels	How these can help you	Engagement channels	How these can help you
ICS mailing list	<ul style="list-style-type: none"> Promoting your project / recruiting participants Linking you up with groups and organisations relevant to your project Giving advice to reach those you plan to 	Social media Twitter, Instagram and Facebook	<ul style="list-style-type: none"> Promoting your project/ recruiting participants Providing a space to feedback on the outcomes of your engagement Campaigns to reach specific audiences
ICS Website	<ul style="list-style-type: none"> Promoting your project/ recruiting participants Providing a space to feedback on the outcomes of your engagement 	Community champion programmes	<ul style="list-style-type: none"> Promoting your project/ recruiting participants
Social media Twitter, Instagram and Facebook	<ul style="list-style-type: none"> Promoting your project/ recruiting participants Providing a space to feedback on the outcomes of your engagement Campaigns to reach specific audiences 	Existing meetings with local people (either through place based networks/reference groups, PCNs or voluntary and community organisations)	<ul style="list-style-type: none"> Promoting your project/ recruiting participants Ability to attend and have direct discussions Providing a space to feedback on the outcomes of your engagement
Let’s Talk Health and Care platform Online platform where participants can register and self select the engagement projects they’d like to be involved in	<ul style="list-style-type: none"> Access to local people registered on the platform Enables you to host online chats & surveys Enables you and recruit LTHC users to participate in events and interviews 	Newsletters and mailing lists (from place based partnerships, PCNs or voluntary and community organisations)	<ul style="list-style-type: none"> Promoting your project/ recruiting participants
People’s Panel (to be launched) Online panel, recruited to be demographically representative of a geographical area, who have agreed to participate in surveys	<ul style="list-style-type: none"> Enables you to promote and online survey to a broad group of local people Enables you to recruit panel members to participate in events and interviews 	Letters/emails to patients (via Trusts and GP practices)	<ul style="list-style-type: none"> Promoting your project/ recruiting participants with lived experience of a particular service or condition
		Posters/ leaflets in clinics (via Trusts and GP practices)	<ul style="list-style-type: none"> Promoting your project/ recruiting participants with lived experience of a particular service or condition

The 'let's talk health and care in south east London' engagement platform

[Let's talk health and care in south east London](#) is an online platform that complements current resident and patient engagement approaches. The platform:

- Hosts a pool of people, from across south east London, who self-select to participate in health and care projects that are most interesting and relevant to them
- Helps you to target specific groups of people to engage with by:

Age group	Borough	Gender
Ethnicity	Health and care areas of interest	

You can develop and publish engagement projects where you can :

- ✓ include project details, and materials i.e. videos, images, documents, etc.
- ✓ Gather people's views using online engagement tools on the platform – see next slide
- ✓ Publicise and promote face to face and online engagement opportunities (such as focus groups and events)
- ✓ Download detailed reports about the online engagement on your projects e.g. number of people engaged
- ✓ Share project engagement reports, outcomes achieved, changes made e.g. You said / We did
- ✓ Present successes achieved in your work programme with residents support

Let's Talk Health and Care in South East London

Welcome to Let's Talk Health and Care in South East London

This is an online community for you to share your ideas, discuss important topics, provide feedback and help people live healthier lives in our shared communities.

Get involved and participate in conversations about health in south east London.

Join Let's Talk Health and Care in SEL

Live Projects

- Help us identify priorities for our health and care in SEL
- Living with diabetes? What matters to you?
- Improving the patient journey for people with MGK conditions
- Become a Patient Safety Partner in South East London
- Opportunity to get involved in shared care discussions

