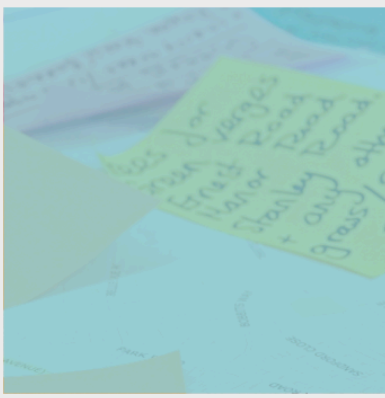
involve

Research Report
System Focused Engagement

Good practice and meaningful assessment in Health and Social Care



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With thanks to all research participants and members of the Expert Group

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Executive summary

CQC commissioned Involve, a public participation charity, to research what good practice engagement looks like in health and care systems, and how it can be assessed. The research focused on Integrated Care Systems (ICSs) and Local Authorities (LAs). A key part of this research has been to explore the role of public engagement in these health and care systems. Specifically, how it differs from the role of public engagement at the level of individual health and social care providers who are focused on individual services.

Why it matters

Public engagement helps health and social care systems understand the needs of communities. When done well, engagement helps improve services, build trust, and ensures that people's voices inform decisions. The Health and Care Act 2022 gives the CQC a new role in assessing ICSs and LAs. As part of this, CQC must check how well they involve the public and whether they act on the feedback they receive.

This research was unique in focusing on assessing system level engagement.

Our Approach

To build a clear picture of good public engagement, this research:

- Reviewed existing publications to provide insight into best practices.
- Interviewed professionals and people with lived experience
- Tested the findings with a range of stakeholders.

What we found

By drawing together findings across this research, we identified themes. These are areas where research participants spoke about good practice engagement in the unique context of health and social care systems. These themes can be summarised as:

- Strategic engagement, ensuring people's voices influence decision making.
- Strong leadership is vital to embedding engagement across all levels.
- Consistent and clear understanding of engagement and related terminology across the system.
- The right methods are chosen for any engagement piece - supported by familiarity with a range of methods.
- Coordination of engagement across the system prevents duplication. It also ensures insights inform system-wide improvements.
- Public engagement should be on key issues. For example, service planning, system governance, and lived experience.
- Engagement must go beyond a tick-box exercise. It should build trust and lead to real change in how services are designed and delivered.

In addition to identifying good practice, our research also considered the assessment process. Our research found that the assessment process should look at the system's structures and processes around engagement. This should be supported by drawing on reports and minutes of meetings. Testimonies from staff and people who have been engaged can corroborate these sources.

Principles of Good Engagement in Health and Social Care Systems

Involve built upon the research themes identified above with their expertise in public engagement. This led to a set of principles for good practice engagement in health and social care systems which:

- Reflect the original findings of the research interviews.
- Reflect the insights from existing publications.
- Have been strengthened by Involve's expertise and experience in the public participation sector.
- Have been tested and revised through a series of workshops with stakeholders.

This led to eight principles that underpin high-quality engagement in health and care systems and can guide CQC assessment.

1. Strong leadership is essential, as it helps embed engagement into the system's way of working.
2. Engagement should have a clear purpose. This helps public input lead to meaningful change.
3. Engagement should inform and improve system governance and planning.
4. The methods used must be appropriate to the topic and the people involved.
5. Engagement should have appropriate reach - engaging with the right people.
6. Engagement should be accessible.
7. Systems should learn from past engagement and keep improving their approach over time.
8. Engagement must be well-organised and coordinated across the system. This avoids duplication of engagement, and maximises its impact.

1. Introduction

This report presents the findings from the *System-Focused Engagement: Good Practice and Meaningful Assessment* project. Involve, a public participation charity, were commissioned to undertake this research on behalf of the Care Quality Commission (CQC) and with guidance from an expert group of professionals with contextual knowledge.

The research aimed to explore what good public engagement looks like within health and social care systems in the UK, specifically within Integrated Care Systems (ICSs) and Local Authorities (LAs), and how the CQC can meaningfully assess this engagement. The need for this research arose from the Health and Care Act 2022, which gave new powers to CQC to assess Integrated Care Systems and Local Authorities. A key part of CQC's assessment focuses on how ICSs and LAs are encouraging and enabling engagement, showing how they are listening to their communities, and taking action based on what they hear.

To fulfil this role effectively, assessment teams must be able to identify what good engagement looks like in the context of a health and social care system, and understand how to assess it. Engagement is a key activity that ICSs and LAs are expected to carry, helping them meet the needs of their communities. For CQC, a person-centred approach is essential, ensuring that people's voices are genuinely heard. By strengthening understanding of engagement within systems, this research supports CQC's regulatory role while also driving improvement across health and social care.

This research was important to support CQC to put people at the heart of health and social care. It focused on how to support local health and care systems to involve their communities and take action based on what people say, making sure diverse voices are heard. The research gave clear advice and tools to check how well this is being done.

What is public engagement?

Public engagement in decision making is the activities undertaken by an institution or organisation to create opportunities for the public to participate in informing and influencing decisions, policies, initiatives, programmes and/or service delivery.

When it comes to healthcare and systems around it, public engagement is vital to ensure people and communities can work with institutions on informing and influencing decisions on their own health and the health of their communities.

For this project, we've used the International Association of Public Participation (IAP2) spectrum of public participation as a starting point. This is because it describes the types of public participation that health and social care systems may carry out - from those that inform the public, through a spectrum to those that place final decision making with the public. We define public participation more holistically as:

> *An umbrella term used for when individuals engage with the various activities, structures and institutions. It can be understood as the act of engaging people to voice their opinions and judgement, giving them the right to influence the decisions that affect them and improve representation.*

So public participation is public involvement in decision making. This research focuses on, and uses the term public engagement to mean:

> *The activities undertaken by an institution or organisation to create opportunities for the public to participate in informing and influencing decisions, policies, initiatives, programmes and/or service delivery.*

By focusing on and using the term public engagement, we draw attention to *how* public involvement in decision making happens.

Why is it important?

When done well, engagement helps improve services, build trust, and ensures that people's voices inform decisions.

We know that the wider public are more likely to think something is fair when it's been shaped by the judgement of people like them.

Rebuilding trust in our systems is a two-way street - if decision makers trust people to have a say in the issues that affect them, this can rebuild trust in our health and social care systems.

1.1. Reading this report

This report outlines the research findings and situates them within the methodological approaches used. It explains the purpose of the research, the methods used, and the key findings.

The findings are organised into the following chapters:

- Engagement good practice in health and care systems
- