

## Community engagement overview

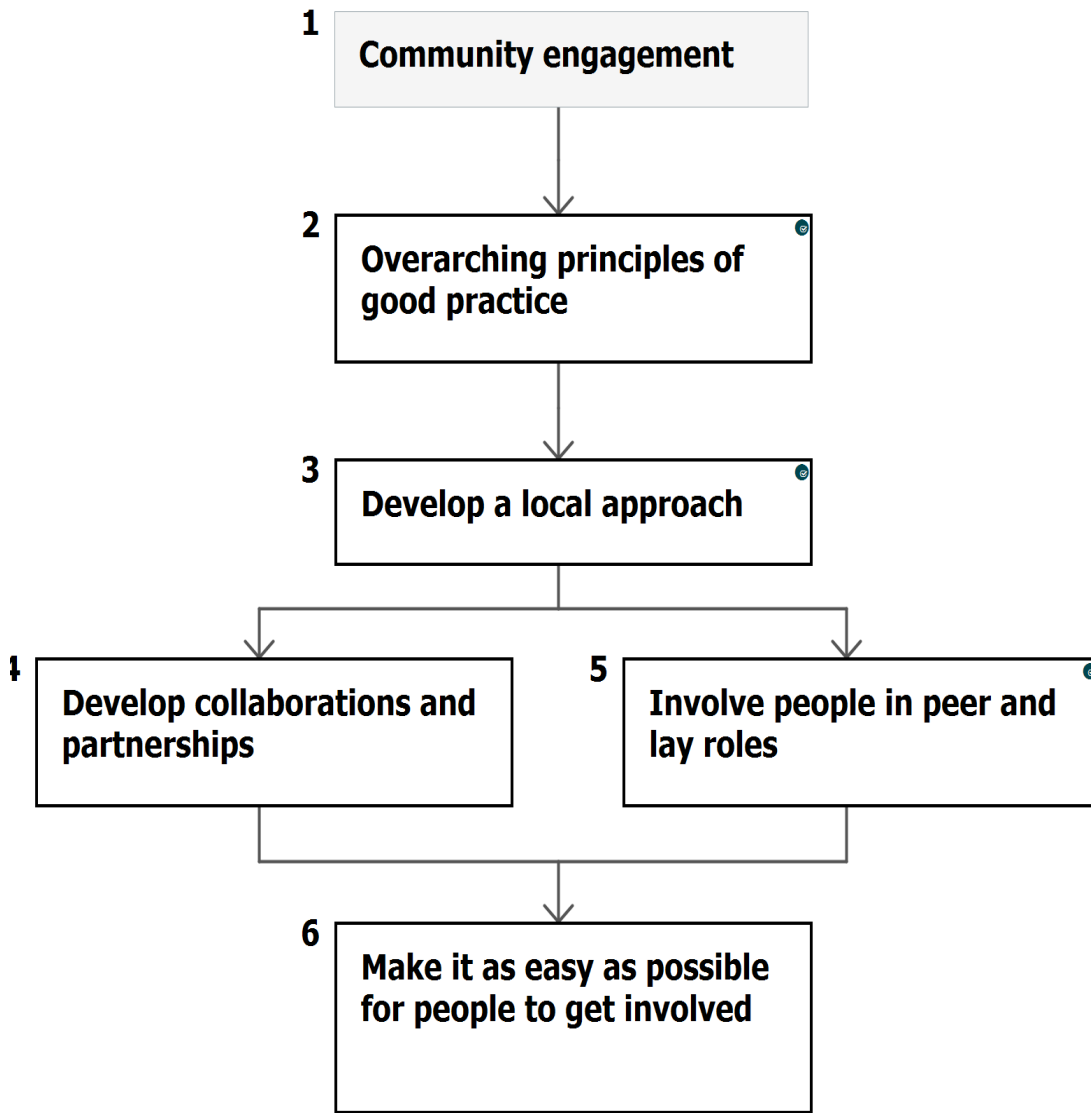
NICE Pathways bring together everything NICE says on a topic in an interactive flowchart. NICE Pathways are interactive and designed to be used online.