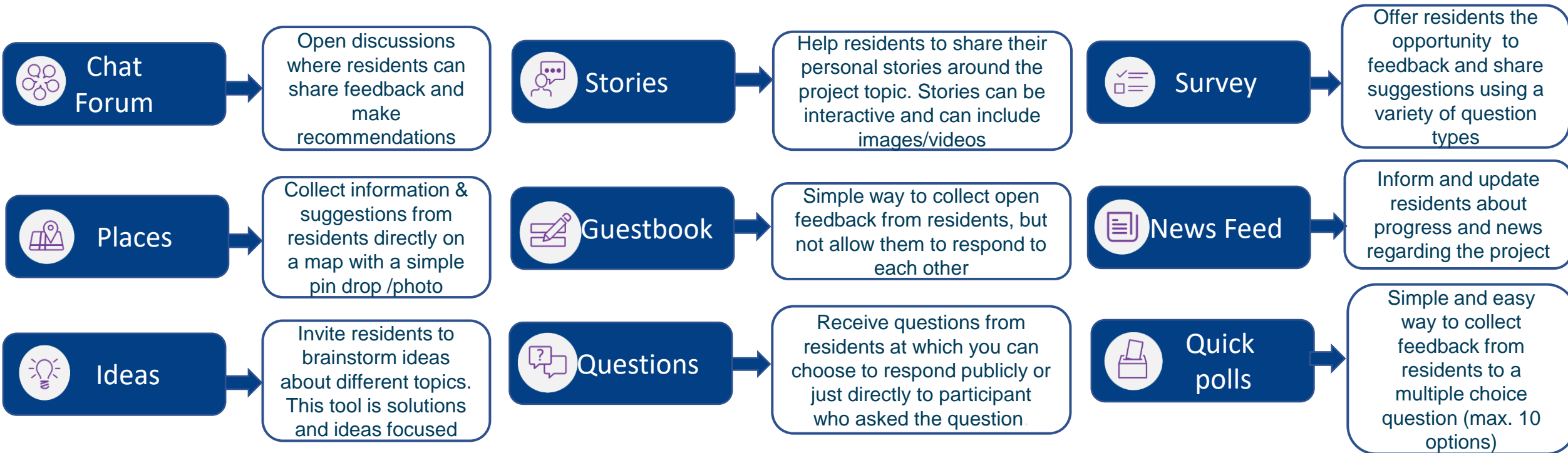
Let's Talk Health and Care South East London
(letstalkhealthandcareselondon.org)

'Let's talk health and care' engagement platform as an engagement tool

Let's Talk Health and Care is an engagement tool for you involving residents in conversations and decision making, related to health and care services in south east London.

How you can use Let's Talk Health and Care - Engagement Platform

You can open new conversations / engagement project with residents on different topics using different tools:



What is co-production?

Defining co-production

Co-production is an approach in itself, rather than a method of engagement. When co-producing, you can use any number of methods i.e. appreciative inquiry or workshops.

“[Coproduction is] the relationship where professionals and citizens **share power** to design, plan, assess and deliver support **together**. It recognises that **everyone** has a vital contribution to make in order to improve quality of life for people and communities.”
New Economics Foundation

“Coproduction is a way of working that involves people who use health and care services, carers and communities in equal partnership; and which engages groups of people at the earliest stages of service design, development and evaluation.”
The Coalition for Personalised Care

“Co-producing emphasises depth of knowledge and experience to enable transformational change. It increases the scope for people to profoundly influence and shape the support they receive as individuals and as a community. It also enables strong working relationships built on direct, regular contact with senior managers and proximity to decision-making”
NHS England

Five values and seven steps for co-production

The ICS is setting up a working group to further develop the south east London approach to co-production based on the model below. [Meanwhile you can read our top tips for coproduction here.](#)

You can also use the [co-production model](#) developed by the Coalition for Personalised Care.



