South East London Integrated Care System

NHS South East London

Engagement toolkit: working with local people and communities

A guide to engaging for SEL ICS projects and programmes

July 2024

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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 and the ICB communications and engagement strategy.

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 and work with 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

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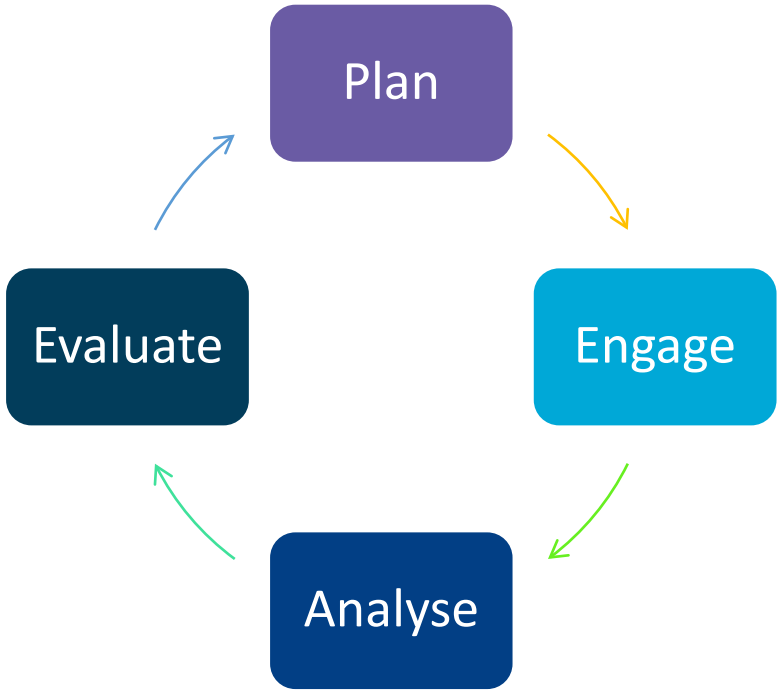
Resources are available every step of the way.



Plan

- Engagement planning template
- Existing insight
- 'How to' guides
  - Mapping your stakeholders
  - Running a focus group
  - Developing and analysing effective survey questions
  - Having 1:1 conversations
  - Running an online event
  - Work with and fund trusted voluntary and community sector organisations to support engagement
- Identifying and supporting people with lived experience as part of governance and decision making processes
- Equality Impact Assessment Toolkit

Engage

- Communication
- 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

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What is engagement and why it is important

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What is engagement and why is it important?

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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 enabling people and community partners to help lead change and be a greater participant in managing their own health and wellbeing.
- **Develop trust and relationships** – through making changes based on what people tell us so they can see that their voice makes a difference and that we are listening.
- **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 insight and input from those accessing services and the wider community 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 culture for working with local people and communities

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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

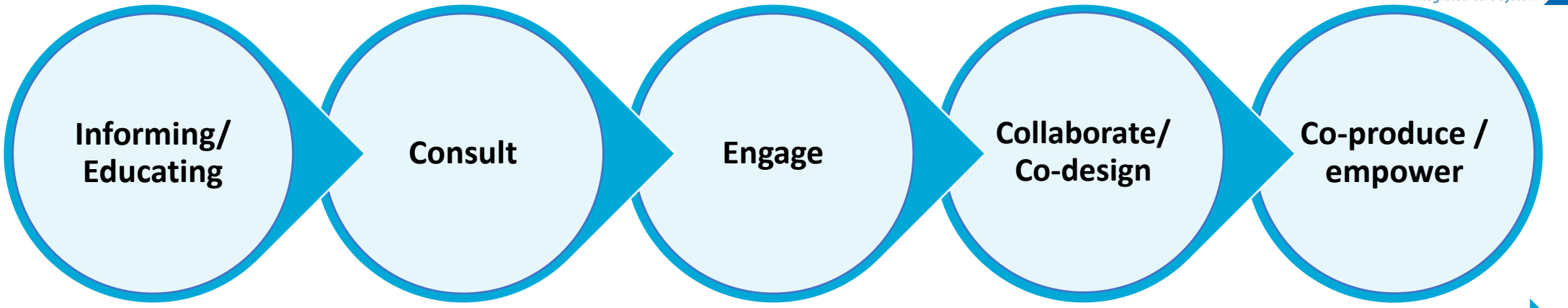
Our 'working with people and communities strategic framework' sets out how we will work differently.

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 continuum



	Doing to	Doing for	Doing with
Purpose of engagement	Providing information to help people understand the issues, ideas and solution. Communication rather than active engagement.	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.	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.
What methods do we have to do this?	• Newsletters/bulletins • Social media • Website content • Written or verbal updates at existing meetings • Factsheets/ leaflets	• Surveys • Webinars	• Focus groups • People with lived experience part of project meetings • Outreach • Interviews and conversation	• Co-design workshops with people with lived experience • Focus groups • Experience-based co-design • User reference groups • Deliberative events	• Co-productions workshops and focus groups as part of an on-going process • Community organising • Participatory budgeting and personal health budgets • Decision-making powers within meetings • Engagement in procurement

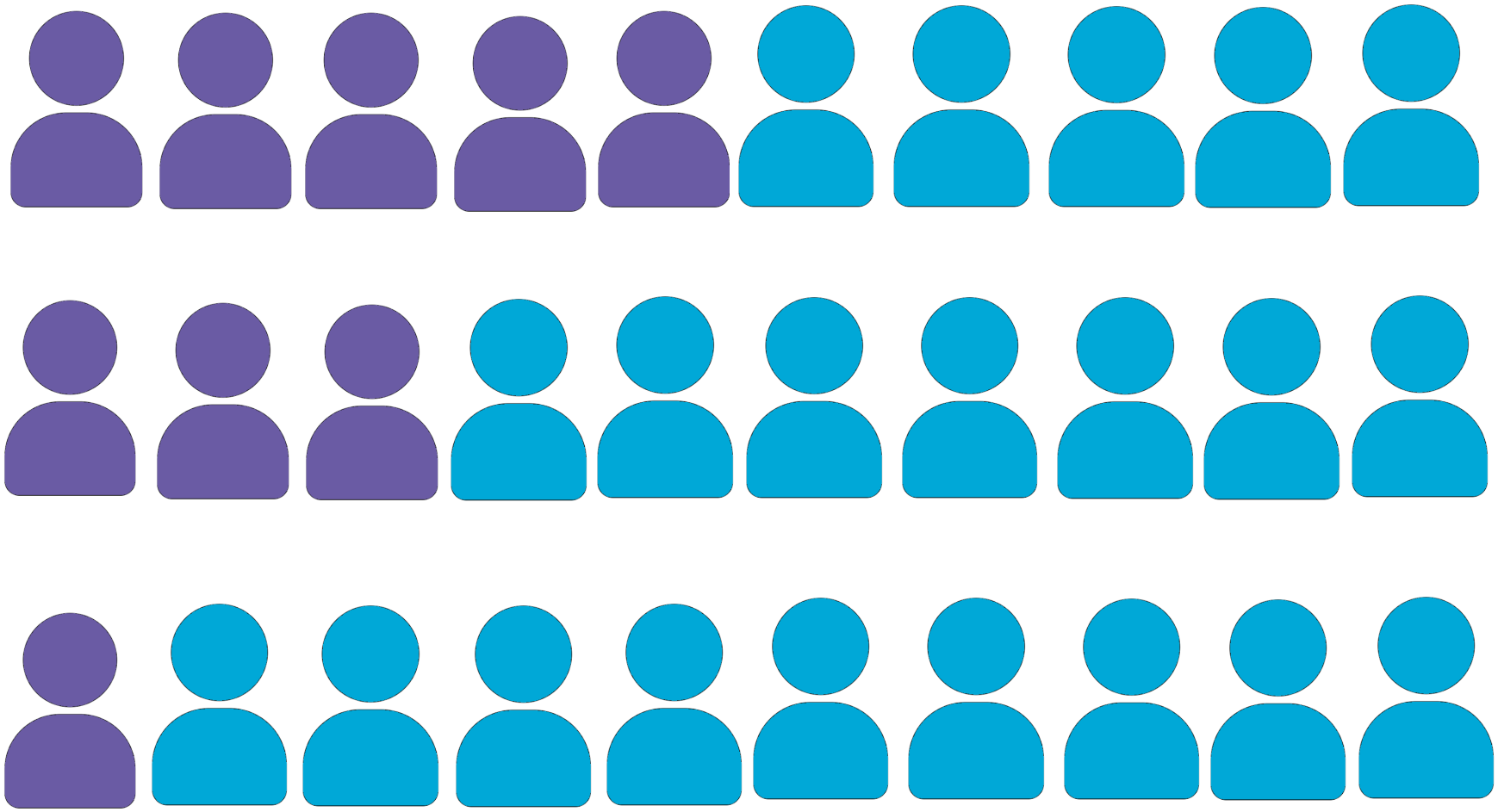
Different ways to be involved

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 in an on-going process

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

Engage – involving people with lived experience, or their parents or carers, through focus groups and outreach



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 programme structures

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

Engagement Assurance Committee includes local people / people with lived experience to support 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 inform future developments.

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

3. Designing and evaluating services

Understanding how existing pathways are working and what can be improved as part of service design and developing solutions together.