They are updated regularly as new NICE guidance is published. To view the latest version of this NICE Pathway see:

<http://pathways.nice.org.uk/pathways/community-engagement>

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This document contains a single flowchart and uses numbering to link the boxes to the associated recommendations.



## 1 Community engagement

No additional information

## 2 Overarching principles of good practice

Ensure local communities, community and voluntary sector organisations and statutory services work together to plan, design, develop, deliver and evaluate health and wellbeing initiatives (see 'develop collaborations and partnerships' and 'involve people in peer and lay roles' in this pathway). Do this by:

- Using evidence-based approaches to community engagement (see collaborations and partnerships and peer and lay roles).
- Being clear about which decisions people in local communities can influence and how this will happen.
- Recognising, valuing and sharing the knowledge, skills and experiences of all partners, particularly those from the local community (see [learning and training](#) in the NICE guideline on community engagement).
- Making each partner's goals for community engagement clear.
- Respecting the rights of local communities to get involved as much or as little as they are able or wish to.
- Establishing and promoting social networks and the exchange of information and ideas (on issues such as different cultural priorities and values).

Recognise that building relationships, trust, commitment, leadership and capacity across local communities and statutory organisations needs time:

- plan to provide sufficient resources (see [identifying the resources needed](#) in the NICE guideline on community engagement).
- start community engagement early enough to shape the proposed initiative
- establish clear ways of working for all those involved
- start evaluating community engagement activities early enough to capture all relevant outcomes (see [evaluation and feedback](#) in the NICE guideline on community engagement).

Support and promote sustainable community engagement by encouraging local communities to get involved in all stages of a health and wellbeing initiative. Do this by:

- identifying and working with community networks and organisations, particularly those reaching vulnerable groups or recently established communities

- involving communities in setting priorities.

Ensure decision-making groups include members of the local community who reflect the diversity of that community. Encourage individual members to share the views of their wider networks and others in the community. Groups should adhere to the key principles outlined in this section.

Feed back the results of engagement to the local communities concerned, as well as other partners. This could be communicated in a range of ways, for example, via the local newspaper or community website, via community groups or via public events in community venues or other widely accessible places. See [evaluation and feedback](#) in the NICE guideline on community engagement.

## Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

### Community engagement: improving health and wellbeing

1. Identifying local priorities
2. Evaluation

## 3 Develop a local approach

Directors of public health, other strategic leads and strategic groups (this may include health and wellbeing boards) who plan, commission or provide health and wellbeing initiatives should:

Consider mechanisms that can ensure community engagement is an integral part of health and wellbeing initiatives. This could include:

- Processes that make it as easy as possible for people to get involved (see 'make it easy for people to get involved' in this pathway).
- Service contracts for providers that specify the need to collaborate with local communities. See statutory obligations.
- Help for local services and organisations to build community engagement principles into their work (see 'overarching principles of good practice' in this pathway).
- Planning to ensure the resources needed for community engagement are available. See [identifying the resources needed](#) in the NICE guideline on community engagement).
- Methods of monitoring, evaluating and reporting on engagement with the relevant local

- communities. See [evaluation and feedback](#) in the NICE guideline on community engagement).
- Processes to ensure learning from community engagement is reflected in health and wellbeing initiatives, for example, in the way they are designed or targeted.

Follow the principles of good practice and work with local communities and community and voluntary organisations to:

- use the joint strategic needs assessment and other data to understand the demographics of local communities
- plan ways to make it as easy as possible for people to get involved
- identify the 'assets' (skills, knowledge, networks and relationships) and facilities available locally
- plan how to build on and develop these assets as part of the joint strategic needs assessment (see [learning and training](#) in the NICE guideline on community engagement).
- plan how the local approach can meet public bodies' statutory obligations
- act on community needs and preferences and take account of changes in these needs and preferences over time.

Address health inequalities by ensuring additional efforts are made to involve local communities at risk of poor health. This includes people who are vulnerable, marginalised, isolated or living in deprived areas.

## Quality standards

The following quality statement is relevant to this part of the interactive flowchart.

### Community engagement: improving health and wellbeing

#### 3. Identifying community assets

## 4 Develop collaborations and partnerships

The following recommendations are for directors of public health and other strategic leads who plan, commission or provide health and wellbeing initiatives in collaboration with local communities.

Support development of collaborations and partnerships to encourage local communities to take part in initiatives to improve their health and wellbeing and reduce health inequalities. Use local networks and community and voluntary organisations to help achieve this.

Base collaborations and partnerships on local needs and priorities. Effective approaches are:

- An asset-based approach – to build on the strengths and capabilities of local communities.
- Community development – to give local communities at risk of poor health support to help identify their needs and tackle the root causes. This support comes from statutory organisations.
- Community-based participatory research – to provide collaborations and partnerships with background knowledge and insights into the nature of the community they are working with.
- Area-based initiatives – to work with local communities to improve local health and education and support urban regeneration and development to tackle social or economic disadvantage.
- Co-production methods – to ensure statutory organisations and the community can participate on an equal basis to design and deliver health and wellbeing initiatives.

For more details, see [A guide to community-centred approaches for health and wellbeing](#) (Public Health England).

## 5 Involve people in peer and lay roles

The following recommendations are for directors of public health and other strategic leads who plan, commission or provide health and wellbeing initiatives in collaboration with local communities.

Draw on the knowledge and experience of local communities and community and voluntary organisations to identify and recruit people to represent local needs and priorities by taking on peer and lay roles as part of the health and wellbeing initiative. Effective peer and lay approaches are:

- Bridging roles to establish effective links between statutory, community and voluntary organisations and the local community and to determine which types of communication would most effectively help get people involved.
- Carrying out 'peer interventions'. That is, training and supporting people to offer information and support to others, either from the same community or from similar backgrounds (see [learning and training](#) in the NICE guideline on community engagement).
- Community health champions who aim to reach marginalised or vulnerable groups and help them get involved.
- Volunteer health roles whereby community members get involved in organising and delivering activities.

For more details, see [A guide to community-centred approaches for health and wellbeing](#)

(Public Health England).

Consider offering training and mentoring support to community members (see [learning and training](#) in the NICE guideline on community engagement). Also consider providing formal recognition of their contribution and other opportunities for development. This could include, for example, accredited training.

## Quality standards

The following quality statements are relevant to this part of the interactive flowchart.

### Promoting health and preventing premature mortality in black, Asian and other minority ethnic groups

2. Peer and lay roles

### Community engagement: improving health and wellbeing

2. Peer and lay roles

## 6 Make it as easy as possible for people to get involved

The following recommendations are for all those who plan and provide health and wellbeing initiatives in collaboration with local communities.

Work with local communities and community and voluntary organisations to:

- Identify barriers to involvement, particularly for vulnerable groups and recently established communities.
- Decide which types of communication would get people interested and involved. Include ways of communicating that reflect the needs of: vulnerable groups, recently established communities, those with low literacy or learning difficulties, and people who do not use digital or social media.

Provide the support people need to get involved. This includes:

- Involving community members in the initiative's recruitment process (see 'involve people in peer and lay roles' in this pathway).
- Offering to phone, write, email, use social media or call round to see people.
- Providing information in plain English and locally spoken languages for non-English speakers. This could include encouraging members of the community who speak a community language to get involved in translating it.

- Ensuring the timing of events meets people's needs.
- Establishing and meeting the needs of participants with disabilities. For example, providing information in formats that people can understand (see NHS England's [Accessible Information Standard](#)), using venues that are fully accessible to them and providing the equipment they need.
- Providing childcare support, such as crèche facilities.
- Using places familiar to community participants and creating an informal atmosphere.
- Helping them meet mandatory requirements, for example to get disclosure and barring service checks if necessary (see the government's information on the [disclosure and barring service](#)).



