VONNE
VOLUNTARY ORGANISATIONS' NETWORK NORTH EAST

NHS
North East Ambulance Service
NHS Foundation Trust

healthwatch
North East and North Cumbria

Partnership working in action: Exploring an innovative approach and key lessons learned

2026

involve northeast
Amplifying Community Voices

This report was produced by Involve North East in June 2026 on behalf of Voluntary Organisations' Network North East (VONNE) and North East Ambulance Service (NEAS).

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Involve North East Registered Charity Number: 1116182. Company Ltd by Guarantee Number: 5899382

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Introduction

North East Ambulance Service

The North East Ambulance Service (NEAS) serves a population of 2.7 million people across Northumberland, Tyne & Wear, County Durham, Darlington, and Tees Valley. They provide 24/7 emergency ambulance care via 999, NHS 111 non-emergency telephone services and patient transport services.

In order to ensure that their services are fit for purpose now, and in the future, NEAS wanted to refresh its clinical strategy, supported by the development of a clinical model. Acknowledging that patients and the public should be at the heart of the future service, they sought to gather their views. NEAS wanted to understand perceptions of its services and identify areas for improvement, to inform the development of the strategy.

Engagement activities

To ensure that as wide a range of people as possible were able to share their views on the service, NEAS approached the North East and North Cumbria VCSE (Voluntary, Community and Social Enterprise) Partnership Programme. The Partnership Programme is the VCSE alliance for the North East and North Cumbria Integrated Care System [ICS] led by VONNE (Voluntary Organisations' Network North East). It brings together the VCSE organisations across the ICS footprint, enabling them to collectively inform, shape and influence the system. The VCSE Partnership Programme offered NEAS the opportunity to reach into communities, particularly those that the NHS can find it difficult to connect with, those vulnerable and marginalised, and share their views on the service.

Upon initial discussions with VONNE, it was suggested that Healthwatch was also approached to support the project. Community intelligence gathering is a core function of the organisation and it was expected that their involvement would increase engagement with the project.

The opportunity for VCSE organisations to get involved in the project and gather feedback from their service users was advertised through the VCSE Partnership Programme to organisations in the North East only, matching NEAS' geographic remit, with organisations remunerated for their participation. Organisations chosen to take part covered NEAS' entire geographic footprint, as well as a wide range of communities of interest. They were required to promote an online survey and offer one-to-one and/or group support to people to help them complete a paper-based questionnaire. Furthermore, they also provided additional feedback regarding how NEAS might be able to work more effectively with the VCSE sector. Twenty-seven organisations took part.

Healthwatch also promoted the online survey across their 12 North East based organisations (which included the opportunity to take part in a prize draw to win £100 shopping vouchers), and each ran a face-to-face engagement event which included group activities in the form of seven scenario-based discussions for specific NEAS situations and services e.g. NHS 111 advice, patient transport, and 999 calls.

In total, 2378 people responded to the survey.

Upon analysis of the findings of this phase of the engagement activity, NEAS requested deeper dives into six areas to gather further evidence. The areas of focus were rural, timeliness, compassion, transgender, learning disabilities and mental health. Seventy-five service users from six VCSE organisations took part in either focus groups or face-to-face interviews. Organisations who would be able to provide insights into two or more areas of focus were approached to take part in the deep dive with the exception of the timeliness theme which was opened up to all organisations who had taken part in the survey work; one organisation was chosen to explore this.

Scope of evaluation

This approach to engagement marked a change for NEAS, looking outside of their organisation to collaborate with others to gather views of patients and the public. It also represented a new collaborative partnership approach between VONNE and Healthwatch and a fresh opportunity for the VCSE Partnership Programme members to get involved in research activities and shape services. With this in mind, it was suggested that an evaluation of the approach be conducted, to reflect on its successes and capture any lessons learned, with the hopes of generating further partnership working in the future. This report is a product of that process.

Involve North East, an independent charity working across project evaluation and patient and public involvement in the region, was asked to conduct this evaluation. One-to-one interviews were held with a range of stakeholders exploring:

- Understanding their organisation's approach to the engagement.
- Their role in the project.
- Positives and negatives of the approach.

We spoke to:

Organisation	No. of interviewees
NEAS	2
VONNE	2
Healthwatch - Strategic	2
Healthwatch - Operational	3
VCSE organisations	4

NEAS partners

This section summarises the findings from interviews with two NEAS staff, responsible for the management of the engagement project.

Key themes

Project approach

- An understanding of the value of patient and public involvement in shaping services was the key driver for the project with insights sought ahead of work on the clinical strategy.
- The approach to engage an external organisation was innovative and based initially on an understanding that VONNE could reach into communities via their VCSE members whereas NEAS could not. It was further recognised that VONNE and Healthwatch possessed the knowledge and expertise to engage effectively with those communities.
- NEAS, VONNE and Healthwatch worked together on aspects of the project such as the framing of the questions, whilst VONNE and Healthwatch were given freedom to shape the engagement activities to ensure accessibility for their service users.

Positive aspects

- Employing an external partner to help support the project provided NEAS with a rich and insightful dataset, helping ensure that their strategy was patient focused. It was acknowledged that some of these insights were entirely new to them and were instrumental in shaping the document.
- An acknowledgement that the project would require time ensured that deadlines were sufficiently generous to support collaboration during the initial stages and enable engagement with as many people as possible.
- A collaborative approach guaranteed that all partners listened to each other and pooled their knowledge and skillsets, resulting in a project that met its aims whilst testing a new way of working.
- The approach fostered strong partnerships with VONNE and Healthwatch leading NEAS to state that they would like to work together again in the future.

Learning points

- It was considered that NEAS could perhaps do more with the data they had received, using it in other parts of the organisation.
- For any further projects of this nature, NEAS felt that more planning was needed to ensure the feedback loop was completed more comprehensively, supporting continued dialogue with communities.
- The project offered a learning opportunity for other NHS organisations and NEAS staff were already considering how they could showcase the value of the approach.

Summary of findings

Understanding the approach

When NEAS began planning the refresh of its clinical strategy, staff were clear that they wanted input from patients and the public to ensure that it met the needs of the people it serves. Moreover, they acknowledged the importance of engaging people at the outset to ensure that they could meaningfully contribute to shaping the strategy from its earliest stages.

NEAS typically conducts engagement activities internally, so their collaboration with VONNE represented the first occasion on which they had outsourced such work. They outlined a number of reasons for adopting this approach.

They acknowledged that they have strong relationships with some communities and community groups, for example the Equality and Diversity Team work closely with BAME communities but did not feel that NEAS had directly established relationships with communities across the region. Furthermore, they felt they lacked the knowledge and expertise required to engage effectively with those communities.

NEAS staff were also aware of VONNE as a regional infrastructure organisation for the VCSE having collaborated with them before in a different capacity and recognised the value of their role.

> **"We didn't have the scale and reach that they [VONNE] were able to offer."**

It was felt, particularly in relation to the deep-dive work with specific communities, that **"the voluntary sector brings a different narrative"** and that, as a statutory organisation, they were unable to fulfil the same role. They acknowledged that they did not possess the **"dialogue and relationships"** necessary to generate the same richness of data and depth of understanding.

NEAS also felt that they would have found it challenging to design an accessible and straightforward process for offering the research opportunity to VCSE organisations.

Roles within the project and involvement in research design

NEAS' ultimate role was to commission the project and in the context of their organisational principles, explain what was required of it. Having received reassurances around expenditure and processes, VONNE was given the budget to directly administer to Healthwatch and participating VCSE organisations.

In terms of methodology, NEAS set the parameters regarding the thematic scope of the questions and suggested the use of a survey approach which was agreed. However, realistic project timescales ensured there was sufficient time at the outset for the three organisations to work collaboratively on the wording and phrasing of the questions—a critical task that NEAS staff acknowledged they did not possess the specialist skills or community knowledge to undertake.

NEAS recognised that VONNE (including the participating VCSE organisations they managed) and Healthwatch were best placed to decide how to undertake the engagement, given their relationships with communities and skillsets, and gave them the freedom to shape their own activities and materials.

In collaboration with VONNE, NEAS staff also delivered two face-to-face 'You said, we did' events, which were open to all participants and provided an opportunity to learn about how the organisation had responded to feedback received from communities.

Following production of the report, NEAS analysed the findings and identified six emerging themes that they wished to explore in greater depth. VONNE were tasked with identifying VCSE organisations who would be able to support this activity and with managing the process.

Success of approach

NEAS staff felt that approach had been a positive experience for them. Generous timescales allowed for collaboration from the start, time to analyse the findings and then identify areas for further engagement.

As this was the first time they had commissioned a project like this with the VCSE sector, they did not have specific expectations but quickly understood their expertise in framing and translating information to glean insights.

> **"There was a strong level of professionalism and the insights provided – it has been a real joy."**

The data provided from both the survey and deep dives was rich and insightful. For example, staff reported that it was the first time that NEAS had heard from communities that speed of response was not the only thing important to people; communication and quality of care was also hugely important.

> **"That is a massive insight."**

And that had helped shape the draft strategy. **"Those insights helped me land that strategy"** the legacy of which will be an organisational culture shift away from a main focus on performance times.

Staff felt the report was comprehensive, requiring time to digest and distil into key points for the context of the strategy.

Challenges and learning from approach

NEAS staff could not identify any problems or challenges with the approach that they had taken, simply pointing out that there was **"just lots of data to get through"**, and reflected that they would take this approach again in the future.

> **"Yes definitely. Co-production is very important, doing it early, doing it properly."**

Buoyed by the success of the project, they also expressed a desire to collaborate with VONNE and Healthwatch again in the future. They considered that there could be more opportunities around neighbourhood health in particular.