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

Post-implementation peer evaluation of new services.

4. 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.

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Getting started with engagement

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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

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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.

Roles and responsibilities

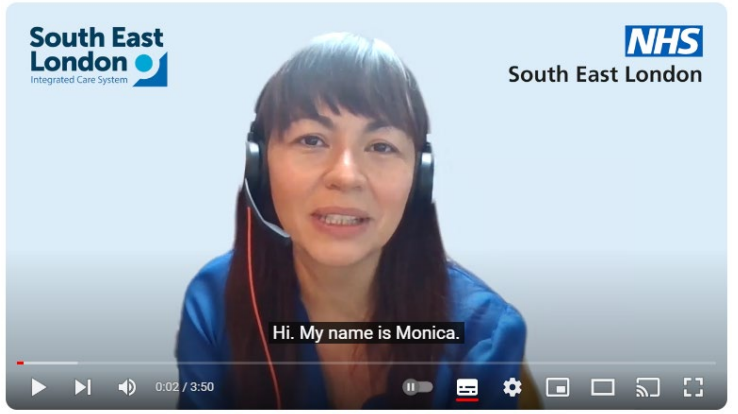
Engagement is everyone's responsibility. The below tables set out the different roles and responsibilities in relation to engagement.

Project/programme management role	Engagement team role
• Budgeting for engagement • Developing the engagement plan • Creating supporting materials and information such as surveys and project page for let's talk • Organising activities • Delivering engagement • Analysing results • Preparing reports of insight and findings • Feeding back to people you engaged	• 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 • Promotion of engagement activities • Sharing success stories and best practice

Don’t be nervous – listen to other colleague's experience of engaging with local people

You can listen to other colleagues' stories and experience of engagement.

Monica Franklin, Midwife and Senior Project Manager, shares her journey of involving local people in transforming and improving perinatal pelvic health care. She talks about planning engagement, listening, turning insights into action, her learning and top tips.



Emma James, who was the Project Manager for Musculoskeletal (MSK) Services, talks about her learning from people with lived experience and how she incorporated lived experience voice from the starts of the MSK programme. Kathy Payne, physiotherapist at Guy’s and St Thomas’ also talks about her experience, as a clinician, of working with people with lived experience as part of the MSK programme.

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Planning engagement

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

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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, maximising the value of your project.**
- **Having a budget for your engagement work to support in making engagement effective.**
- **How your engagement will influence the work you are doing. What is the purpose of your engagement? What do you need to know?**
- **What you are engaging on and why, what working with you will look and feel like for participants and how you will support them.**
- **How you can reach a diverse section of the population, even if they choose not to respond. How will you work with under-served communities. How does your engagement contribute to the building up of trust and relationships with local communities. Don’t be afraid to think creatively!**
- **Making activities as inclusive and accessible as possible.**

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

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When you are planning your engagement work, think about…

- How participants might be affected by working with you on this project – understanding the emotional and psychological impact of sharing personal experiences is important.
- 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?
- How you can bring the voice of local people into governance structures and decision making - beyond simply having service users and carers attending meetings.
- 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.
- What grass-roots community organisations you could fund to work with you to reach certain communities and deliver engagement work and help co-design solutions.

An example project, from start to finish

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

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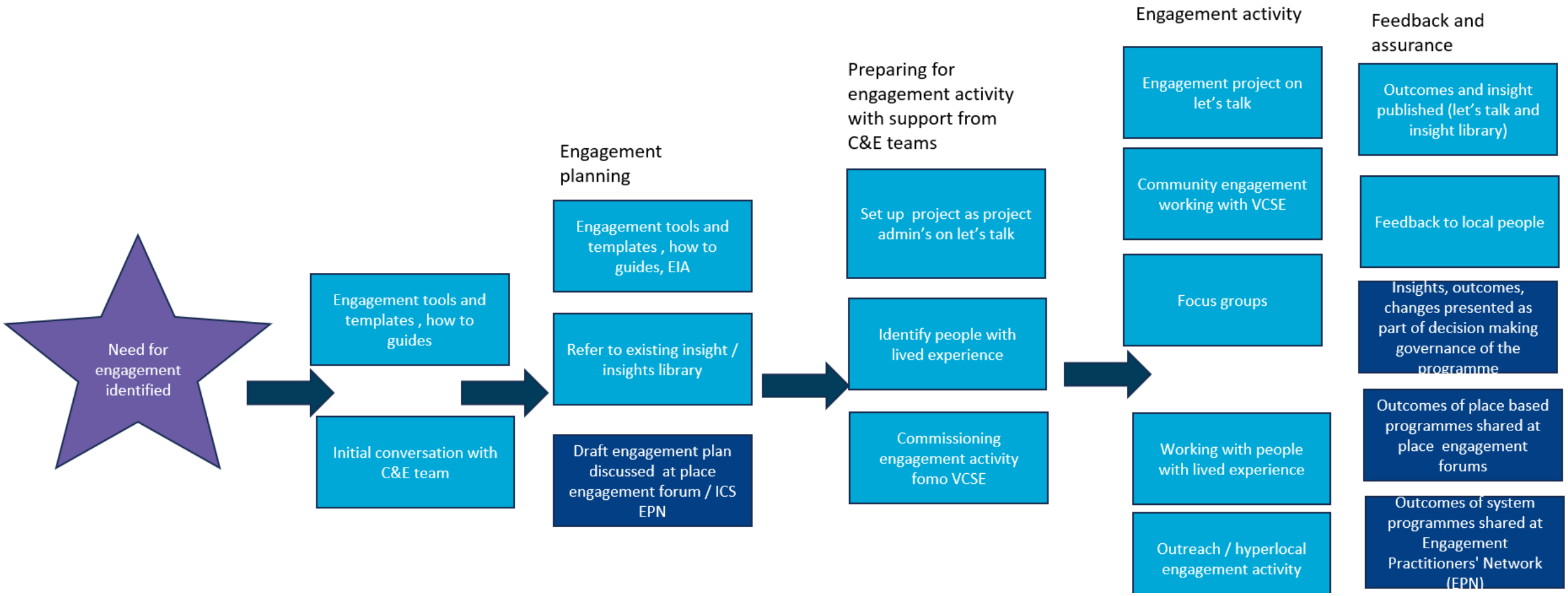
1. • Programme, project or workstream identifies an area of work which requires engagement.
2. • Project lead reads engagement toolkit and relevant guides and tops tips.
3. • Project lead meets with engagement lead who will provide further advice and guidance.
4. • Project lead completes first draft of engagement plan and an equality impact assessment (EIA). Engagement and equalities lead provide feedback and plan may be revised.
5. • Project lead undertakes engagement activities and/or funds trusted community organisations to undertake engagement. Engagement team provides support and on-going advice including developing a project on let's talk.
6. • Project lead analyses findings from engagement and evaluates the project. Insight report is developed and EIA finalised EIA finalised and any changes made to project outputs.
7. • Project lead presents report and feedback to the SEL ICB Engagement Assurance Committee (for assurance) and outlines the impact of engagement on the project*. Engagement team uploads outcome report/feedback to insights hub and on let's talk.
8. • Programme Board / Committee receives feedback report, EIA and summary of impact of the engagement as part of decision making papers before taking any decisions.

* 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

Flow chart of an engagement planning and delivery process



Developing an engagement plan: overview

[Full planning template can be accessed here]

1. Project overview
2. Level of engagement
3. Existing insights
4. Target audiences
5. Engagement methods
6. Engagement questions
7. Recruiting to activities
8. Feeding back
9. Evaluation

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 **identify and 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.

Insight: what do you already know and what do you need to find out

Before you start your engagement, think about what you already know and what insight already exists in the system. This will help focus the engagement activity in your project on finding out any gaps in insight that may exist such as from particular communities or age groups. It will also help you to develop your engagement activity to focus on working with people and communities to actively contribute to identifying solutions as part of your proposals.

Think about:

- Insights from previous engagement work including from partner organisations – look at the what we have heard from local people and communities web page and talk to the engagement team.
- Service and population data: who is accessing the service and who would you expect to be accessing and isn't. The ICB Analytics Resources site provides a lot of useful data at SEL Analytics Resources (sharepoint.com). *Please note that this is an internal ICB link, contact the engagement team for access.*
- Patient / user experience data such as PALS, complaints, Friends and Family test feedback. Check with the ICB patient experience team.
- Insight from Healthwatch - South East London Healthwatch Insights.
- Any insight from national or regional engagement work?

Equality Impact Assessment (EIA)

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- You need to carry out an EIA as part of your proposals. You should do this at the beginning of your project and update it after the engagement has taken place before any decisions are made.
- You need to do an initial equality impact assessment in order to:
  - to inform your engagement and help identify communities who you need to engage with
  - identify any unintended consequences of your proposals and how to mitigate them as far as possible
  - actively consider how your proposals may support improving access, experience and outcomes for groups which are considered to have a protected characteristic
- You will need to update your EIA after your engagement before decisions are made about your proposals.
- You will need to consider the nine protected characteristics. SEL has also agreed two additional protected groups: carers and people who live in socio-economically deprived neighbourhood.
- Contact the equalities team and read the full process here.

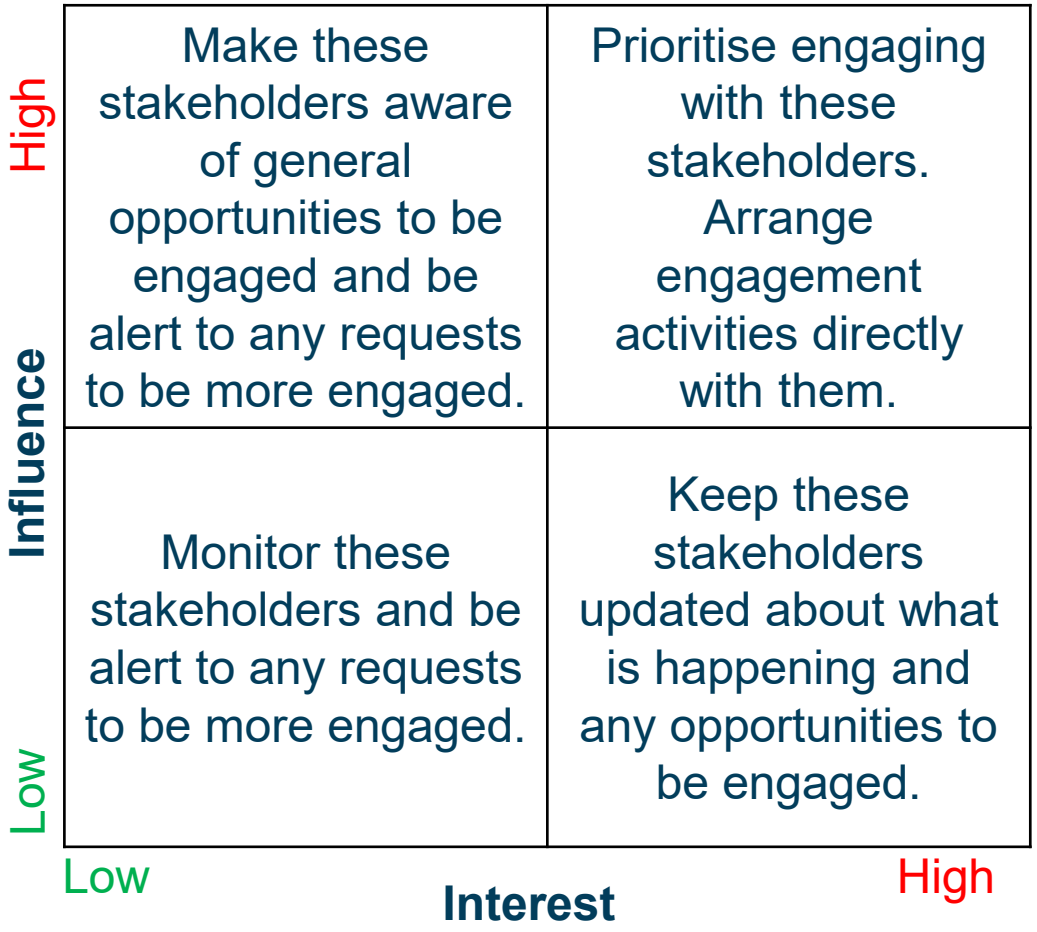
Who are you planning to engage? Stakeholder mapping

Who is directly and indirectly affected by your proposals? Are there people with particular lived experience you need to hear from? Think about people from **communities experiencing the greatest heath inequalities**. 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 may 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.

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.



Engaging with people from under-served communities experiencing the greatest health inequalities

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- How are you going to reach people from under-served communities and from communities experiencing the greatest heath inequalities?
- Remember it can take time to build up trust and develop relationships with people from communities who are traditionally under-served and who may distrust health and care services due to previous experiences including being asked for views previously and not seeing change. Read the top tips guide to working with communities experiencing health inequalities.
- Think about people who are digitally excluded and how to reach them.
    - The engagement team has links to community groups working with specific communities and can provide advice and contacts for outreach and visits.
- You may need specialist support to work with these communities. There is a dynamic voluntary, community and social enterprise sector (VCSE) across south east London who have unique relationships with and understanding of local communities. Consider commissioning work with the voluntary, community and social enterprise sector. Read the how to work with and fund trusted voluntary and community sector organisations guide.

Quick recap

Plan early and avoid pitfalls

- Plan engagement at the beginning of the project planning stage. Use the engagement planning template and contact the engagement team early – this helps maximise the value of engagement to your programme.
- Identify your budget for engagement.

Clarity of purpose

- Be clear about the purpose of your engagement and what can be influenced and what is fixed and be open about this with people.

What do you want to find out

- What do you already know? Look at the insight we already have as a system at What we've heard from local people and communities - South East London ICS (selondonics.org) What more do you want to find out? Also check with the ICB patient experience team

Who and how do you want to engage

- Looking at existing insight will also help identify which communities you may need to focus your engagement activity on.
- Your initial equality impact assessment will help identify communities you may need to target.
- The next section outlines different engagement methods.

The engagement planning template will help you work through these questions in more detail to help you plan effective engagement

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Carrying out engagement

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

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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.
- How you are planning to update and feedback to people who have participated in your project.

Communication top tips

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Remember to write and communicate in plain English:

- Aim for a reading age of 9 – 11 for member of the public. This can be difficult if communicating complex or difficult information. In this case try to make sure a 11 – 14 year old will understand. Think about how you would explain these ideas to a young member of your family or friend as part of an everyday conversation.
- Use everyday language. If you must use jargon or acronyms, explain them.
- Keep sentences short – aim for 15 words or less. Use bullet points to break up text.
- Use the active voice rather than the passive voice such as ‘we think’ and not ‘it is anticipated’.
- Use images and pictures that are reflective of the people you want to talk to and make sure that your words and images are inclusive.
- Make sure you have checked accessibility in all your documents. Use at least Arial 12, ensure colours are high contrast and describe any images used with alt text.

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, the time available for your engagement work and your budget.

Using 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.

Look at our how to guides as part of the toolkit for further detail such as how to … develop and analyse effective survey questions, have individual conversations, run a focus group, run an online event.

How to engage: introducing different methods

We have a range of tools to support your programme in engaging with local people and communities, including:

- **An on-line engagement platform, let's talk health and care in south east London**. This will enable you to promote your engagement activity, advertise webinar and focus group dates, set up surveys, chat forums, quick polls, publish presentations and feedback reports. We can publish films and this helps to tell the story of our engagement including what we have heard and how we are working with people to make the changes based on their insight. The SEL engagement team or the place based comms and engagement team can set you up as a project admin so you can develop and publish your engagement project here.

- **The South East London's People's Panel:** a panel of over 1,000 south east Londoners broadly representative of the population of south east London in terms of age, gender, ethnicity and borough. Members have been invited to join the panel to share their views via surveys and focus groups etc.
- **An insight repository**: key insight from programmes of work including the People's Panel has been brought together in one place to share across programmes so projects can start by looking at what people have already told us and build on this and focus engagement activity on identifying and developing solutions with local people and communities.
- **An engagement newsletter** to help advertise your engagement project and provide updates on progress and outcomes.

- **Website and social media** to help advertise your engagement project to the wider public.

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 taken, 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
Chat forums	On-line discussion groups where all participants can read views given.
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 several 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…

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Why do you want to engage?

Gather insight:
- Understand people's views, experiences and aspirations
- Understand current service performance
- Inform a decision

Test and shape pre-existing ideas

Redesign services/ pathway

Identify priorities/ tricky trade-offs

Change services significantly (close, move, alter service delivery)

Design a new service

Methods to choose

- Webinars/ conferences
- Survey (online and/or hard copy)
- Community engagement/ outreach
- 1:1 interview/conversations
- Focus group/ workshop
- Working with those with lived experience

- Survey (online and/or hard copy)
- Community engagement/ outreach
- 1:1 interview/conversations
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- Survey (online and/or hard copy)
- Community engagement/ outreach
- 1:1 interview/conversations
- Focus group/ workshop
- Working with those with lived experience
- Citizens' Summit or Jury / deliberative events

For all methods, develop a project page on the SEL on-line engagement platform, let's talk, to enhance your engagement.

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

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Who are you trying to reach?

Large sections of the general population

- Projects on Let's talk online engagement platform including
- SEL People's Panel
- Webinars/ conferences
- Surveys (online and/or hard copy)
- Workshops / webinars
- Deliberative events such as summits / juries

Communities with specific demographics

- Community engagement/ outreach
- Focus groups / workshops in community settings
- 1 to 1 interviews / conversations
- Working in partnership with VCSE

People with specific lived experience or experiences of services

- Projects on Let's talk online engagement platform
- Webinars / conferences
- Surveys
- Community engagement/ outreach
- 1 to 1 interview/conversations
- Focus groups / workshops with people lived experience

The ‘let’s talk health and care in south east London’ on-line engagement platform

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- Let’s Talk Health and Care in South East London online engagement platform is an integrated part of our approach to working with people and communities.
- The platform hosts a pool of south east Londoners (currently over 340 active participants) who signed up to participate in health and care projects and it is open to all
- There is a SEL hub as well as a hub for each of the 6 Local Care Partnerships.
- There is also a hub for the Local Maternity Neonatal System hub and for the SEL People’s Panel

Let’s talk health and care can support and enhance your engagement approach by:

- Creating an engagement page for your project which adds visibility to your project and makes it more engaging which includes:
  - project descriptions, details, videos, images, documents, etc
  - Different online engagement tools – using the platform facilities
- Publicising and promoting public events
- Promoting face to face engagement opportunities e.g. focus groups, workshops
- Download detailed analytics reports about the online engagement on your projects e.g. number of people engaged, survey reports,
- Sharing insight reports, recommendations, outcomes, next steps, impact of your project/programme
- Present successes achieved in your work programme

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

‘Let’s talk health and care’ engagement platform as an engagement tool

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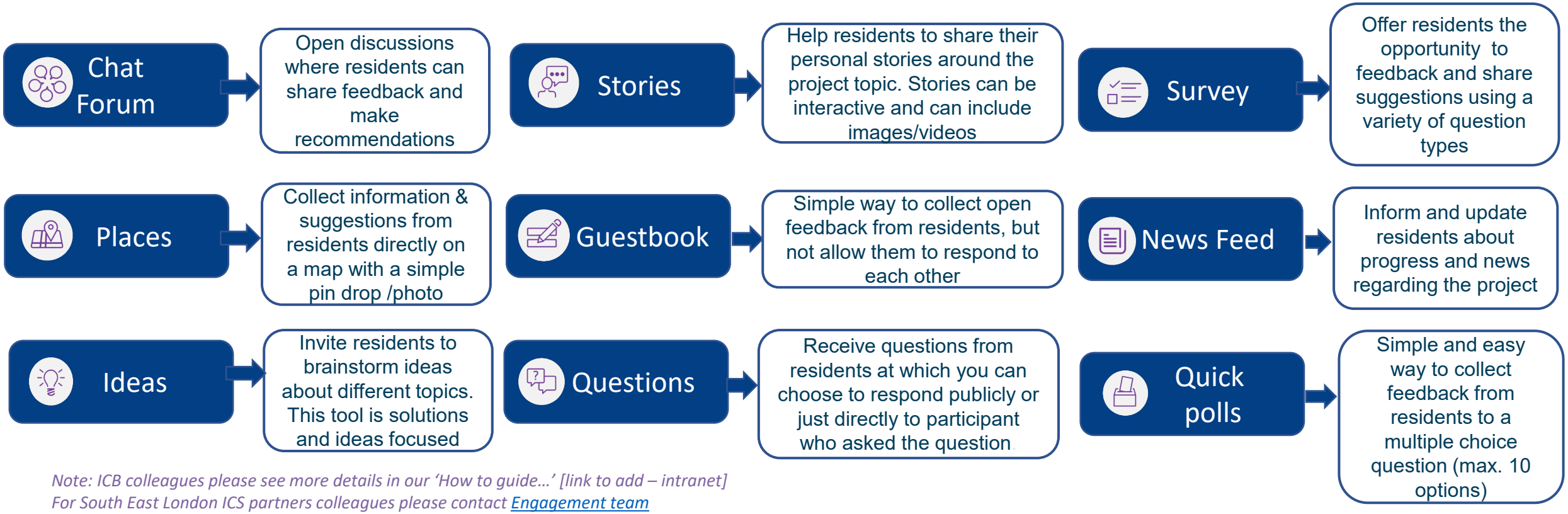
- Let’s talk health and care platform is an engagement mechanism for you to involve people in conversations and decision making, related to health and care services in south east London.

How you can use Let’s Talk Health and Care - Engagement Platform You can open new conversations/engagement projects with people on different topics using different tools/methods. Please see below about different tools and how to guides.



Note: ICB colleagues please see more details in our ‘How to guide…’ [link to add – intranet]
For South East London ICS partners colleagues please contact Engagement team

Working with the voluntary, community and social enterprise sector

- There is a large, diverse and dynamic voluntary and community sector in south east London.
- The VCSE has a unique relationship with and understanding of local communities, particularly those who are under-served and often marginalised, as well as innovative perspectives on how to deliver care.
- VCSE organisations are well placed to be funded to engage with local people and communities as they have established relationships and are trusted to
  - listen to local people and gather insight
  - work with local people and the system to co-design solutions.

- Read the how to … work with and fund trusted VCSE organisations guide to understand how you can partner with the VCSE as part of your approach to engagement.
- The ICS has a Director of VCSE Collaboration and Partnership in place – Tal Rosenzweig, talr@communitylinksbromley.org.uk who has developed a VCSE Strategic Alliance.
- The Alliance has worked with the ICS to develop a Charter for partnership with the voluntary, community and social enterprise sector. The Alliance champions our system's relationship with the VCSE sector and enables easy access to sector's insight and leadership.

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 personal stories. You can see their reports at South East London Healthwatch Insights |. Healthwatch can also be funded to carry out engagement on behalf of programmes like voluntary and community sector organisations (see previous slide).

Healthwatch have statutory functions, and are funded by, but independent from, local authorities. In south east London there are six independent Healthwatch which are coterminous with the six south east London boroughs (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.

The ICS has a SEL Healthwatch Director in place - Folake Segun, folake@healthwatchgreenwich.co.uk

For more information about SEL Healthwatch and the individual borough based Healthwatch, look at their website at South East London Healthwatch |.

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. Read the how to work with and fund trusted VCSE organisations guide.
- **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 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).
- Think about the **language you use** – will young people get your meaning?
- **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, at times that work for young people. 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.

Working with community champions / ambassadors programmes

- In south east London there are a number of health champions/ambassadors initiatives. The profile of Community Champions was raised during COVID-19 when it demonstrated how important it is for the NHS, the councils and other healthcare service providers to have open, regular, and most importantly, two ways conversations with communities to achieve health outcomes and health equity.
- Health champions are local people who are members of their local community who use their knowledge of an area, including the culture, concerns and sentiments of people living in the community to promote health and wellbeing in their local community.
- Champions use their social networks and life experience to address barriers to engagement and improve connections between services and under-served communities in health promotion and prevention.
- They act as a link between health and care services and communities, especially effective in situations where the trust is low.
- Champions communicate with the community via their own communication channels, e.g. WhatsApp, Facebook Groups, Instagram, Newsletters, word-of-mouth, community information board, etc

- The SEL ICB engagement team organises regular meetings with SEL Community Champions/Ambassadors Programmes Coordinators. These meeting are opportunities for members to share updates, challenges, learnings as well as connect with different opportunities for champions (training, employments). These sessions are also a space for NHS South East London and partners organisation colleagues to share information about different programmes including engagement opportunities and ask for support from champions/ambassadors.
- The group meets every other month on the third Thursday between (1 to 2pm), contact ICB engagement team for more information

For more information about SEL Community Champions/Ambassadors programmes click the links in the map below

Working with community champions / ambassadors programmes (continued)

Be Well Champions

- The Be Well Champions programme was developed in response to increased social isolation and its impact on mental health during the pandemic. South London Listens worked with community leaders to develop this initiative.
- A Be Well Champion is an individual who has attended the designated training sessions with South London Listen Programme and is working with their group or organisation to set up a Be Well Hub. Be Well organisations are places in the community such as: community organisations, faith groups, libraries, health centres, schools, a football club or a café which has a role to:
    - build relationships and provide a place for community members to talk to one another – developing activities and practices that seek to increase social connection, reduce social isolation, and improve wellbeing.
    - offer practical support and signposting where needed.
    - take action with the wider community to act on structural and systemic inequalities and injustices that impact their mental health.

More information about the Be Well Champions Programme and Be Well Hubs across south east London.

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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

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-productior

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’

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Analysis and feedback

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

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When you have finished engaging…

- You need to analyse your insight. Look at the guide on how to develop and analyse effective survey questions for top tips on analysis.
- Complete the feedback loop. You need to let people who have worked with you know how their insight and ideas have influenced your work and the impact this has had. Ways of feeding back include:
  - writing a report of key findings and what you are doing in response to them. This can then be published on your let’s talk project page and highlighted in the monthly engagement newsletter by the engagement team.
  - creating a short video / talking head for the let’s talk page highlighting findings, next steps and how what people told us influenced changes and improvements.
  - creating a blog or vlog
  - revisiting community groups that you visited to gain views and insight to highlight key findings, next steps and how what people told us influenced changes and improvements.
- Don’t be afraid to be honest when you aren’t able to act on insight gained and explain why. People welcome honesty and transparency.

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Evaluation

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

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When you have finished engaging…

- **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.**

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.

Key questions to explore as part of your evaluation are:

- whether you have achieved your engagement objectives
- how to evaluate the outputs and outcomes of the engagement
- how people involved in the project are involved in the evaluation process

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.

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Appendix: legal duties

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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 be 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

Secretary of state's new powers – January 2024

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- From January 2024, the Secretary of State (SoS) has new powers to intervene in NHS reconfigurations.
- ICBs have new duties to notify the SoS of any new notifiable reconfigurations using the notification template (and with the support and advice of regional reconfiguration lead) when the scrutiny committee(s) has confirmed it wishes to be formally consulted and the proposed service change is, therefore, deemed substantial. The ICB duty to notify stands even if a provider is leading the service change.
- The new call-in powers of the SoS mean that they can investigate a service change which may result in a proposal not being able to proceed.
- Read more at
  - Reconfiguring NHS services - ministerial intervention powers - GOV.UK (www.gov.uk)
  - FAQs on NHS Futures.