## Glossary

### Asset-based approach

a way of helping people by looking at what they have, rather than what they lack. This approach helps people make use of their existing skills, knowledge and relationships. It is also called a 'strengths-based approach', and can be used as a way of improving local areas, by promoting what is good about an area rather than focusing on problems

### Collaborations and partnerships

alliances between community members and others to improve health and wellbeing and reduce health inequalities. They may include community and voluntary organisations and statutory services

### Communities

a community is a group of people who have common characteristics or interests. Communities can be defined by: geographical location, race, ethnicity, age, occupation, a shared interest or affinity (such as religion and faith) or other common bonds, such as health need or disadvantage. People who are socially isolated are also considered to be a community group

### Community engagement

encompasses a range of approaches to maximise the involvement of local communities in local initiatives to improve their health and wellbeing and reduce health inequalities. This includes: needs assessment, community development, planning, design, development, delivery and evaluation

### Community health champions

volunteers who, with training and support, help improve the health and wellbeing of their families, communities or workplaces. They motivate and empower people to get involved in health-promoting activities, create groups to meet local needs, and direct people to relevant support and services

### Co-production

when you as an individual are involved as an equal partner in designing the support and

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services you receive. Co-production recognises that people who use social care services (and their families) have knowledge and experience that can be used to help make services better, not only for themselves but for other people who need social care

### **Health and wellbeing initiatives**

all strategies, programmes, services, activities, projects or research that aim to improve health (physical and mental) and wellbeing and reduce health inequalities

### **Peer and lay roles**

carried out by community members working in a non professional capacity to support health and wellbeing initiatives. 'Lay' is the general term for a community member. 'Peer' describes a community member who shares similar life experiences to the community they are working with. Peer and lay roles may be paid or unpaid (that is, voluntary)

### **Statutory obligations**

public bodies have a statutory obligation to undertake community engagement. See: [Health and Social Care Act 2012](#), [Localism Act 2011](#), [National Planning Policy Framework 2012](#), [Public Services \(Social Value Act\) \(2012\)](#), [Equality Act 2010](#), [Local Government and Public Involvement in Health Act 2007](#), and [Local Government Act 2000](#)

### **Sources**

[Community engagement: improving health and wellbeing and reducing health inequalities \(2016\) NICE guideline NG44](#)

## **Your responsibility**

### **Guidelines**

The recommendations in this guideline represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, professionals and practitioners are expected to take this guideline fully into account, alongside the individual needs, preferences and values of their patients or the people using their service. It is not

mandatory to apply the recommendations, and the guideline does not override the responsibility to make decisions appropriate to the circumstances of the individual, in consultation with them and their families and carers or guardian.

Local commissioners and providers of healthcare have a responsibility to enable the guideline to be applied when individual professionals and people using services wish to use it. They should do so in the context of local and national priorities for funding and developing services, and in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities. Nothing in this guideline should be interpreted in a way that would be inconsistent with complying with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## Technology appraisals

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, health professionals are expected to take these recommendations fully into account, alongside the individual needs, preferences and values of their patients. The application of the recommendations in this interactive flowchart is at the discretion of health professionals and their individual patients and do not override the responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or their carer or guardian.

Commissioners and/or providers have a responsibility to provide the funding required to enable the recommendations to be applied when individual health professionals and their patients wish to use it, in accordance with the NHS Constitution. They should do so in light of their duties to have due regard to the need to eliminate unlawful discrimination, to advance equality of opportunity and to reduce health inequalities.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.

## **Medical technologies guidance, diagnostics guidance and interventional procedures guidance**

The recommendations in this interactive flowchart represent the view of NICE, arrived at after careful consideration of the evidence available. When exercising their judgement, healthcare professionals are expected to take these recommendations fully into account. However, the interactive flowchart does not override the individual responsibility of healthcare professionals to make decisions appropriate to the circumstances of the individual patient, in consultation with the patient and/or guardian or carer.

Commissioners and/or providers have a responsibility to implement the recommendations, in their local context, in light of their duties to have due regard to the need to eliminate unlawful discrimination, advance equality of opportunity, and foster good relations. Nothing in this interactive flowchart should be interpreted in a way that would be inconsistent with compliance with those duties.

Commissioners and providers have a responsibility to promote an environmentally sustainable health and care system and should assess and reduce the environmental impact of implementing NICE recommendations wherever possible.