

## Engagement Statement

Healthwatch County Durham (HWCD) is committed to ensuring the engagement it carries out either in isolation or in partnership is meaningful and transparent.

Engagement can be defined as giving people of all ages and communities a voice and making sure it is heard and acted on. There is no one single definition for the term co-production, but the New Economics Foundation simply suggests that “*co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and neighbourhoods become far more effective agents of change.*” Working with stakeholders and volunteers will help us to understand the concerns and aspirations people have for their services and inform the commissioners and providers of these services.

We want stakeholders and volunteers to be involved in a meaningful, challenging and constructive way, to the degree that works for them individually, taking a proactive role in the shaping of local services.

It is important for partners to understand that when they report they have engaged or worked with HWCD this does not mean just having Healthwatch attend scheduled meetings, where they are nominated representatives. It must mean that they have had held specific joint engagement events or submitted work plan requests to the HWCD Board, to complete pieces of work that support independent and meaningful engagement.

We involve local people in decisions that affect them, making sure they can take part in different ways and enabling them to influence changes and have their voices heard.

## Listed below are some of the key elements that we believe underpin effective engagement:

- Collaboration and co-production from the start of a programme of work
- Clear parameters for the engagement activity
- Agreed key messages shared by all partners
- Clear, consistent and accessible language in all documents and information– no jargon or hard words.
- The public seen as equal partners in developing solutions and approaches
- Early development of engagement plans with adequate time and resources to support meaningful engagement
- Partners urged to follow the ‘ladder of engagement’ (appendix 1) and to be clear whether they aim is to ‘inform’ the local community, to ‘engage’ with them in open discussions and to ‘co-design/ co-produce’ services with them.
- Partners need to have a clear mechanisms for ensuring that views and ideas captured from engagement activity are raised and responded to at an appropriate level.
- Clarity about the aspects of the work that are not able to be changed and those aspects which can be meaningfully influenced - open and honest conversation. Engagement questions should focus on areas that can be influenced. If there is no opportunity for influence this should be clearly stated. It should be clear where engagement activity has influenced planning and where it has not been able to respond to suggestions and ideas raised it should be transparent about why not.
- Information should be clearly and succinctly communicated in Plain English (and made available in other formats as requested, for example through the use of interpreters or Easy Read material),
- Sustained conversations replacing one off consultation
- Engagement approaches should be tailored to meet the needs of a diverse population
- Events and meetings should be held in accessible locations (accessible to people with disabilities and easily reached on public transport, with adaptations made for attendees’ communication needs) and at various times to allow for maximum attendance,
- Outreach approaches to engage communities, including those that are deemed ‘hard to reach’
- People focused, not service led discussions
- Adoption of a place based approach to engagement, with an understanding that solutions may be different across communities and geographical locations

## Appendix 1

### The 'Ladder of Engagement and Participation'

There are many different ways in which people might participate in health depending upon their personal circumstances and interest. The 'Ladder of Engagement and Participation' is a widely recognised model for understanding different forms and degrees of patient and public involvement (based on the work of Sherry Arnstein). Patient and public voice activity on every step of the ladder is valuable, although participation becomes more meaningful at the top of the ladder.

<b>Devolving</b>	<ul style="list-style-type: none"><li>• Placing decision-making in the hands of the community and individuals</li><li>• Example: Personal Health Budgets or a community development approach</li></ul>
<b>Collaborating</b>	<ul style="list-style-type: none"><li>• Working in partnership with communities and patients in each aspect of the decision.</li><li>• This includes the development of alternatives and the identification of the preferred solution.</li></ul>
<b>Involving</b>	<ul style="list-style-type: none"><li>• Working directly with communities and patients to ensure that concerns and aspirations are consistently understood and considered.</li><li>• For example: partnership boards, reference groups and service users participating in policy groups.</li></ul>
<b>Consulting</b>	<ul style="list-style-type: none"><li>• Obtaining community and individual feedback on analysis, alternatives and/or decisions.</li><li>• This includes surveys, door knocking, citizens' panels and focus groups.</li></ul>
<b>Informing</b>	<ul style="list-style-type: none"><li>• Providing communities and individuals with balanced and objective information to assist them in understanding problems, alternatives, opportunities and solutions.</li><li>• Example: websites, newsletters and press releases.</li></ul>