

## **Healthwatch Birmingham's response to working in partnership with people and communities consultation**

Healthwatch Birmingham welcomes the opportunity to respond to NHS England and Improvement's consultation on *Working in partnership with people and communities*. Our key role is to make sure that patients, the public, service users, and carers (PPSuC) are at the heart of service improvement in health and social care. In line with our role, we have focused our comments on:

- Whether the proposed guidance is responsive to the needs of the people of Birmingham

***Below is a list of the 10 principles to working with people and communities. Which 3 do you believe systems will need most support with.***

- 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.***

**Build relationships based on trust, especially with marginalised groups and those affected by inequalities**

Without the foundation of trust in all relationships with people and communities then effective relationships cannot form. Many in marginalised groups or those affected by inequalities will have experienced services and organisations not meeting their needs, and



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not willing to engage with them. Getting this right via the bullet points laid out in the guidance, will underpin, and strengthen all over activities in the 10 principles.

**Understand your community's needs, experiences, ideas and aspirations for health and care, using engagement to find out if change is working**

Communities need to be understood to make engagement with them effective and valuable. Many services and organisations do not understand who makes up their local communities and fail to meet their needs consequently. Making good use of all existing data and what is known already by those working in the community can best meet the needs of those sharing their needs, experiences, and aspirations. Repeating this information can be disheartening for people, as they may feel change can never be achieved.

**Use co-production, insight and engagement methods so that people and communities can actively participate in health and care services**

Active participation by people and communities will be key to achieving the aims of the guidance. Choosing the right method carefully, and aiming for the most extensive method available, helps to ensure the quality of the engagement. People and communities need to be at the heart of decisions about the services that they use.

Yours Sincerely,



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