The coalition has outlined **five values** to adhere to when creating the culture for co-production

1. Ownership, understanding and support
2. A culture of openness and honesty
3. A commitment to sharing power with local people
4. Clear communication in plain English
5. A culture in which people are valued and respected

...and **seven practical steps** to make co-production happen:

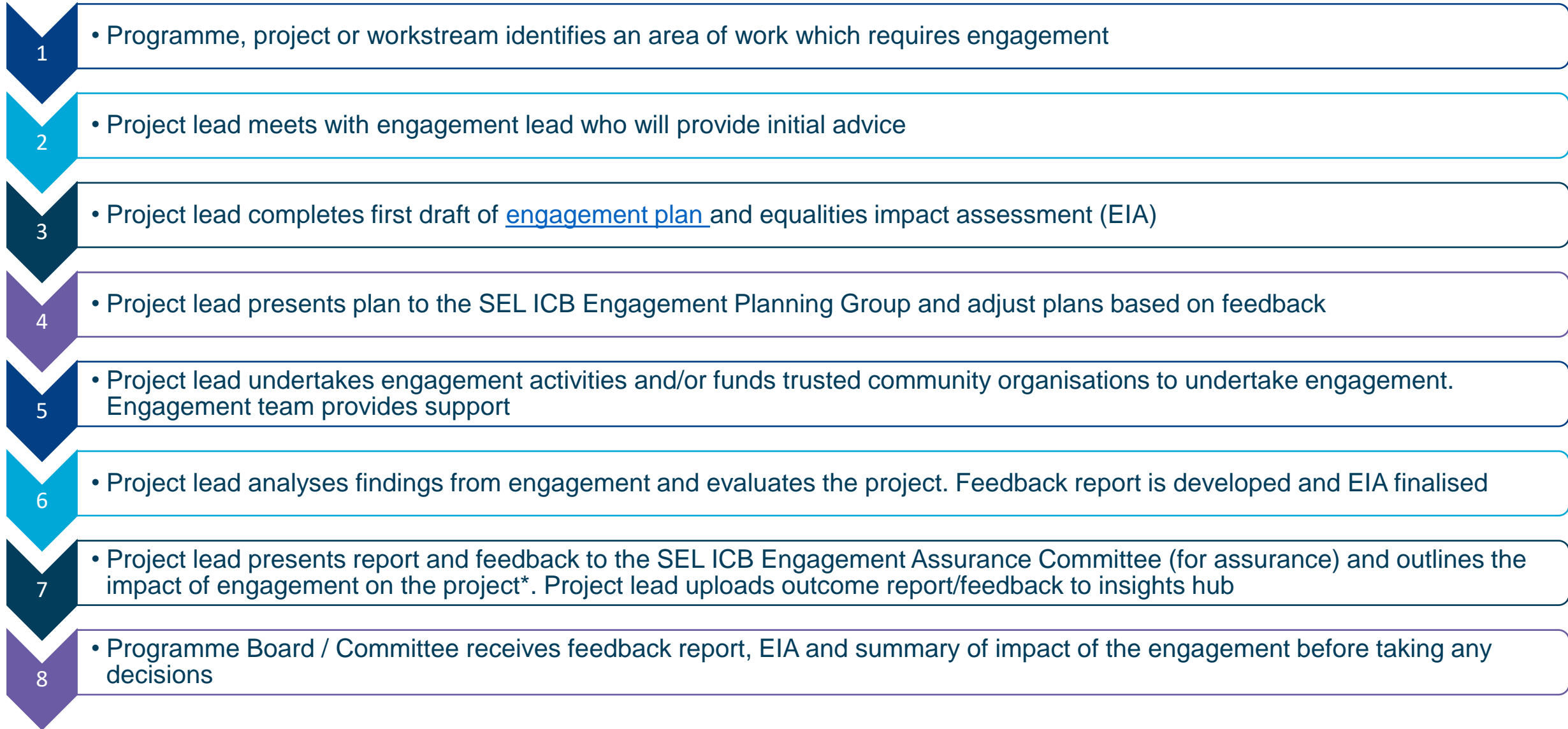
1. Get agreement from senior leaders to make co-production happen
2. Use open and fair processes to recruit people ... taking positive steps to include under-represented groups
3. Put systems in place that reward and recognise contributions that people make
4. Identify areas of work where co-production can have genuine impact, and involve people in the earliest stages of project design
5. Build co-production into your work programmes until it becomes 'how you work'
6. Train and develop staff and people to that everyone understands what co-production is and how to make it happen
7. Regularly review and report back on progress. Aim to move from 'you said, we did' to 'we said, we did'

Our system level approach to planning engagement

For SEL ICS projects and programmes

An example project, from start to finish

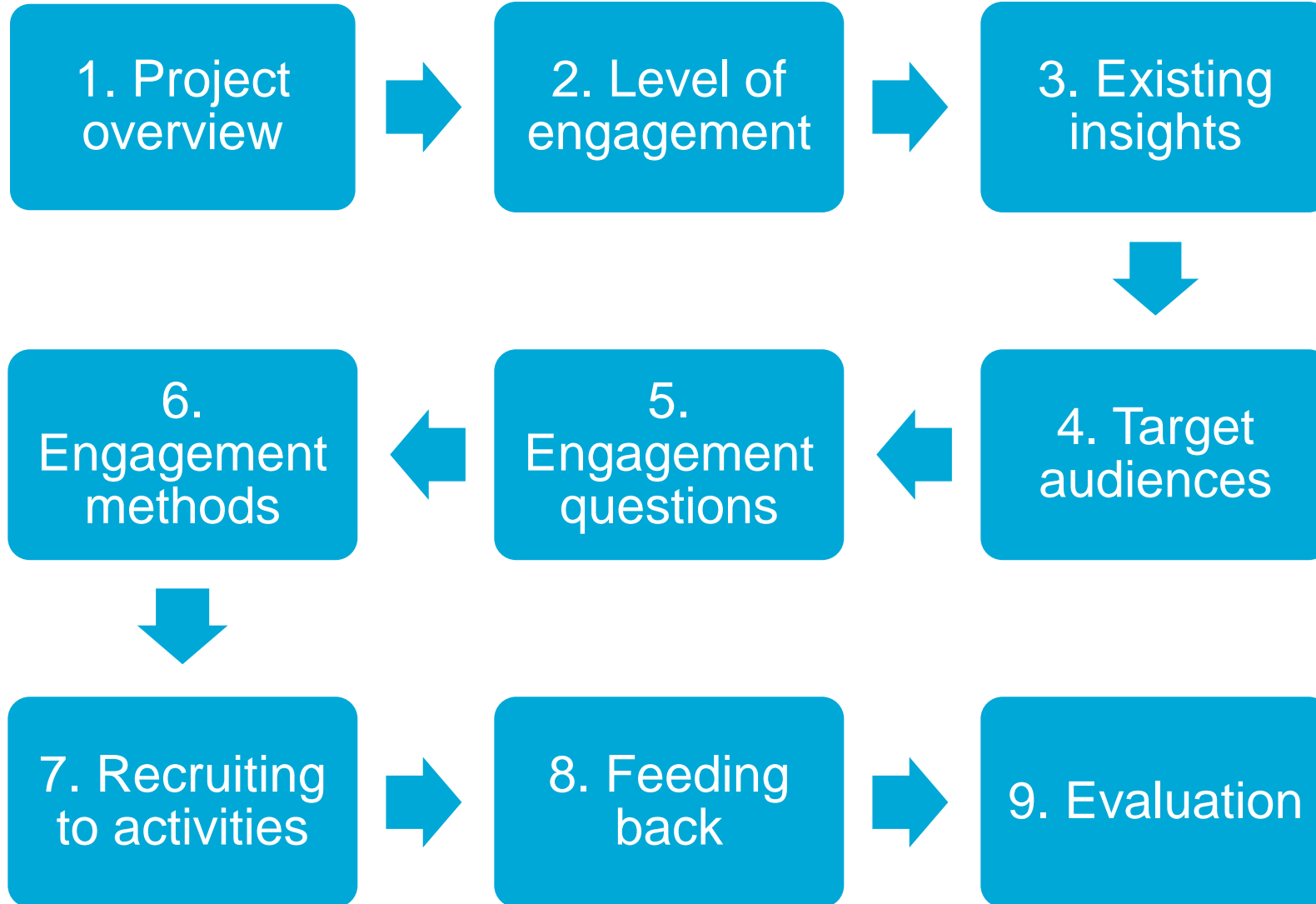
To note, some steps may not be needed depending on what type of engagement is proposed/required



* Smaller engagement projects may not need to be presented to the Engagement Assurance Committee – your engagement lead will advise on whether this step is needed

Developing an engagement plan: overview

[Full planning template can be accessed here](#)



Top tips

Engagement takes time. Allow **at least two months to plan and recruit** participants - longer if you need to consult or aim to co-produce

Ensure your project team includes **clinicians and care professionals**, to help you get the most from your engagement

Think creatively about how you might **attract people to participate** in your work. Have you thought about writing to patients via Trusts, working with staff on wards/ in clinics to reach patients, going to where people are or working with expert organisations to recruit/ reach people on your behalf?

Engage at a point that will **genuinely inform your work**. This creates positive relationships with local people and communities who are more likely to want to work with us again.

Finishing well: evaluating engagement

A lot of time, energy and resource will have gone into your engagement work. It's important to reflect on and evaluate the work you have done to understand what worked well, what could have been done differently and key learning. This is beneficial both for your own future projects and, if shared, for your colleagues as well.

What and how you will evaluate should be considered in your early stages of planning. [Use the how to guide on evaluation to help you.](#)



Roles and responsibilities

Engagement is everyone's responsibility. The below tables set out the different roles and responsibilities in relation to engagement.

Project/programme management role	Engagement team role
<ul style="list-style-type: none">• Developing the engagement plan• Organising activities• Creating supporting materials and information• Delivering engagement• Feeding back to people you engaged• Budgeting for engagement	<ul style="list-style-type: none">• Tailored advice and guidance• Support around formal consultation, commissioning external support and providing accessible materials• Strategic engagement – building relationships with communities• Intensive support for large scale and complex programmes• Developing ICS level channels for engagement• Links to wider networks and ICS governance• Development of training, tools and resources

Appendix: legal duties

Legal duties

NHS England has produced [statutory guidance for working in partnership with people and communities](#) for Integrated Care Boards (ICBs), NHS trusts, foundation trusts and NHS England. Annex A contains practical examples. Annex B sets out legal duties on NHS bodies to make arrangements to involve the public which are all set out in the National Health Services Act 2006, as amended by the Health and Care Act 2022.

The legal duties require arrangements to secure that people are ‘involved’. This can be achieved by consulting people, providing people with information, or in other ways. ICBs are required to involve service users, their carers and representatives in:

- the planning of commissioning arrangements
- the development and consideration of proposals for changes in the way those services are commissioned where implementation of proposals has an impact on
 - the manner in which the services are delivered
 - or the range of health services available)
- decisions affecting the operation of those commissioning arrangements

Wider system partners, local authorities and NHS Foundation Trusts, have similar responsibilities to involve the public. The guidance makes clear that partners need to work together to carry out public involvement so that engagement is joined up and coordinated.



Engagement and consultation

Formal consultation is needed when the change to a service is “substantial”. There is no legal definition of what ‘substantial’ change means. But, it may include:

- When a service is being reduced (including consolidating services)
- When there are plans to close a service
- When a service is being moved
- When the service model is being significantly changed

If a small number of patients or local people are significantly impacted, this may still be seen as substantial.

If you feel your project might lead to a substantial change, speak to the engagement team.

Engagement	Consultation
An on-going dialogue. This can support in the early planning stages of a consultation	“A process of dialogue or the gathering of information that contributes to a decision or change”
No time limit	Always time limited (usually 12 weeks)
Mostly focussed on experience and views	Focusses on a specific set of options or proposals

Supporting consultations: Gunning Principles

The Gunning Principles apply to all public consultations.

Case law provides helpful insights into the basis of legal challenges. More recent challenges have focussed on inadequate involvement in the options design and development stages, as well as around improper consideration of equalities issues.

Don't leave it
too late

Be open with
the public

Allow enough
time

Take
responses on
board