



# Working in Partnership with People and Communities

Statutory Guidance for Integrated Care  
Boards, NHS Trusts, NHS Foundation  
Trusts and NHS England

Summary of the consultation draft

Version 1, 9 May 2022

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## Introduction

NHS England and NHS Improvement is developing new guidance on working in partnership with people and communities. This new guidance will support health and care systems to work effectively with their communities and ensure that people are involved in decisions about health and care services.

This is a summary of the draft guidance. The full version can be accessed on our [website](#) along with a survey that asks for your views. This consultation phase will last until Monday 30 May.

Due to the relatively condensed period between Royal Assent of the Health and Care Act 2022 and implementation on 1st July 2022, the consultation period is taking place over a relatively short period of time. However, the current draft of the guidance was developed in partnership with a group of partners who have experience of engaging, working with and representing people and communities. Therefore, we think this is appropriate under the circumstances.

## Why do we need new guidance?

The Health and Care Act 2022 will align NHS bodies around a common set of objectives to improve the health and wellbeing of people. It introduces new Integrated Care Boards that will join up health and care systems, so they are better able to serve their communities.

Working with people and communities is fundamental to achieving the aims of integrated care. It brings significant opportunities to strengthen how people and communities are involved at all levels, from neighbourhoods to national, including by involving them in:

- the governance of health and care services
- decision making about improvements
- addressing health inequalities
- and designing services that equitably address the health challenges that populations face.

The guidance will support health and care organisations in the new systems to achieve these aims. It will replace the current guidance for commissioners from 2017 and for NHS providers from 2008.

## Who is the guidance for?

It is statutory guidance for the new Integrated Care Boards (ICBs) and for NHS trusts and NHS foundation trusts, who must have regard to it and, where appropriate, be able to explain any substantial departure from it. It is NHS England's policy to have regard to this guidance in the same way that ICBs and trusts are required to as statutory guidance.

Other organisations can refer to the guidance as good practice that supports a shift to a community-centred approach that involves people and communities in health and care services.

It provides practical advice and case studies to help meet the ambitions for strengthened partnerships with people.

This guidance will also form the framework for NHS England's future assessment of ICBs' performance of their 'public involvement' duties and will support ICBs and trusts to meet their legal duties. The guidance is not, however, a 'tick list' to be worked through. Rather it describes fundamental principles and approaches to collaboration with local people – signalling a change in leadership practice. The guidance makes clear the benefits of taking this partnership approach, the learning from health and care organisations that have started to use it and how it helps them meet the challenges they face.

## Why work in partnership with people and communities?

The guidance sets out several reasons for a partnership approach including:

### *Improved health outcomes*

Working in partnership with people and communities creates a much better chance of ensuring services meet people's needs, improving their experience and outcomes. People have the knowledge, skills, experiences and connections to support their health and wellbeing. Partnership working contributes to defining 'shared outcomes' that meet the needs of their communities. This is particularly relevant in the context of population health management and reducing health inequalities.

### *Value for money*

Services that are designed with people and therefore effectively meet their needs are a better use of NHS resources. They improve health outcomes and reduce the need for further, additional care or treatment because a service did not meet people's needs first time.

### *Better decision-making*

We view the world through our own lens and that brings its own judgements and biases. Business cases and decision-making are improved when insight from local people is used alongside financial and clinical information to inform the case for change. Their insight can add practical weight and context to statistical data, and fill gaps through local intelligence and knowledge.

### *Improved quality*

Partnership approaches mean that services can be designed and delivered more appropriately, because they are personalised to meet the needs and preferences of local people. Without insight from people who use, or may not use, services, it is

impossible to raise the overall quality of services. It also improves safety, by ensuring people have a voice to raise problems which can be addressed early and consistently.

#### *Accountability and transparency*

The NHS Constitution states: 'The system of responsibility and accountability for taking decisions in the NHS should be transparent and clear to the public, patients and staff.' Organisations should be able to explain to people how decisions are made in relation to any proposal – and how their views have been taken onboard. Transparent decision-making, with people and communities involved in governance, helps make the NHS accountable to communities.

#### *Participating for health*

Being involved can reduce isolation, increase confidence and improve motivation towards wellbeing. Individuals' involvement in their own care can lead to involvement at a service level and to more formal volunteering roles and employment in health and care sectors. It is well recognised that doing something for others and having a meaningful role in your local community supports wellbeing. Getting involved can be health creating – being part of a community and being in control is good for our health.

#### *Meeting legal duties*

Although this should not be the primary motivation, failure to meet the relevant legal duties risks legal challenge, with the substantial costs and delays that entails, and damage to relationships and trust and confidence between organisations, people and communities.

#### *Reducing health inequalities:*

Working with people and communities that experience health inequalities will be a fundamental part of addressing unequal and unfair access to services and health outcomes. By understanding the experiences of those who face barriers to care and have differences in outcomes, then opportunities for improvement and investment can be developed. It also supports the building of trust between communities and public services – through greater mutual understanding and the establishment of meaningful relationships.

## Ten principles for how we should work with people and communities

The guidance is built around ten principles to help health and care organisations develop their ways of working with people and communities.

They build on the principles set out in the 2017 [guidance for commissioners](#) and the 2021 [implementation guidance](#) for ICSs on working with people and communities.

-  1. Ensure people and communities have an active role in decision-making and governance
-  2. Involve people and communities at every stage and feed back to them about how it has influenced activities and decisions
-  3. Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working
-  4. Build relationships based on trust, especially with marginalised groups and those affected by inequalities
-  5. Work with Healthwatch and the voluntary, community and social enterprise sector as key partners
-  6. Provide clear and accessible public information
-  7. Use community-centred approaches that empower people and communities, making connections to what works already
-  8. Use co-production, insight and engagement methods so that people and communities can actively participate in health and care services
-  9. Tackle system priorities and service reconfiguration in partnership with people and communities
-  10. Learn from what works and build on the assets of all partners – networks, relationships and activity in local places

NHS England and NHS Improvement will provide resources and training to help health and care organisations put these principles into practice.

## How are we developing the guidance?

This guidance has been developed by NHS England and NHS Improvement with the following partners: Care Quality Commission, Centre for Governance and Scrutiny, Department of Health and Social Care, Healthwatch England, Local Government Association, National Voices, NHS Confederation, NHS Providers, The Health Creation

Alliance and the Integrated Care Systems in Dorset, North East and North Cumbria, Sussex and West Yorkshire

We have engaged partners and their networks on the content of the draft, including patient and public voice networks hosted by NHS England and NHS Improvement. Views given in the consultation will be used to produce the final version.

We will aim to publish the final version of the guidance in summer 2022 once the legislation is complete. An easy-read version of the guidance will be available.

## Next steps

From Wednesday 11 May to Monday 30 May we are inviting views on the draft guidance on working in partnership with people and communities.

You can have your say by completing an online survey on the [NHS England website](#) where there is also an easy read version. To request a paper copy of the survey please contact [england.engagement@nhs.net](mailto:england.engagement@nhs.net) or call 0113 825 0861.

A set of slides has been produced to support discussion and feedback by groups. This is available by emailing [england.engagement@nhs.net](mailto:england.engagement@nhs.net).