healthwatch
Coventry

Findings from workshop for Good Engagement Charter review

April 2022

Introduction

Role of Healthwatch

Healthwatch is the independent champion for NHS and care services with the role of understanding local peoples' experiences of NHS and care and representing their interests and feedback to those who run and plan services. We also promote good practice in patient and public engagement and involvement.

What is the Good Engagement Charter?

[The Good Engagement Charter](#) was published in 2013 by Healthwatch Coventry and Healthwatch Warwickshire after we spoke to local people. It sets out nine principles for good practice in talking with and involving local people in health and care.

The Charter is to guide engagement approaches and work. It is aimed at local NHS and other organisations that work to gather feedback from involve people in how services are set up, delivered or reviewed.

Aims of this piece of work

We are undertaking a piece of work to review and update the Charter because

- It was produced some time ago
- There is a reorganisation taking place to create Integrated Care Systems covering the NHS and involving social care – this means a change to ways of working and decision making about services
- There is a new drive to working with people and communities

Our method

Our review of the Charter is in three phases. We have completed phase one, which was to hold a discussion workshop with practitioners from different local NHS organisations and the local council. A summary of this workshop is in the appendices.

Phase two will be to go out for wider input and phase three will be an event.

Key messages

The discussion about current approaches to engagement and involvement highlighted three important issues to be addressed in the new ways of working. These are barriers to effective involvement for people and communities.

These should be addressed within relevant strategies, terms of reference and approaches of the Integrated Care System for Coventry and Warwickshire:

1. **Fragmentation of approach which also leads to duplication of effort and impacts on effectiveness of engagement:**

   - multiple requests from different parts of the NHS to talk to community members

   - lack of co-ordination across organisations and also within them (where responsibility and lines of accountability can be split or not clear)

   - no sharing of what is already known/found from local people

   - no organisational memory – people in organisations keep changing

   - decision-makers need to come together to agree a coordinated approach.

2. **Engagement activity not always seen as sufficiently important – those with an engagement role can get pulled into doing other things or do not get the support they need:**

   - Feeling that it is 'only coms and engagement'

   - Need for budget, resource (dedicated time) and skills to support engagement

3. **Commitment to listening and acting not always there. Not clear what can be influenced and not thought through in terms of why people would want to take part. Means people are jaded and see activity as tick box or as taking not giving:**

   - sharing power – necessary for effective co-production

   - orgs need to take more responsibility for going back to people and saying what done or what used for

Co-design workshop organised by Healthwatch Coventry 30 March 2022

In attendance
External facilitator
Service Manager Community Resilience and Engagement, Coventry City Council
Acting Assistant Director of Communications, CWPT
Head of Communication and Engagement, GP Alliance
Strategic Relationships Networks Lead, UHCW/Coventry Place
Engagement & Volunteer Co-ordinator for Mental Health, CWPT
Healthwatch Coventry Chief Officer
Patient Insight and Involvement Manager, UHCW

Apologies
Communications and Engagement Manager – Mental Health Directorate, CWPT
Communications and Involvement Manager, CWCCG

10.00	Welcome, introductions
10.05	Purpose and context: *Integrated care systems, communities and Healthwatch*
10.15	How is engagement is changing at the moment – what does it feel like now with the move to the ICS, etc? What are the positives? What are the challenges?
10.45	How well are the differences between communication, engagement and involvement understood and being put into practice by our colleagues and organisations?
11.15	Break
11.30	How well do the Charter principles from 2013 translate to today and work at both place and system level? What would you change?
12.00	What would we need to include alongside the updated Charter to make it feel like it belongs to the wider ICS? What place should it have in the ICS?
12.30	Final reflections and next steps

Summary of discussion

How is engagement is changing at the moment – what does it feel like now with the move to the ICS? **What are the positives?** **What are the challenges?**	• The fresh focus on engagement in the ICB and at Place is welcome • A lot of fatigue within communities tired from running pandemic support and now being asked for opinions by too many people doing uncoordinated engagement activities and a lack of pooled intelligence / corporate memory of what has been asked / gathered before so we keep having the same conversations, and communities don't always get the feedback to say what has changed or happened as a result of their engagement • It can be challenging getting a coordinated approach within a single NHS organization, let alone between organisations, particularly when we can't get the decision-makers all in the same room • Don't really have a clear idea on how to work with the voluntary sector in a meaningful way – feels like we take a lot but don't give much back, not even a budget for room hire and refreshments sometimes, and we tend to see the same pool of people who don't fully reflect the demographics of our communities
How well are the differences between communication, engagement and involvement understood and being put into practice by our colleagues and organisations?	• The differences are understood but not always well applied, including at the top, with a tendency to want to inform and a lack of "You said, we did" and we don't always put our listening into action. • Resources are tight, roles are often covering both communications and engagement, and a lot of duplication and operating within silos within and between organisations, so the insights don't then always filter to the right people to do something with that information.

How well do the Charter principles from 2013 translate to today and work at both place and system level? What would you change?	• The principles are sound, still pretty much fit and the basics are all there, just a few tweaks where there is some crossover. • But how do we know what good looks like, and how do we hold ourselves internally and evidence that we are meeting these standards, with some governance to ensure accountability so we're not just patting ourselves on the back? • Ownership belongs with the wider ICS / ICB and Place could be a key area for holding that accountability.
What would we need to include alongside the updated Charter to make it feel like it belongs to the wider ICS? What place should it have in the ICS?	• Making public more aware of the Charter, and also some quick wins that keeps it in focus and in the forefront of people's minds by showing what good engagement has achieved each year with real examples of it in practice • Some national resources have being created – would be good for individuals to lead on looking at different ones rather than everyone having to look at all of them • Would be good to think about that intelligence repository for Coventry to lighten the burden and fatigue for communities when we keep going back and asking for similar information
Different name than 'Charter'?	Lots of suggestions but not really a consensus - Framework? Engagement Promise/ Commitment? Principles for good engagement? Approach to engagement? Engagement Manifesto or Engagement Constitution? Agreement? Engagement Framework?

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