

Supporting people to engage effectively

Briefing people is really important for the success of your involvement activity. Once you are clear why you are involving people and what their role will be, you can use this checklist to help prepare them for their involvement.

✓ Supporting people's involvement checklist

- Does the person fully understand the purpose of the involvement activity and their role?
- Do they feel confident to undertake this role? Do they need support to take part?
- Do they know who is arranging this activity and have the right contact details?
- Do they know who they are representing? Themselves as an individual or a wider group?
- Do they know how wider community views are inputting into this work?
- Do they have the time to commit to this?
- Do they know where the meeting is, how to get there and how long the meeting will last?
Is the timing and the venue appropriate/accessible?
Will they be met? Is parking available?
- Is there a briefing sheet or Terms of Reference that they can have?
- Will they get the agenda and information enough time in advance?
- Have you asked them to supply any information in advance?
- Do they know who else will be attending?
- Are they able to arrange a deputy if they can't make it?
- Will there be any conflict of interest for them in undertaking this role?
- Will the minutes be made public? Do you know how they will report back to others?
- Do they know what expenses they can claim and how to do this?

Don't forget: provide feedback to people about how their involvement has influenced your decision making.

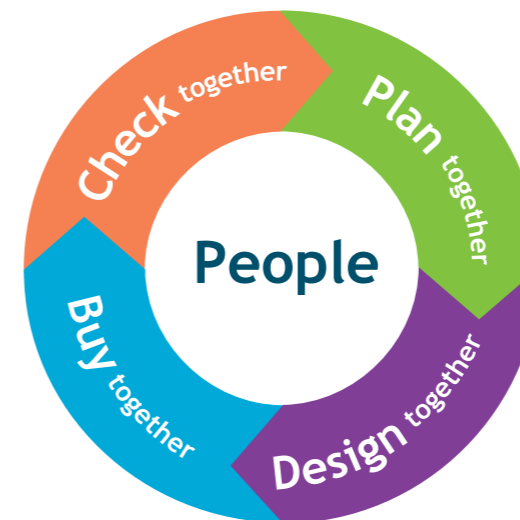
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Choosing and buying services together

Wessex Voices' starter guide for involving people in commissioning



Involving people in commissioning will help you make better decisions and provide better services. This guide aims to get you thinking about how you can meaningfully involve people in planning and commissioning the right health and care services for them.

Principles

A poll of 170 Wessex residents chose their top 10 good practice principles that should be used when engaging with people.

1. Be open and honest about what is possible and what is not possible
2. Communicate clearly in easy to understand plain language
3. Listen and act on patient and carer feedback at all stages of decision making
4. Be accessible - the way you engage people should be tailored to the needs of the people you are trying to engage - ask people what will work best for them
5. Involve people as early as possible
6. Base relationships on equality and respect: patients and the public have an equal voice to professionals
7. Work hard to seek the views of people and communities who experience the greatest health inequalities and the poorest health outcomes, make it easier for people to take part, identify barriers and remove them
8. Allow plenty of time for people to receive information, read it and respond to it
9. Review, evaluate and publish the impact of patient, carer and public engagement
10. Allocate appropriate resources and support so that engagement can be effective

Ways of involving people

Involving people is not a one-size-fits-all

Where to start

These questions will help you plan your involvement activity.

1. What service am I commissioning or revising and why?
2. Is this a large-scale system/strategic change? Or for a specific service?
3. Do I need to involve individual service users and carers? Or the wider public and community? Or both?
4. Have people already been involved?
5. What are my timescales and resources?

Top five tips

- Look for existing national and local research, including the Joint Strategic Needs Assessment.
- Check out what existing patient feedback tells you.
- Talk to your local Healthwatch or Council for Voluntary Service about what they know and who to talk to.
- Chat to a few people from groups likely to be affected to help inform your early planning.
- Reflect on your learning at each stage and keep your stakeholders updated.

Use this menu to work through your involvement activity, **who** you need to talk to and **how** this can be done.



Circle each column that most aligns to your project and this will give you a simple plan to follow.

Scale	Communities	Techniques
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

At this stage contact your local Healthwatch to discuss your ideas

For more information about which method to use visit wessexvoices.org

Point on the commissioning cycle	Scale of change	Communities of place	Communities of interest	Demographic communities	Techniques and methods
Plan	System change affects large numbers of people including users and interested members of the public. (E.g. maternity or early years)	County	Pregnancy and maternity Cancer	Children and young people	Discussion Group Techniques <ul style="list-style-type: none"> • Focus group • Appreciative enquiry • Scenario planning • Conflict resolution • Story dialogue
Design		Borough	Diabetes Dementia	Working age adults Older people	Public Event Techniques <ul style="list-style-type: none"> • Community conferences • Open space event • Interactive displays • Public scrutiny • Community auditing and profiling • Planning for real
Buy		Town	Cardiovascular disease Musculoskeletal conditions	People with: a learning disability a physical impairment a sensory impairment	Survey Techniques <ul style="list-style-type: none"> • Qualitative • Quantitative
Check		Estate	Neurological conditions Sexual health	mental health issues Homeless people	Regular Involvement Techniques <ul style="list-style-type: none"> • Citizens' jury or panel • Mystery shopper • Enter and view • Patient representatives
	Service change affects specific service users and/or communities. (E.g. gestational diabetes)	GP Practice	Drug and alcohol Mental health General practice	Black, Asian and minority ethnic people Lesbian, gay, bisexual and trans people	Capacity Building and Support <ul style="list-style-type: none"> • Community visioning • Partnership working • Community development • Action research • Participatory evaluation • Participatory budgeting • Experience based design
		Clinical ward	Other disease or condition specific communities	People with specific religious or world views	