

**Draft protocol to co-operate on Community Engagement
between
West Berkshire Council, Newbury and District CCG, North and West
Reading CCG and Healthwatch West Berkshire**

This is an agreement between the parties to co-operate with each other on community engagement.

Why these bodies?

The protocol is between these bodies in the first instance as they already work together through the Health and Wellbeing Board. However, in principle, they would also be keen to work co-operatively with others such as the NHS England local area team, providers of health and social care (particularly the NHS trusts) and voluntary and community sector bodies.

Why a protocol?

The purpose of a protocol is to provide firm foundation for co-operation. Co-operation is not dependent on a protocol: rather, it springs from the attitudes and relationships of individuals, organisational culture and supportive systems and processes. However, a protocol is important in clearly and publicly stating the commitment of the partner bodies, acting as an enduring promise for their employees, members and associates and for the public, to which they can be held accountable. It is a signal to everyone within each organisation (and not just the willing) that co-operation is valued and supported. It indicates the intentions of the organisations as new people join them over time. It also makes clear the extent and scope of commitments. Finally it is a sign to the wider community that the parties are working in their best interests.

What is community engagement?

By 'community engagement' we mean the wide range of ways in which these bodies relate to the public, individually and collectively, in particular to better understand their views, needs, wants, knowledge, behaviour, experience and satisfaction. It should be a two way process where each is able to understand and influence the other. It includes research, consultation, participation and co-production. It means involving people in decisions that affect their lives and in developing and delivering services. Examples of engagement include: meetings, surveys, discussion groups, online exchanges (e.g. through Twitter or discussion forums), written communications, relationships with representative groups, one to one discussions and participation in decision making forums.

Why is co-operation important?

In addition to the existing statutory requirements for public involvement on councils and health bodies, the Health and Social Care Act 2012 put new duties to involve patients and the public onto clinical commissioning groups, health and wellbeing boards, Healthwatch and NHS England. Undertaking these independently risks duplication, waste and conflict. Working cooperatively creates opportunities to:

- **save money**, by reducing duplication and by exploiting economies of scale
- **increase effectiveness** by sharing skills and capacity and exploiting synergies
- **do things which would not otherwise be possible** (e.g. because individual bodies don't have the necessary resources or skills)
- **develop deeper insight** into the needs and views of patients, care users and the public, by pooling the intelligence of each of the parties
- **reduce 'consultation fatigue'** by not repeatedly approaching the same sections of the public for feedback
- **open up other opportunities for collaboration** if co-operation proves fruitful in this area.

Despite these benefits, it will still be necessary for each body to retain its independence, so as to be able to fulfil its particular role, and there will be times when they need to work separately. In addition, there are costs of co-operation so it will only be worthwhile when these are outweighed by the benefits.

What do we mean by 'co-operation'?

'Co-operation' doesn't mean that everything has to be done together. What it means is that each of the parties should be aware of what the other is doing and to work together where that makes sense. 'Working together' could be:

- **co-ordinating activity**, such as not holding a meeting with the same section of the public in the same area on the same day
- **sharing resources, skills or information**, such as providing staff to help facilitate at someone else's event, or allowing another body access to detailed (but anonymised) survey results
- **undertaking activities jointly**, such as running an event together or doing a joint survey.

Scope

This protocol could apply in principle to any community engagement undertaken by the parties, but in practice this will be limited by cost and practicalities. It might well be mutually beneficial for health to be involved in a small piece of engagement conducted in some small corner of the council, but

the opportunity to exploit this depends on how easy it is to find out about it, get in contact and then work with each other. Judgements will therefore need to be made in any given case whether the time and expense is worth expending for the benefits to be gained from co-operation.

Co-operation may relate to different aspects of the engagement:

- **subject matter** – e.g. council feedback on leisure may also be relevant to health work on obesity
- **audience** – one agency may be particularly good at gaining access to and engaging with a particular group (e.g. a BME group, tenants, people with mental health problems) which other agencies can benefit from
- **methods** – if one agency is holding a meeting, running a survey or undertaking some other consultation, particularly if difficult or expensive, it may be that others can share the costs and organisation
- **assets** – property, equipment or technology can be shared or loaned, e.g. holding meetings in someone else's premises, or borrowing voting keypads for participant feedback
- **people and skills** – one agency may have skills, such as in engaging with seldom heard groups, survey design or data analysis that others can benefit from. Facilitators could offer their time to another service or agency.
- **information** – information from a meeting or survey may be relevant to other bodies
- **evaluation** – monitoring the findings and effectiveness of community engagement and learning relevant lessons.

The protocol applies to individual activities (such as events, focus groups, surveys etc.) but could also apply to the way engagement is embedded within each body, such as:

- **strategy and plans** – co-operating on engagement at the planning stage
- **infrastructure** – such as online resources for co-ordinating or undertaking engagement (e.g. a register of consultations)
- **roles and structures** – such as regular liaison between those responsible for engagement, jointly employing specialists, ad hoc project teams
- **systems and processes** – e.g. ensuring all services' policies and guides on engagement take account of commitments to partnership working
- **leadership and culture** – modelling appropriate behaviours, rewarding appropriate co-operation

What we commit to

In the light of all of the above, we commit in good faith, to:

- maintain communications between the parties and particularly those directly involved in community engagement (whether that is as part of their ongoing role or ad hoc)
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- keep each other informed as to what community engagement they are planning
- when there is a net social benefit to doing so, to:
 - take account of each other's engagement and where appropriate adjust plans and activities to take account those of the other parties
 - provide mutual support where possible and appropriate, within resource limitations
 - work together (subject to any other constraints).

Shared principles in relation to community engagement

The parties jointly and severally commit to the following principles in relation to community engagement, in order to maintain the highest standards locally:

- We regard engagement as a two way process and recognise that it may be initiated by the public as well as by public or voluntary bodies
- We will engage with the public as early as possible in any decision making process to allow for the greatest involvement and influence
- We will only consult with a purpose
- We will be open, transparent and genuine
- We will let those we are engaging with know what we will do with the consultation and what part it will play in final decision making
- We will aim for technical quality (the most effective techniques, properly used, tailored to local circumstances)
- We will allow sufficient time in any consultation for all relevant sections of the community to respond
- We will be inclusive and aim to hear from all sections of the community
- We will report back the feedback we have heard
- We will act ethically, follow legal requirements and relevant codes of conduct

Signed on behalf of:

West Berkshire Council

Newbury and District CCG

North and West Reading CCG

Healthwatch West Berkshire