In terms of what they could do differently, staff were keen to stress that there was more that could be achieved with the insights they had received.

> **"I'm not sure we've maximised the opportunity."**

They felt that the data could influence other parts of the organisation and that they needed to **"join the dots to maximise the outcomes."**

In involving patients and the public in the project, it was acknowledged that apart from the 'You said, we did' events, there had been no further feedback on how their insights had shaped the development of the strategy. There was concern that it could **"look like we've just read it and put it down"** and it was understood that they needed to consider how to plan for future engagement projects. How the organisation could **"continue the dialogue with communities"** was also something staff wanted to explore.

Finally, in terms of a learning opportunity, staff felt that the project could be promoted and celebrated as an exemplar of coproduction with, for example, the Ambulance Forum and ICB in the first instance.

> **"Not many organisations are doing this – it needs to be pushed as not an added extra but a fundamental part of organisational change."**

They cautioned, however, that if other organisations were considering this approach, it would require commitment from senior management to push the message around the importance of gathering community feedback.

VONNE partners

Two members of VONNE's Health and Wellbeing Team who had oversight of the project, shared their views.

Key themes

Project approach

- VONNE was approached by NEAS to lead the engagement activities as it is the regional support body for the North East's VCSE sector and coordinates the North East and North Cumbria VCSE Partnership Programme. With relationships across the sector, it can facilitate reach into diverse communities. During initial discussions with NEAS, VONNE highlighted the additional skills and resources Healthwatch could offer the project, and it was agreed that a partnership be formed.
- As project commissioner NEAS set out parameters around budget, timelines and topics to cover. However, all three organisations worked collaboratively to design accessible questions and agree a survey approach. Moreover, VONNE and Healthwatch were given the freedom to utilise their own expertise to shape their engagement activities.

Positive aspects

Commitment from NEAS

- NEAS' commitment to giving people an opportunity to shape services through the engagement was commended. This was reflected in the project's iterative approach which allowed for the inclusion of Healthwatch in the project and the additional deeper dive work to be conducted. Moreover, the attendance of NEAS staff at engagement and 'You said, we did' events demonstrated the value they placed on the feedback and fostered new relationships.
- The renumeration of VCSE organisations for their time was another example of this value and respect and enabled VCSE organisations with limited resources to take part.
- Generous and flexible timescales supported its developmental nature.

Collaborative approach

- The collaborative nature of the approach allowed for the pooling of knowledge ensuring feedback from a large number of people and a diverse range of communities.
- The freedom afforded to VONNE and Healthwatch to carry out engagement activities in ways they saw fit also ensured the project reached as many people as possible.
- Good communication between VONNE and Healthwatch ensured that both organisations understood their respective remits and were able to work autonomously during the data gathering phase.

VONNE's role

- VONNE continuously champions the work and expertise of VCSE organisations and this was reflected in this project. Through their network they were able to promote the engagement opportunity across a wide range of organisations and a representative selection of VCSE organisations. Some who had never been involved in this type of activity before were able to take part. VONNE supported these organisations throughout the process and developed strong relationships with participants.

Richness of feedback

- All of this resulted in the capturing of rich and diverse insights from communities throughout the North East, highlighting the value of involving Healthwatch, VONNE and the VCSE organisations they support.
- VONNE stated that they would very much like to work with NEAS again in the future.

Learning points

- A greater understanding between Healthwatch and VONNE of the process for feeding back the information to NEAS was cited as well as the timing of activities and having the survey questions available in a range of languages.

Summary of findings

Why was VONNE asked to lead the engagement for NEAS' clinical strategy, what parameters were set, and what was the rationale for approaching Healthwatch?

As VONNE is the regional support body for the North East's VCSE sector, they were, in many respects, the obvious choice to coordinate engagement activities to inform NEAS' new clinical strategy.

> **"[VONNE] provide regional infrastructure support to those VCSE organisations that cover NEAS' patch. They [NEAS] wanted us to lead, but we explained Healthwatch's remit and sought a three-way collaboration."**

As NEAS were the commissioning partner, the main parameters established were those to be expected such as timelines, budget, and engagement content. VONNE described varying dynamics between NEAS colleagues initially, with some being of the perspective that VONNE and Healthwatch should be left to 'get on with things' whereas others wanted more control over activities. However, VONNE indicated that the NEAS leadership were at pains to ensure that the two organisations should be given the freedom to utilise their own expertise and were valued and trusted to deliver on the brief.

> **"NEAS needed to be involved in [determining] the questions, but they were happy for us to translate the [broader] 'ask' into questions that would be more accessible [to different communities]."**

The process of determining the format and questions to be asked via a questionnaire was described as collaborative, with key terms being discussed and agreed upon between all three organisations; **"we didn't move on until everyone was happy."**

Timelines were described as tighter initially to ensure engagement events occurred within a set time period, but that later more flexibility was introduced to allow for deeper dives to take place to generate more in-depth insight.

> **"The deeper dive stuff was quite iterative – these are the areas that we need to improve, so let's ask these people [that this issue affects]."**

> **"NEAS wanted the report reframing, requesting additional engagement via deep dives. This was after March [after the period of initial engagement events and collation of feedback from these], and so there was less time pressure."**

Generally, however NEAS were described as avoiding imposing constraints on how the engagement work should be conducted, allowing both VONNE and Healthwatch a significant degree of flexibility.

> **"NEAS put a lot of trust in us. They were happy to acquiesce to our professional expertise."**

Having operated as a network across the region since 2000, VONNE staff were aware of Healthwatch's role and the resource and skillset it could bring to this piece of work. As such, they advocated for their involvement in the project.

> **"Healthwatch were a really valuable partner to have [in terms of their ability to] structure the work to scale. They could provide coverage of the whole of the North East more generally...Specific communities [could be captured via the VCSE organisations] who perhaps wouldn't engage with Healthwatch – the best of both worlds."**

Roles within the project and involvement in research design

Timescales were noted as being initially tight for the engagement events, particularly as the lead coordinator from VONNE was recruited after initial planning meetings had commenced and was required to immediately begin delivery of the project. However, having to 'hit the ground running' ultimately did not affect outputs and was manageable with the support of peers within VONNE and with the understanding and flexibility from NEAS.

> **"[VONNE project coordinator] started the post in the September so my role was to deliver engagement at pace!" [As engagement events were scheduled the following month]**

The project manager's role from VONNE was to initially gather expressions of interest from VCSE organisations, determine what the coverage was across service user groups and other cohorts, as well as the size of those VCSE organisations representing them. Once chosen, VONNE continued to nurture relationships with chosen VCSE organisations and ensure they were supported with the organising of their engagement events.

VONNE's role in the project extended beyond the initial engagement phase owing to a decision after the feedback events to conduct further deep dive activities. They felt these later activities were particularly reflective of NEAS' commitment to listening to people and noted how this responsiveness came through at all levels of the collaborative process.

> **"[NEAS] really listened at board meetings. It was impressive their response to feedback. It says something about the organisation that they're not resting on their laurels."**

In discussing VONNE'S role in determining the methodology, NEAS was advised and encouraged to think through information that they required from the public and how best to formulate questions in an accessible way.

> **"My question [to NEAS] was what is it that you want to know and how can we make [those questions] be understood by those with English as a second language, people with a mistrust of the health service etc."**

Having discussed this as a team and determined what information was required, they decided collectively that a survey would be the easiest way to gather this information in a standardised way.

However, it was left up to VCSE organisations and Healthwatch to determine how to then support individuals to complete the questionnaires with project meetings taking **"a partnership rather than instructional approach"** ensuring both organisations were clear about their respective remits in relation to engagement activities.

Expressions of interest from VCSE organisations were then opened for around 7-10 days and required basic information such as which cohort they worked with, geographical area in which they were based, size of the organisation and how they intended to conduct the engagement event in which surveys would be administered. From those that applied within the deadline, 28 were chosen that could represent as wide a coverage as possible across the sector.

The survey was open to all interested parties online and was promoted accordingly by everyone involved in the project. However, by hosting in-person events where participants were compensated and supported to complete surveys, the VCSE organisations were able to include a higher proportion of the views of those less represented sections of the community.

Success of the approach

Scale and depth of involvement

VONNE cited the extensive reach that the engagement activities were able to achieve as a major success of the project. This was attributed to both the resources available and NEAS' willingness to take on board new ideas, including the early decision to collaborate with Healthwatch.

> **"Involving the VCSE sector at this scale and being able to compensate people for their time [both VCSE organisations and participants] and also that they were listened to [were positive aspects of the project.]"**

As with the Healthwatch lead engagement events, NEAS staff made an effort to attend those organised by VCSE organisations where they could, again demonstrating the value they placed on engaging with local people and being held directly accountable.

> **"[NEAS] bestowed a lot of value on people who might otherwise find it difficult to engage...[also] their jaw dropped at the level of engagement via the survey."**

Supporting and empowering VSCEs

As VONNE remains committed to promoting the work and expertise of VCSE organisations locally, the project offered a unique opportunity to realise this aim on a larger scale. VONNE staff talked about how unusual it was for VCSE organisations to be compensated for their efforts and time, and that doing so **"supported their mental bandwidth"** to be able to more effectively support individuals to participate in the project.

> **"They [VCSE organisations] don't usually get listened to or respected as a sector. [The project] was unique in its scale of being able to support organisations to be in charge [of how they conducted the engagement events.]"**

> **"[The project] highlighted the value of involving VCSE organisations in research."**

Likewise, NEAS were cited as recognising the expertise of those in the voluntary sector and trusting of suggestions that came from VONNE as their representative at the strategic level. This included ensuring that communities should be updated as to how their feedback had been incorporated into the clinical strategy, in the format of feedback events that could provide ongoing dialogue alongside the subsequent 'deep dive' events with VCSE organisations.

> **"They [NEAS] really were listening. They were up for the feedback events and [the idea for these] came from NIHR [National Institute for Health and Care Research]'s Community Engagement Toolkit."**

Relationship building and flattening of hierarchies

VONNE were keen to highlight the relational working practices of NEAS' management as providing a positive template for both VCSE organisations as well as the communities they serve. By demonstrating active listening and relatability during both the planning of the project as well as in the later stages of the deep dive sessions, NEAS communicated an appreciation of the value of VCSE organisations which in turn strengthened the VCSE's own resolve and commitment to including their respective communities in the work.

> **"Off the back of the project, one of the VCSE organisations built up quite a relationship with the CEO. That they referred to him as 'a bloke called [shortened first name]' demonstrates the level at which people were engaging with each other."**

Challenges and learning from the approach

As compared with other engagement projects, the clinical strategy engagement was felt to be an example of good practice by VONNE staff; represented primarily in the level of investment by NEAS in the collaborative expertise of the VCSE sector and Healthwatch. VONNE cited a couple of unavoidable timetable changes as causing a slight but not insurmountable barrier but that other typical pitfalls in equivalent projects were pleasantly absent on this occasion.

> **"There were no issues accessing funding.... [NEAS] were quick, efficient, and how they used the underspend [for further deep dive work] demonstrated flexibility too."**

VONNE described how, because Healthwatch are used to regularly producing reports based on feedback exercises, they initially proceeded to produce their own summary of their work rather than submitting this to VONNE to be collated with the results from the VCSE engagement events. However, all organisations were still able to use the materials, and a combined report was delivered as planned. VONNE felt any miscommunication was minimal and did not detract from the collaborative practice the organisations had forged together.

> **"Healthwatch were too efficient! [in producing their own report to feedback into the clinical strategy] ...we [VONNE] still needed to sense check a couple of things and the 'ask' wasn't quite as clear for them [Healthwatch]. It didn't do NEAS any harm to have their report separately."**

VONNE advised that this was the first time they had worked with NEAS and felt that if a similar opportunity to work with them appeared they would **"do it again in a heartbeat."**

As with any project, there were learning opportunities, and the organisation were able to cite things they would do differently were they to do a similar project again. However, they felt that the many positives of the project were to be celebrated and anything they would do differently would not detract from the project's success as a whole.

> **“[This project] is the best thing I’ve done in this role.... I’d maybe give ourselves a bit more time [if doing it again] ...although sometimes when you’re flying by the seat of your pants you learn more!”**

> **“Maybe the initial survey should have been in BSL [British Sign Language] – this was a learning point for us.”**

Healthwatch partners

We spoke to two staff involved in the strategic planning of the project on behalf of the North East and North Cumbria Healthwatch Network and four staff from Healthwatch organisations who shared their views on the operational aspects of the project.

Key themes

Motivators for involvement

- A longstanding working relationship with the organisation and a desire to support people to share feedback of the service, which they often encountered in their everyday activities, were the main motivators for the Regional Healthwatch Network and its members to get involved in the project.
- They brought to the project vast experience of engaging communities, and their understanding of those communities enabled them to open up the opportunity to get involved in the clinical strategy to as many people as possible, in an accessible way. Their skills in communicating complex medical language were also seen to be invaluable.
- Their regional reach supported widescale involvement across NEAS' patch whilst the network model enabled them to pool knowledge, for example identifying gaps in target cohorts and adjusting engagement activities accordingly or sharing intelligence about working with particular groups.
- Furthermore, their independence and familiarity, recognised and trusted by communities, enabled people to speak freely and honestly about NEAS.

Project approach

- The project was felt to be collaborative in nature. The Healthwatch Network (represented by the Regional Co-ordinator of North East and North Cumbria Healthwatch Network) was approached by VONNE to consider the project and Healthwatch was able to examine this initial proposal, ensuring it was realistic and would enable tangible outcomes. They also gave advice to VONNE on designing the project.
- Whilst NEAS set initial parameters around the topics they wanted covered in survey form, they gave Healthwatch and VONNE the freedom to develop timelines, engagement activities and feedback mechanisms to fit their role creating a sense, on the part of Healthwatch, that this was very much an equal partnership.
- Healthwatch organisations developed their own promotional and engagement materials and planned group discussions alongside the survey completion activities. NEAS staff attended these events to hear first-hand, the insights people were sharing, and it was considered that these group discussions added depth to the survey feedback.

Positive aspects

- For the Healthwatch Network:
    - They believed that the project had cemented their relationship with NEAS who they felt understood their strengths and gave them the freedom to exploit them, to gather valuable feedback. They would be keen to work with NEAS again in the future.
    - Project timescales were realistic, enabling high-quality data to be collected.

    - Their network model enabled one organisation to have a coordinating role ensuring feedback was standardised, whilst other tasks and responsibilities were shared across organisations. This way of working also forged new relationships.
    - They were able to give voice to communities on a service area that is important to them, again supported by the network model which ensured that as many varied cohorts were reached as possible. Individual Healthwatch organisations targeted different demographic groups according to local established relationships, population needs, and socioeconomic composition.
    - The partners were able to showcase their trusted, independent role, which resulted in a high number of survey responses and honest, in-depth feedback.
- For NEAS:
    - They received insightful feedback on their services from a range of people, including those seldom heard, across the North East to help inform their strategy.
- For the public there was a belief that:
    - The engagement activities had offered an opportunity for people to learn more about NEAS and the breadth of services it offers.
    - NEAS was seen as an organisation that takes time to listen to people and learn from them, especially due to their presence at engagement events and the 'You said, we did' sessions.

Learning points

- It was considered that engagement rates were lower than expected given people's experiences of the services NEAS provides and it was suggested this could be due to survey fatigue or the framing of the topic as a 'clinical strategy.'
- Using a survey format as the basis of the engagement activity was also questioned with face-to-face group discussions allowing for a greater narrative and more in-depth insights.
- Whilst the 'You said, we did' events were welcomed in closing the involvement loop, some felt that only having two events restricted the reach of this feedback and suggested some concise, written feedback should have been produced alongside them to distribute the general public.

Summary of findings

Strategic insights

Why did Healthwatch take part and what did they bring to the project?

As 12 of the 14 local Healthwatch branches in the North East network cover the same area that NEAS operate within, both organisations already have an established long-term working relationship. Because of this, Healthwatch felt the project represented an important opportunity to air some of the voices they were already aware of within their communities whose experiences with NEAS were positive. They were keen to draw on these voices to allow them to celebrate and promote what they viewed to be a valuable service.

> **"Because it is important information. NEAS are a great organisation – we hear lots of positive things from people, the only negative is the time it takes to get to people, but that is a national, not a NEAS issue."**

Furthermore, it was felt that as the Healthwatch organisations were already embedded in their communities this enabled the public to have an **"honesty about services and aspirations for the future."** Their independence as an organisation was also highlighted as crucial for engagement with local communities; a feature that was essential to the overall success of ensuring participation in the formation of the clinical strategy.

> **"It is absolutely imperative to give an independent voice, and it's a friendly voice. There is no disconnect – we're not a person in a suit coming in – they know it's a safe environment and that we won't publish their names."**

This independence was described as being of particular importance for older people within the community who often harboured fears that being overly critical about a service or organisation could affect their treatment.

Linked to this, Healthwatch staff emphasised their experience in communicating complicated medical language in accessible ways as being vital for the project and similarly their knowledge of local groups in being able to tailor their approach to maximise participation.

> **"Every area is so individual, you need to go to the people on the ground level. There are groups that are only known through local knowledge."**

What parameters did NEAS set for the project?

At the strategic level, Healthwatch described the project as collaborative with both themselves and VONNE acting as equal partners in the process.

> **"For the full proposal we worked on it collectively between NEAS, VONNE and Healthwatch… [aside from the unchangeable aspects/topic] everything else was collaborative."**

Whilst NEAS advised that they would ideally like to hear from 'seldom heard groups', they didn't seek to prescribe quotas or how engagement should take place, other than that there should be a survey and at least one engagement event per Healthwatch organisation.

Therefore, Healthwatch were given the flexibility to develop their own consent form, leaflets and facilitator guides as part of developing an engagement pack to be cascaded to other Healthwatch organisations. Likewise, it was determined within the organisation which individual branches would take overall responsibility for different roles i.e. coordination, collating data and writing reports, managing finances etc. At the initial planning stage, Healthwatch pushed back on timelines and advised that the project was flexible enough to incorporate this.

> **"There was a defined timeline to work to – I pushed it as I didn't want the same timeline as VONNE as we couldn't do that [in terms of capacity, for VONNE this was a 12-month project] we did it in four months and then passed it on to VONNE."**

Strategic staff supported the methodology of gathering data via both surveys and in person events due to the emphasis on face-to-face work for both research methods.

> **"We always offer support to help people fill surveys in [in their usual day-to-day work.]"**

Roles in the project and project organisation

Strategic leads within Healthwatch emphasised their key role within the planning stages of the project and how this helped to ensure the project was able to benefit from their existing knowledge and experience working within communities consisting of seldom heard groups.

> **"We met with VONNE and gave advice on how to craft this piece of work…we cross-referenced it with our current work and programmes to check there wasn't duplication of work [and so decided to take part.]"**

Healthwatch were involved ensuring that the proposed project:

> **"Met our standards for work, that it was not ill-conceived and would lead to achievable and tangible outcomes... [and then] working with my team to decide what we would deliver."**

Having one branch of Healthwatch with responsibility for coordination reflected the larger structure of the Healthwatch organisation where one person assumes a coordinating role between the different branches. This was felt to work well in streamlining the project whilst ensuring each branch had the same materials but the freedom to use these in the context of local knowledge and their own experience.

> **"I was the person working between NEAS, VONNE and Healthwatch…this meant that NEAS weren't being bombarded with questions from all 12 Healthwatch."**

Outside of the initial planning meetings, there were also discussions between Healthwatch and VONNE which led to each organisation being able to have a different focus for their engagement [VONNE acting as a representative for the VCSE sector] which complimented each other's respective expertise and knowledge.

> **"There was a clear demarcation of Healthwatch and the VCSE and VONNE. Our focus was on the individuals, like volunteers, workers, public…VONNE and VCSE organisations worked with groups."**

NEAS attended most of the in-person events with Healthwatch and when this was not possible, staff led sessions themselves.

> **"I helped arrange meetings with people, I led the two sessions and delivered the presentation that we were provided [containing the data NEAS asked them to share] and sat at tables asking questions. You get much more in-depth questions and can dig in."**

In talking about the different approaches Healthwatch and VONNE took, Healthwatch further elaborated on the value they placed on face-to-face discussion-based engagement for encouraging participation through increasing understanding and trust between both parties. This was boosted by being able to challenge or educate participants and through tapping into the mutual support that group settings could offer.

> **"In a group environment someone might say something and it makes people think differently and mention more things. In a group face-to-face setting it opens that up, they realise they're not alone in lots of things."**

What were the positive aspects of working on the project?

Shared learning

The educational aspect to the project was highlighted as a really positive element from which the public benefitted and seemed to enjoy. Healthwatch felt that people came away from sessions more confident in the knowledge they were being listened to and with an appreciation of NEAS as an organisation that want to learn from those who use their services.

> **"It was good education for the public too as a lot didn't realise the full breadth of services that NEAS offers...there was an acceptance that NEAS were out in the community trying to discuss [their services]."**

Equally it was felt that, because Healthwatch was a **"trusted point of view"**, that participants felt able to share information that they might not have otherwise, making the project a more successful learning opportunity for NEAS. This was particularly the case given that feedback on NEAS' services often cropped up in other engagement work, and so the project enabled staff to do justice to a subject that was already important to a lot of people.

> **"We get a constant narrative of ambulances being late... [but the feedback on this occasion was] all really positive."**

The project was also suggested as highlighting other areas of learning important for NEAS to take note of, in particular, the need for education around how best to support people with underlying issues such as dementia or mental illness and that this could be facilitated by future **"[closer working with] other seldom heard groups."**

Relationship building

Given NEAS' vital role within the community, the project offered a welcome opportunity for the service to engage with the community on a more equal basis, helping to forge trusting relationships and respond directly to concerns or queries that people had. Staff cited the example of someone raising a serious issue during one session that was able to be escalated quickly.

> **"NEAS gave us the opportunity to raise the individual complaint, and they kept us informed about what happened next [which is rare]."**

The fact that NEAS were present for most of the engagement events with Healthwatch added a more personal and authentic dimension which was valued by both staff and participants, the latter of whom were offered additional reassurance that concerns were going 'straight to the top'. NEAS' presence also complimented the work of Healthwatch rather than stifle their role and in many ways strengthened the two organisations existing relationship.

> **"NEAS were fantastic to work with…the support they gave…not micromanaging. They know their own strengths and they left us to do our strengths. There was always someone on hand if we had questions."**

> **"Because we've been going since 2013 we've worked with them [NEAS] before…this has cemented the value of the relationship between Healthwatch and NEAS. They were confident that Healthwatch would be able to deliver…because of our statutory function we can help".**

Practical matters

Healthwatch staff noted that issues common in other projects were noticeably lacking in this one, again demonstrating the level of investment to get the engagement process right by NEAS.

> **"Timings are often an issue, but not here, we were given a reasonable amount of time. You need the time to build relationships."**

Were there any negative aspects of working on this project?

Low levels of engagement

The only negative aspect was one of low engagement. A lack of enthusiasm for the topic among some sections of the community was cited as disappointing if not necessarily unique to this project; so-called **"survey fatigue."** Whilst some staff speculated that this was due to how the topic of a 'clinical strategy' had been framed, noting it was potentially difficult for people to make sense of (see 'operational perspectives' question 5), others felt that how people respond to a subject was itself difficult to predict.

> **"There was a bit of disappointment that the interest was not there for events from some areas of the public. You would think more people would attend… [some people are] immediately having a go at NEAS so why are they not there? But this is a reflection of how I felt rather than the project."**

Would you do this again and is there anything you would do differently.

Strategic staff were positive about the opportunity the project had provided for both themselves and the public to engage with NEAS and were keen to work with NEAS in the future if approached again. They saw it as an effective learning opportunity for all involved.

> **"100% we would be involved; we would struggle to lead again though" [having since had their staffing reduced].**

Although, the majority of the questionnaires used open questions, the use of this method as a data gathering tool for prompting a more nuanced account of people's experiences, was questioned by one staff member.

> **[Perhaps we could have spent] "more time reflecting on how it ran from a question point of view… allowing people to do a narrative."**

Operational insights

What did Healthwatch bring to the project?

Expertise

Many of Healthwatch's representatives were keen to convey that, as engaging with the public on health-related issues was already one of their key functions, the organisation would be able to bring a level of competence and familiarity with the task of securing patient input into NEAS' clinical strategy.

> **"Any focus groups, facilitating, getting people together is Healthwatch's bread and butter, it fits well into our remit."**

Trusted relationships

That Healthwatch organisations were able to bring a level of **"professionalism and experience in public engagement"** was supported by its well-established presence in the engagement landscape. Staff explained how their existing reputation and ongoing work was instrumental in building the trusting relationships with communities necessary for effective participation.

> **"[Healthwatch is] an independent voice and links into the groups on the ground. The relationships with these groups are already there, and we can reach particular cohorts...People are quite willing to share with us – there is no fear of repercussions, or worrying 'will this go against us?'"**

Regional reach

The Healthwatch Network's extensive regional reach was cited as an integral feature of the organisation that enabled neighbouring Healthwatch organisations to collaborate where necessary. This included being able to see where the gaps were in target cohorts locally and, by sharing information about what relationships were like with a particular group/area, they were then able to adjust engagement activities accordingly. Individual Healthwatch organisations were also able to draw upon existing peer support networks in either their own or neighbouring organisations to assist with tasks, again demonstrating the broader support available to staff.

> **"...rather than it being atomised responses, the Healthwatch network is already written in [enabling the] different nodes within the network with a wider footprint [to support one another."**

Being part of a broader nationwide organisation also ensured high standards were maintained across all outputs, ensuring consistency in reporting as well as high standards being maintained with regards to the engagement activities themselves.

What was your role in the project and how clear was this?

For the most part, the role of operational staff from Healthwatch was to directly facilitate engagement activities which included both small group conversations as well as more specific scenario-based discussions. However, again due to the ability of the individual organisations to collaborate and distribute tasks, some Healthwatch organisations took on a leadership or coordinating role, with notes

from engagement activities being collated and organised by two organisations who were also responsible for administration and finance.

One Healthwatch organisation assumed responsibility for developing and delivering a pack on how to deliver engagement activities to different groups and consequently the cascading of information to other organisations, acting as the contact point between the three.

> **"They [coordinating Healthwatch] were the ones getting information from NEAS/VONNE and sharing with the other Healthwatch."**

Having one specific Healthwatch organisation assuming a coordinating role worked well in terms of allowing staff to focus on their operational remit and it was noted that instructions were **"quite comprehensive."**

> **"We got a comms brief and package which was circulated by [the coordinating organisation]. It's always good having that kind of guidance when more than one organisation is doing it, there's got to be some consistency."**

> **"The brief was good, and it was a branded-up pack. We ran through it as a team, and if there was anything we weren't sure of we checked any queries with the [coordinating] team."**

The coordination between individual organisations ensured that as many different cohorts were reached as possible, with different Healthwatch organisations targeting different demographic groups according to locally established relationships, population needs, and socioeconomic composition. This resulted in engagement activities for specific communities ranging from those focusing on older people and ethnic minority groups through to cancer treatment patients. Where the Healthwatch 'patch' covered quite a wide geographical area, care was taken to ensure both rural and urban areas were covered, again an outcome ensured by the reach provided by Healthwatch's organisational structure.

In the case of one specific Healthwatch, a preexisting group was used to generate feedback for the strategy, again demonstrating Healthwatch's ability to utilise established relationships within the community. This group was noted to be quite large which, although this brought its own challenges, ensured they were confident in responding to the brief provided by NEAS.

> **"They were the best group, very responsive" [with Healthwatch's role remaining that of] "making sure everyone has the chance to speak."**

Did working alongside VONNE change the way you usually work and were you able to adapt aspects of the project?

As the regional co-ordinator of the North East North Cumbria Healthwatch Network assumed responsibility for liaising with VONNE and NEAS, the operational Healthwatch staff did not feel a particular difference in the way they usually work. Direct contact with VONNE and NEAS staff only occurred after the completion of engagement activities at the feedback event. One interviewee noted that as Healthwatch often collaborated with other organisations, working alongside another organisation was not particularly unusual.

> **"To be honest it didn't really feel I was working with VONNE, it felt more like we were working with other Healthwatch. I didn't feel the VONNE presence personally myself."**

Therefore, the way the project was structured meant it was more difficult for operational staff to comment on how effective partnership working was between the organisations or **"how much to-ing and fro-ing went on up the chain,"** with operational activities feeling largely unaffected.

However, this strategic organising of tasks enabled individual Healthwatch organisations to focus on their day-to-day engagement activities and adapt materials as they normally would to reflect the needs of specific populations and was welcomed as such. Healthwatch organisations were **"given flexibility to use the materials as we saw fit"** and all staff felt the materials were easy enough to adapt.

> **"Yeah, I think we did [adapt materials], we sometimes adapted the questions, especially for the group with English as an additional language."**

> **"When you get a resource like that, you always have to adapt in some way, one box doesn't fit all."**

What were the positive aspects of working on the project?

Amplifying local concerns - alignment with Healthwatch's day-to-day remit

As consulting with the public on health and social care issues remains Healthwatch's 'bread and butter' remit, Healthwatch staff felt that the project represented a good opportunity to engage with what they knew were already 'hot topic' issues, particularly for those within more rural areas. Knowing that waiting times for ambulances, for example, was already a concern with local people, participating in the project allowed such voices to be heard by those with the power to respond to these concerns. Given this context, one Healthwatch staff member felt it was particularly interesting to see that both groups of participants were complimentary towards NEAS and Healthwatch thought it was important for **"NEAS to take value from this."**

This sentiment was echoed by those engaging cohorts who were particularly dependent on NEAS because of frailties or other long-term health conditions.

> **"I don't know if they've [respondents] had the opportunity to feedback on NEAS before. This is a bonus for them."**

Again, being able to facilitate an opportunity to talk about issues close to communities' hearts and knowing that NEAS had planned future 'feedback events' made the work more meaningful for staff.

> **"...Especially patient transport, which was included in this, we often get feedback on that from the general public...NEAS then fed back the results – we bang on about this to organisations who don't close that loop!"**

Inter and intra-organisational relationship building

The opportunity to develop and deepen existing relationships both within Healthwatch as well as with NEAS were cited as positive outcomes of the project. Due to the way in which the project had been structured, relationships had been forged between the coordinating Healthwatch and other organisations which were felt to be positive and a new experience for some staff members.

"Every piece of work is building different working relationships."

"I always like doing collaborative working with the other Healthwatch's. It's great when someone else gets the information together too."

Staff members acknowledged that, although they already had a good working relationship with NEAS, further work with the organisation was always to be welcomed as it helped strengthen their existing practice and organisational agenda to include patient voices in shaping services.

"[The project was] good for our relationship with NEAS – that is always good to have, and we are all aiming to make things better for patients."

Clear and effective objectives and outcomes

Another Healthwatch staff member felt that an additional strength of the project was **"a definite timeline with specific questions"**. They explained that this was particularly important given the project concerned a **"difficult topic"**, in the sense that NEAS' clinical strategy was a nebulous subject on which to elicit people's thoughts. However, because Healthwatch were able to put their own 'spin' on how to approach the topic, the data generated was felt to be more robust.

The production of a comprehensive report in addition to feedback events were highlighted as constituting an evidence bank which was felt by staff to be an effective way to be able to hold NEAS accountable, in addition to moulding the clinical strategy itself. Likewise, the fact that engagement was prioritised by NEAS was valued by staff and felt by some to be a key positive aspect of the project.

"Knowing that they did the events, I do know that they did take it [feedback] on board. They spent a lot of money on engagement as an organisation..."

Whilst there was a degree of divergence between staff views on how effective the feedback events had been, for those who had attended the sessions, they were felt to have been pitched **"right"** for both professionals and the public.

"Having the top dog there attending the sessions with the public [was good], it was informal as well and wasn't pitched wrong. He was normal, no airs and graces and went around to speak to people."

Novel results and operational flexibility

One of the positive aspects noted was the engagement of a group of older men for one of the sessions. In view of the fact this is a cohort largely unrepresented in much health-related research, achieving this particular sample was valued for both the broader knowledge that was brought to the NEAS clinical strategy as well as the good engagement practice it represented for Healthwatch.

In a similar vein, one Healthwatch noted how they were able to adapt the methodology slightly to respond to supplement gaps that had emerged in the data. This was also based on their expertise and ability to draw upon existing working practices in their local communities, for example by visiting local supermarkets to supplement survey responses.

> **"We took a different approach... [with ad-hoc research engagement activities to gather] quick bits of feedback on certain things."**

What were the negative aspects of working on the project?

Planning decisions and methodological limitations

One staff member described the initiation of the project as feeling **"a bit clumsy and cumbersome at the beginning"** but that again, the ability to adapt the project based on the individual Healthwatch's own local knowledge and experience meant they were able to compensate for some of the methodological limitations later on. Engaging people's thinking on what a clinical strategy should contain was again noted as being **"not the easiest of subjects"**, resulting in people's attempts to respond to the brief as a **"satisfaction survey rather than as a thought exercise"**.

With this in mind, staff questioned the amount of consideration that was given to the initial methodology as part of the planning stages.

> **"I'm not sure a hastily convened focus group would necessarily give the best insight [into the topic] ...a lot more thought as to how the subject was framed to improve engagement [could have been embarked upon.]"**

Similarly, some staff questioned the methodological 'fit' of using a survey to elicit people's views on the strategy in the first instance, noting that it had a low uptake in some Healthwatch areas, despite a very wide distribution and regular engagement with community partners.

> **"We did everything we could do. The response rate wasn't reflective of the effort."**

One staff member wondered whether the range of topics covered within the survey was too broad to capture people's attention, but ultimately concluded that:

> **"...face-to-face work would've been better [alongside targeting] people with the best experience [of NEAS services.]"**

Design/efficacy of feedback event

Healthwatch staff were mixed in their views over how successful the feedback event had been. Many of the operational staff spoken to had not attended the 'You said, we did' event hosted by NEAS but nevertheless felt confident that NEAS would be responsive to the engagement feedback. However, others conveyed a sense of distance from the 'feedback loop' by not being able to attend the event and as a result questioned what changes had been made, or how feedback had been incorporated into the clinical strategy.

> **"I would like to have been more informed of what that [engagement activities] did! Did it make a difference?"**

Other staff more explicitly felt that whilst the feedback event was to be commended, the ability of most people to attend would be constrained and so questioned whether this was the most (or only) effective way to share knowledge and learning as widely as possible and suggested a more concise text-based summary was necessary.

> **"The only thing for me was, there were the feedback sessions which presented the results, but other than that this never got fed back to the community, so we created a document ourselves. We had to create something in a format they could understand, not a 50-page report. We need to be telling them about findings."**

Another staff member who had not been able to attend the event also suggested that the findings should have been shared more widely, as much to amplify what they thought was the positive changes that NEAS have made in response to feedback and their ongoing good work.

> **"Those comms came through to us, but they need to come to the public! They don't know about the great work they're doing with the service, the improvements to 111. They need dialogues with users."**

Would you take part in a similar project in the future?

All Healthwatch staff spoken to conveyed a positive view of working on the project and that it was an experience they would be keen to repeat.

> **"It was a good experience, and it is important for the public to be involved."**

Staff recognised that there were always questions of whether they could have spoken to this or that group if time had been on their side but expressed that they were largely happy about their contribution to the project and the voices that were represented.

> **"It would be nice to get a few more groups in and a bit more face-to-face, which we would have liked to have done. Think about people who will be using that service and link up with the hospital [to recruit people most likely to be using the services]."**

Overall, however Healthwatch recognised the value of any project, providing **"it is a subject we can get people to engage with"**, which this was very much felt to be.

VCSE partners

We spoke to four VCSE organisations. All had supported service users to complete the survey and facilitated a focus group to support the deep dive aspect of the project.

Key themes

Motivators for involvement

- Enabling service users to share their views and have their voices heard was the main motivator for VCSE organisations taking part in the project.
- Furthermore, their reach geographically and into often underrepresented communities put them in a strong position to gather comprehensive and insightful feedback to inform the strategy.
- The project matched the skillset of some VCSE organisations who regularly took part in community consultations.

Role in project

- VCSE organisations were able to reach into communities, facilitated by trusted relationships. They planned engagement events, invited service users to attend and supported them to take part. Some of these were with existing groups whilst others were convened especially for the project. They also identified potential participants, planned and conducted deep dive focus groups with a selection of service users.
- VCSE organisations had the autonomy to develop and conduct these events as they saw fit, the only prerequisite being that they were held face-to-face and standardised questions were used. They were free to adapt these to meet the needs of their service users. Some reported adapting them to make them accessible to clients with learning disabilities, for example, whilst others initiated a group discussion ahead of the completion of the survey to introduce the subject, get people thinking about it and answer any questions.
- VCSE organisations were supported by VONNE to take part in the project. They provided guidance around the aims of the project, delivery and the format of feedback, including insights from staff. They were on hand to answer any questions and VCSE organisations liaised with them about the best way to conduct the project. VONNE's support was welcomed by all and their enthusiasm for the project motivated organisations to do more.

Positive aspects

- **Opportunity to influence change -** The opportunity the project afforded to communities, particularly those seldom heard, to take part and influence change was highlighted by all.
- **Resources to support engagement -** Crucial to the success of the project were financial resources and support from VONNE to conduct the activities.
- **Methodological approach -** Face-to-face engagement with communities encouraged greater numbers of people to take part in the project as it reduced barriers such as poor literacy and offered a platform for people to share their experiences in-depth.
- **Flexibility -** The flexibility and autonomy to conduct this work in a manner they deemed appropriate for their client group was also a positive aspect of the project and encouraged participation and the sharing of insights.
- **Impact of involvement -** NEAS' acknowledgment of the impact of the involvement of communities who shared their views and how this influenced the strategy through the 'You said,

we did events' hosted by VONNE and NEAS was seen as a successful aspect of the project. People felt valued as they could see first-hand that they had been listened to and their feedback had made a difference.

- **Organisational learning and relationship building –** Developing relationships with VONNE and NEAS and other VCSE organisations who took part in the project helped organisations with profile raising and knowledge sharing. Moreover, VCSE staff reflected on how their service users interact with NEAS and also how their organisation gathers feedback from them, resulting in greater learning from an organisational point of view.

Learning points

- For VCSE organisations, understanding how long recruiting, planning and adapting materials would take was seen as a potential barrier.
- Whilst seen as a positive by most, the reliance on people to attend the 'You said, we did' events resulted in some organisations not receiving any feedback about how their insights had been used. Written feedback would have complemented this.
- It was felt that the survey should have captured the cohorts of people completing it, to further identify the needs of specific communities.
- Requesting VCSE organisations to identify a maximum number of people they would speak to was restrictive and some organisations believed they could have engaged more people.
- Having NEAS staff visit VCSE engagement events would have supported the process and enabled them to answer questions about their service VCSE staff felt unable to answer. A frequently asked questions document would have helped in this respect.

Project legacy

- Most organisations reported that the project had helped to strengthen their perspective that communities could make a significant contribution to health research as they felt NEAS listened to and valued their feedback.
- VCSE organisations were unanimous in their view that they would participate in the project were it to take place again or they were offered a similar opportunity, and one had already made the offer to VONNE.

Summary of findings

Why did VCSE organisations take part and what did they bring to the project?

Enabling service users to have their voices heard

Reflecting the position outlined by Healthwatch, individual VCSE organisations indicated that underpinning the decision to take part in the project was a desire to support service users to share their experiences and have their voices heard by those with the power to affect change.

> **"When we get the opportunity for people with lived experiences to get their voices heard, especially those with multiple needs, we try to take it. The opportunity for them to share their views and help shape the service was one we wanted to be involved in."**

> **"We felt we could get a wide reach of people at the [centre where engagement event took place], we could help with this."**

This desire to amplify the voices of service user groups was particularly strong amongst those organisations representing both seldom heard communities whose views are often excluded in consultations, as well as those considered to be high users of ambulance services. VCSE organisations viewed maximising their clients access to sharing feedback as an integral part of their advocacy role and a way to ensure their experiences could inform and shape improvements, they would directly benefit from.

> **"As a group they [people with learning disabilities] are often overlooked…or nobody has asked them. They don't have the advantage we do of being able to do that [express their views on a service] so often."**

> **"Because we offer such a variety for our groups, supported living, day groups, we support people 24-7 throughout their lives so we support them accessing ambulance and hospital services."**

Reach

Access to a wide range of communities alongside geographical reach were also identified as being key to the comprehensiveness of the project, as a wide range of people were given the opportunity to share their views.

Relevant skillset

As well as being passionate about the opportunity to advocate for their service user groups, VCSE's also felt the project represented an opportunity for them to showcase their own expertise.

> **"We're a trusted organisation, we're known for being community based, we've done extensive consultations for different work. Our brand has added value built-in."**

What were the VCSE organisations' roles in the project?

VCSE organisations had a variety of roles in facilitating service users' contribution to the clinical strategy, ranging from support with completing surveys through to more in-depth 'deep dive' focus group discussions.

For those whose remit was to run engagement events to encourage completion of surveys, a degree of flexibility was detailed whereby different strategies were employed to engage service users. **"It didn't feel like a rigid process."** For example, one organisation described utilising both preexisting groups as well as hosting tailored discussion groups where a breakdown of the topic of the clinical strategy was introduced to facilitate more of a dialogue and encourage broader thinking before surveys were completed.

Support from VONNE

VCSE organisations spoke positively about the guidance and support they received from VONNE staff who took time to explain the aims of the project and encouraged creativity in how they engaged with their service users.

> **[VONNE staff member was] "genuinely, really influential in how we took part, they were passionate and we knew what we were doing would have a meaningful impact – it motivates you!"**

> **"I can't really remember who we liaised with, but they were really helpful. I had lots of questions where I thought 'is it for us?' and there was to-ing and fro-ing, 'this is what we do, is it suitable' etc."**

This more engaged method of working directly with people was contrasted with the usual means of receiving surveys from third parties via email to share and was highlighted as providing VCSE organisations the opportunity to have their expertise listened to and incorporated into the project resulting in high quality data.

> **"We were given an initial brief of the project – their goals, delivery, how they would want the information back. They sent the questions they wanted asked and I liaised with them about how I thought it best to do it… [to find a way to] include and not exclude them."**

Autonomy

VCSE organisations agreed that they were afforded flexibility in how they interpreted the brief of providing 'engagement events', with some opting to speak to service users on a one-to-one basis rather than in a group context on some occasions, depending on individual need.

> **"The questions [initially provided within the brief] were formal and would be difficult for our group to access...I know people individually and what works best for them...The language is obviously difficult…For some people it was breaking it down into simple language, making pictorial guides, for some speaking one-to-one using sign language."**

This flexibility to adapt language used was particularly important for some groups and one organisation explained how they framed the consultation in terms of 'shaping services' not strategies, and how they can shape it so that things work better, **"Which helped a lot."**

Although not everyone took advantage of this flexibility, the opportunity for some VCSE organisations to engage more deeply with the topic through deep dive discussions complemented the insights gathered through the survey and engagement events.

> **"I didn't adapt it, but if I did it again, I would have. I just stuck to the brief."**

> **"The deep dive was informative and interesting. We had two quite different groups with quite different opinions – hopefully that gave a bit more information."**

What were the positive aspects of working on the project?

Resources to support engagement

VCSE organisations highlighted the importance of dedicated resources available to them as part of the project including both support from VONNE as well as the financial resources to be able to compensate people for their time.

> **"Incentivisation meant people who wouldn't normally come, attended [which helped to balance the group]."**

> **"They were rewarded for their contribution. Most don't have paid work – a lot do voluntary work in roles that would be paid roles [elsewhere]."**

Methodological approach

Although some of the VCSE organisations had supported clients to complete surveys on previous occasions, the engagement events were welcomed as a novel and more hands-on method of involving people. They were cited as an instrumental aspect of the project in increasing engagement and crucially, in achieving a true sense of how communities currently used the service, and areas in which it could be improved.

> **"I think a real strength of the project was VONNE's approach, having face-to-face sessions. Lots of people we work with don't read or write, or don't like to, so they were still able to be included, they don't often get much of a chance."**

Though the engagement events had to adhere to administering surveys and therefore ensuring set questions were asked of all participants, the format of these being conducted as part of an 'event' within community settings allowed for wider dialogue and deeper understanding of issues.

> **"It brought a lot of discussion between people...At some points it became a group discussion, at other points it was people asking us what we thought."**

They also felt it allowed issues specific to their client groups to be more effectively communicated by NEAS, which staff hoped would ultimately contribute to a better service. VCSE organisations felt this had the added benefit of making service users feel valued and heard by those in positions of power which might hopefully go some way to redress previous experiences of disempowerment.

> **"Yes [we're often asked to share surveys with service users] but not in the way VONNE did it with face-to-face sessions."**

> **"It's not often as a specific community [LGBTQ+], they get asked and we actually learnt a lot from speaking to them [people reported that they were often misgendered, pronouns were misunderstood etc. in interactions with NEAS staff]. They felt valued at a difficult time for this community."**

Opportunity to influence change

Moreover, having a dialogue in this way promoted agency in people who were able to recognise their role in creating change despite ongoing barriers in their life.

> **"Teaching them to think of the experience as not just something that happened to them… they could think 'I didn't like that' and want it done differently in the future. They are entitled to an opinion; they don't have to accept how it is. All through their lives they [are told they] need to 'accept' what happens to them, they don't know that's a choice they have."**

This was particularly relevant to those working with communities where freedoms were already curtailed and the experience of being 'done to' rather than 'with' was commonplace.

> **"They felt their experience was valued even though they were in prison."**

For some groups, the very fact of being asked in the first place in and of itself was a clear indicator of the worth and value placed on their lived experience and of the knowledge only they could bring to the table.

> **"It is a huge privilege for them to be asked…nobody ever asks them. It made them feel worthy."**

Impact of involvement

The 'You said, we did,' events were felt to consolidate learning and further affirm NEAS' commitment to working with the feedback from VCSE organisations and their client groups.

> **"The 'You said, we did' event was brilliant...The fact that it was in-person, they were able to hear what NEAS were going to do with the information they had gathered…"**

> **"It was interesting for me personally. I went to one of the feedback sessions which were held by the new [chief executive] …people's perceptions [or prioritisation] of response times were not as high up [as she would have expected]. The feedback was good."**

VCSE organisations also talked about how the project showcased good examples of practice for NEAS and how this was equally as important to share to enable such practice to continue.

> **"It's good for NEAS to hear where they're doing well, as well."**

> **"It was really valuable to let people have a say. It was an opportunity to air some of the things they had…but also to hear some of the positive stories. One group were super positive!"**

Organisational learning and relationship building

Many of the VCSE organisations spoken to talked about developing relationships with both VONNE and NEAS as really positive outcomes of the project. Working with VONNE was described as having mutual benefits of both raising the profile of the infrastructure organisation with frontline VCSE staff as well as increasing the awareness of specific VCSE organisations and their remit with VONNE, ultimately contributing to the work of both.

> **"This project was my first experience of working with VONNE – it was really nice. They came back and asked for more information from the group, and it made the group feel they'd been listened to. VONNE were very accepting [of the adaptations made to the questions] and got the outcomes they needed, they were very positive toward it and supportive."**

Moreover, the 'You said, we did,' events offered further opportunity for relationship building amongst organisations attending who had taken part in the project.

> **"The event was an opportunity to meet organisations we don't usually have contact with and, as a result, some new links have been made."**

The project was also a catalyst for staff to reflect on past experiences with NEAS, ultimately contributing to their own service development.

> **"Personally, it made me think a little bit more about how we use the NEAS service [with clients]."**

For one organisation, the project encouraged reflection on how they currently seek feedback from their own service users and whether usual methods such as an annual survey, needs to be rethought. Another highlighted how the project allowed them the space to experiment with the operational roles of their

staff which served to both develop staff skillsets and promote relationship building within the organisation.

> **"Although [staff member delivering the engagement event] works in marketing, they supported one of the [community] team members...They hadn't worked with the community team before, so this enhanced their skills and helped bridge building internally."**

What were the negative aspects of working on the project?

VCSE organisations' views were generally positive and some struggled to identify any barriers or negative aspects at all.

> **"I wish more research was done in this way."**

Time and resource consuming

The extended amount of time the approach required was mentioned; not in itself as a negative issue moreover as an important consideration that *could* have been a barrier were it not for the investment of resources and willingness to allow additional time for engagement events to be organised.

> **"It's not as simple as getting everyone in a group or one session, it was much more time consuming to approach and amend [as they had to] but it was expected."**

In a similar vein, the additional time and resources required to adapt the language from the original questionnaires was highlighted as a potential barrier. However, it was acknowledged that in this instance it was overcome easily because of the flexibility of the project that allowed staff to draw on their expertise to make necessary adaptations.

> **"The only barrier was the language and adaptation, but that was my role in this. All in all, that was the only negative, but I had the resources and skillset to make it happen, so I didn't mind."**

Data collection technique

For one organisation, the only negative was in trying to ensure the various discussions were adequately translated or captured in the more rigid format of the questionnaire.

> **"There were some parts where we struggled to get people to write enough, we wanted them to give a bit more reason [justifying or expanding on their answers]. Some people just wanted to do it quickly, others weren't sure."**

Feedback coverage

Although the NEAS feedback events themselves were generally thought to be a good idea and well executed, their ability to reach everyone was questioned by one organisation who suggested that a document, sent to all those participating, would have been a helpful additional way of communicating follow-up actions more widely.

> **"What would have been helpful would have been to have something to follow-up with the people who participated, to send out to them [to show them the findings that were discussed in the event.] ...all I would've liked was some feedback."**

This was echoed by a second VCSE staff member who was unable to attend the feedback event, but who would have liked some follow-up to advise service users how the experiences they had shared had been incorporated into the clinical strategy going forward.

> **"It would have been good to have known what had happened, what further learning might have happened."**

Has this experience changed your perspective on the contribution communities can make to health research? Did you feel NEAS listened to your feedback?

VCSE organisations were generally of the view that NEAS were genuine in their desire to listen to and act upon the experiences and suggestions from those participating in the strategy. For some, this was strongly evidenced by the 'You said, we did' events and it was felt that the professionalism that went into their delivery reflected the strength of desire to let people know how their insights had been incorporated into the strategy. They felt that the project had helped to strengthen their perspective that communities could make a significant and indeed integral contribution to health research.

> **"Yes, [participants they felt they were listened to]. They were given a platform which usually this group don't have access to."**

> **"It was empowering."**

> **"It was great to receive the 'You said, we did' from NEAS and being able to relay to the group… 'you said these things; this is what was actioned.'"**

> **"The 'You said, we did' event was great 'cause you often don't see what the outcomes are. It meant we could go back to them [service users who had taken part in the survey and discussions] and say, 'your voices have been heard'".**

> **"Being invited to the in-person session was really nice. I was able to take some of the people who took part, and they could meet the people who were asking them these questions – like heads of NHS, NEAS – and see they were valued and part of something wider."**

There was, however, some divergence in views on how effective NEAS were in evidencing how they had used the feedback provided by communities from those who did not attend the 'You said, we did' events. They could not recall receiving any direct feedback from NEAS.

> **"[In response to being asked if they thought the feedback from the event had been valued] Not sure I could answer that. Not sure what [direct] contact we had with NEAS."**

Would you take part in a similar project in the future?

Although often describing not knowing what to expect from the outset, VCSE organisations were unanimous in their view that they would participate in the project were it to take place again or they were offered a similar opportunity and in fact one had made a direct offer to VONNE already.

> **"I didn't know what to expect or how the group would respond to it. I could've predicted lots of answers but some I would never have thought of. It is absolutely something we would take part in again."**

"It was valuable for me and for us as an organisation."

Is there anything you would do differently next time?

In reflecting on how they might do things differently, one organisation noted that, owing to the fact their particular organisation supports people with a diverse range of needs, they might have benefitted from documenting the characteristics of the cohort completing the questionnaire to further identify the needs of specific communities.

Another VCSE felt that there was a lot of uncertainty at the start around providing anticipated numbers and that, were they to have had more time, they would have achieved a greater number of participants.

"Probably could have done more [questionnaires] had we had time to plan it. I didn't know how people would engage but people did want to do the form. It seemed quite rushed at the end."

Likewise, VCSE organisations felt the limitations posed on recruitment numbers or limited publicity curtailed the range of responses elicited and that they would have liked to have spoken to more people to capture a potentially greater breadth and depth of opinion.

"We were given a limit on how many people we could ask so feedback we could provide was limited...every presentation is different [and we would have liked to] target the entire audience."

"I would probably advertise it more. We had a good mix of people and a good turnout. We offered a morning and afternoon session but would probably offer different times like an evening or weekend."

One organisation supporting people with learning disabilities had a number of specific suggestions pertinent to its service user group. These related to both NEAS' direct involvement with the engagement event, but also with more general suggestions around NEAS' working practices, perhaps feeling the need to reiterate points already communicated via the engagement process.

"Only thing was that the client group complained that NEAS didn't visit us. [They also conveyed the idea of ambulance staff visiting the group to show] what to expect when an ambulance or patient transport comes."

Another issue raised by one organisation was that members of the public had questions about the service based on their personal experience, and staff felt unprepared to answer them during the engagement event. They felt an initial meeting with NEAS or an information sheet to address potential questions would have been useful.

"A Frequently Asked Questions for people carrying out the survey would have been good. There were questions I didn't know the answer to...or it would have been good to bring together organisations to do a general 'have you got any questions' before you do the survey to pre-empt any [participant] questions."

Overall, VCSE organisations were grateful for the support from VONNE which was noted to be well coordinated and made more accessible due to the project worker's approachability.

“Thank you to NEAS for doing things differently and for listening to people.”

“Thanks for trusting us to do the event.”

Conclusions

This project's ultimate aim was to gather feedback from patients and the public to inform NEAS' new clinical strategy; this aim was achieved. However, the novel approach NEAS took has demonstrated the added value that can be generated for all partners, through recognising the expertise available within organisations and communities, collaborative working and a flexible approach. Whilst demonstrating the value in this approach, the project has also served as a learning opportunity, highlighting several areas for improvement that could inform and strengthen future partnership working.

Key successes of approach

Fostering strong collaborative and partnership working
A major strength of the project was the opportunity for collaborative working across key partners. NEAS' openness to listen and learn set the tone and fostered an environment where all stakeholders felt able to put forward ideas, influence decisions and be mutually respected. Partners recognised that each organisation brought different expertise, knowledge and skills and were able to utilise these strengths effectively. Open communication and equal partnership working enabled ideas and suggestions to be shared freely and created positive working relationships between organisations.

Clear communication and a shared understanding of roles enabled organisations to work autonomously while remaining aligned around the project's common objectives. This balance of coordination and flexibility was important to the successful delivery of the project.

Valuing patient and public involvement
The project demonstrated a genuine commitment by NEAS to ensuring patient and public involvement was integral to the development of the clinical strategy rather than being viewed as an additional activity. This was further evidenced through the level of investment in the project, the attendance of NEAS staff at engagement events to hear feedback first-hand, and the emphasis placed on demonstrating how community feedback had shaped the strategy through the 'You said, we did' events.

Whilst VONNE, Healthwatch and VCSE organisations welcomed the opportunity for communities to share feedback, much more important was the understanding that they had influenced the strategy. This was a seen as a successful aspect of the project, as communities felt valued and recognised that their contributions had made a difference.

Furthermore, VCSE organisations reported that the project had strengthened their confidence in the contribution communities can make to health research and service development.

Recognising expertise
A significant factor in the project's success was recognition that expertise exists outside of NEAS and within community organisations themselves which ultimately resulted in richer and more meaningful insights.

In the first instance, the use of a VCSE infrastructure organisation which is also the coordinator of the North East and North Cumbria VCSE Partnership Programme was identified as a key strength of the project. VONNE offered access to VCSE organisations through promotion of the opportunity and

coordination of their involvement in the project, and identification of Healthwatch as an important partner in the project.

The existing Partnership Programme structure provided an efficient and effective mechanism for engaging VCSE organisations and reaching a broad range of communities. As an organisation already recognised and trusted by VCSE partners it was well positioned to support them. Moreover, their understanding of the sector and how it operates enabled a more supportive approach to participation and helped ensure that organisations were able to engage in ways that were realistic and achievable. Having a central point of coordination also helped to ensure consistency across activities.

Healthwatch and VCSE organisations brought extensive experience of engaging communities, understanding how best to communicate with different groups and utilising established, trusted relationships to encourage participation. Their understanding of local contexts, alongside their ability to communicate in accessible and meaningful ways, enabled them to effectively engage communities that may otherwise have been less likely to participate. These trusted relationships assisted in creating an environment in which participants felt confident that their views would be heard and valued, encouraging more open and honest feedback.

In addition, Healthwatch was able to utilise its extensive geographical reach to support broad engagement across the region. Collectively, this approach enabled participation from a large number of individuals across a diverse range of communities, strengthening the evidence base and increasing confidence that the strategy was informed by a wide range of experiences and perspectives that may not have been captured through other approaches.

Appropriate funding and resourcing
Adequate funding was a key enabler of the project's success, ensuring that all partners were able to fully commit to it. For VCSE organisations in particular, the remuneration for taking part helped to remove financial barriers that would usually have prevented some organisations from taking part. This aided broader and more inclusive participation and strengthened the overall reach of the project.

Flexible and iterative
Allowing partners flexibility in how engagement activities were designed and delivered was viewed positively and enabled organisations to apply their expertise appropriately. The iterative nature of the project also created opportunities to refine and strengthen the approach as work progressed.

Generous timescales
Stakeholders recognised the importance of allowing sufficient time for meaningful patient and public involvement activities. The project design acknowledged that engagement requires time to organise accessible events and materials, support participants, and gather and reflect on insights. This was particularly important for some VCSE organisations where involvement represented a new way of working for them.

Chosen methodology
The choice of engagement methodology was an important contributor to the success of the project. In particular, face-to-face engagement with communities was considered effective in encouraging participation and facilitating richer discussions. It was considered that this approach reduced barriers to involvement, including literacy challenges, and created more accessible opportunities for people to take part, encouraging greater numbers of people to get involved.

Wider benefits
The project generated wider benefits beyond the immediate outputs supporting the development of the strategy. It created the conditions for new relationships to be established and existing relationships to be strengthened, adding value for all partners involved. For example, through Healthwatch's regional network model one organisation had a coordinating role ensuring feedback was standardised, whilst other tasks and responsibilities were shared across organisations. This way of working forged new alliances. For VCSE organisations, a new relationship with NEAS was established alongside other VCSE organisations that had taken part in the project. This resulted in knowledge sharing and increased organisational visibility.

Furthermore, organisations reported learning new skills around community engagement, involving stakeholders and supporting clients to access NEAS' services.

What issues have been identified with this approach?

Reflecting on the success of the approach, very few issues were identified, and buoyed by the success of the project, all partners expressed a desire to collaborate again in the future.

Supporting long term relationships
NEAS was keen to ensure that engagement around the strategy was not viewed as a one-off exercise but as yet has not developed mechanisms that would enable ongoing dialogue with communities and sustainable relationships beyond the project. Future initiatives would benefit from considering long-term engagement and legacy planning from the outset.

Strengthening communication and feedback processes
While communication between partners was generally viewed positively, opportunities were identified to improve processes around sharing and reporting feedback. Greater clarity around roles, responsibilities and reporting mechanisms could have reduced duplication.

Methodology
Some stakeholders questioned the use of survey-based approaches as the basis for engagement activity and felt greater emphasis on face-to-face discussion could provide richer, more narrative-based insights. Furthermore, it was felt by some VCSE organisations having to identify a maximum number of people they would speak to may have constrained opportunities for wider participation.

Suggestions for future projects included making materials available in a wider range of languages, providing supporting resources such as frequently asked questions documents, and enabling NEAS staff to attend all engagement events where appropriate.

Closing the involvement loop
Healthwatch and VCSE organisations highlighted the importance of strengthening the involvement feedback loop. While the "You said, we did" events were welcomed, reliance on attendance at these sessions meant some individuals and organisations did not receive updates about how their contributions had influenced outcomes. Future projects could benefit from supplementing these activities with concise written feedback.

Planning realistic timescales

The project recognised that meaningful patient and public involvement requires sufficient time and resources. But for some organisations, particularly those less familiar with this type of work, more time was needed to recruit participants, adapt materials and plan accessible activities. Future projects would benefit from allowing greater flexibility around delivery timescales in the planning phase of the project.

Maximising the value of existing data

It was felt by NEAS that the organisation could potentially make greater use of the data generated from the engagement activities, extending its application for broader organisational benefit. Ahead of future projects, the potential use of any insights should be considered.

Next steps

The findings above suggest that this approach represents an effective model for future community engagement projects, the following section outlines some guidelines when planning future projects.

Guidelines

This project has demonstrated the value of effective partnership working between statutory, local infrastructure and VCSE organisations, which is essential to ensure community engagement is meaningful, inclusive and influential in shaping service redesign. As a result of the project, the following considerations have been identified, which when used together can help build strong, trusted and productive partnerships.

Partnership members

- The most successful partnerships are those where all members understand their role, feel valued and share responsibility for the project aims and planned outputs and outcomes.
- From the outset identify who the key stakeholders are and what they could bring to the project to help avoid duplication of knowledge and skillsets. The partnership should be representative, inclusive and proportionate to the scope of the project and should include those who can contribute strategic oversight, operational knowledge, community insight and lived experience.

Ethos

A good partnership is built on shared values, mutual respect, trust, and a commitment to common goals. It creates a strong foundation where all partners feel valued and accountable for their contributions. Effective partnerships encourage open communication, honesty, and collaboration, ensuring that challenges are addressed constructively and decisions are made with fairness and transparency.

Resources

Meaningful engagement requires investment. VCSE organisations in particular can bring strong community relationships and trusted networks, but limited capacity and resources. Adequate resourcing enables partners to take part whilst demonstrating that the expertise and contribution of all partners is valued.

- **Statutory partners should consider:**
  - Supporting infrastructure organisations to coordinate and connect with wider VCSE networks. Recognising the additional workload involved in engagement activities and compensating organisations fairly.
  - Providing funding for staff time, outreach, venue hire, interpretation, transport, childcare or digital access.
  - Considering longer-term investment rather than one-off engagement funding where possible to enable the partnership to embed and strengthen.
- **Local and regional infrastructure organisations should consider:**
  - Designing funding arrangements that are proportionate, accessible and timely.

Clear brief

All partners should have a shared understanding of the purpose and scope of the project.
This should include:

- The overall aims.
- What questions need answering and why they matter.
- The proposed methodology and expectations for delivery.
- Why community engagement is being undertaken.

- Expected outputs, reporting requirements and timescales.
- How findings will be used in decision-making.

Clarity on areas of influence

Partnerships work best when:

- There is transparency about what decisions are fixed and what can genuinely change - being clear about influence builds trust and credibility and avoids raising unrealistic expectations.
- Statutory organisations remain open to adapting plans in response to community feedback.
- Partners are empowered to shape engagement methods based on community insight and lived experience.

Shared understanding of roles and responsibilities

Successful collaboration relies on clearly defined roles and responsibilities from the outset and partners should recognise and respect the different strengths each organisation brings. This may include clarity on:

- Decision-making authority.
- Engagement and facilitation responsibilities.
- Communications.
- Data collection, governance and safeguarding arrangements.
- Reporting and accountability processes.

Flexibility in approach

Partnerships should remain flexible and responsive throughout the engagement process to ensure approaches reflect community needs, emerging learning and changing circumstances.
This may include:

- Being open to adapting engagement methods based on feedback from partners. Recognising that different communities may require different approaches to participation and communication.
- Allowing VCSE organisations to use their knowledge and trusted relationships to shape delivery approaches.
- Building flexibility into timelines and delivery plans where appropriate.
- Creating space for ongoing reflection and learning throughout the project.

Realistic timescales

Community engagement takes time, particularly when working with underserved or marginalised communities where trust may need to be built. Partnerships should:

- Allow sufficient time for planning, relationship-building and outreach.
- Avoid rushed consultations with short response windows.
- Recognise that VCSE organisations may need flexibility around community priorities and capacity.
- Build in time for reflection, feedback and adapting approaches as learning emerges.

Regular check-ins

Ongoing communication is essential to maintain momentum and address issues early. Consider:

- Scheduling regular partnership meetings or informal check-ins.
- Creating opportunities for shared reflection and problem-solving.
- Providing updates on progress, risks and emerging findings.
- Ensuring communication is accessible, transparent and two-way.

- Regular contact helps strengthen relationships and keeps partners aligned.

Feedback on involvement

Communities and VCSE organisations need to know what difference their involvement has made. Feedback should include:

- What was heard during engagement.
- How feedback influenced decisions or redesign proposals.
- Any changes that could not be made and the reasons why.
- Clear next steps and timelines.
- Closing the feedback loop is critical for maintaining trust and encouraging future participation.

Sustaining partnerships

The development of a strong, trusted and effective partnership between statutory organisations and VCSE organisations is incredibly valuable to all and should be viewed as an ongoing relationship rather than a one-off piece of work. Once the project is finished, plan some time to come together and discuss how the partnership can be sustained and its future focus. Strong ongoing relationships will help build trust, strengthen collaboration and create a stronger foundation for future community engagement and co-production. To support ongoing collaboration:

- Maintain communication beyond the life of the project.
- Identify future opportunities for co-production and partnership working.
- Reflect jointly on lessons learned and areas for improvement.
- Invest in long-term relationship-building rather than project-based interactions.
- Create shared networks, forums or learning spaces to sustain collaboration.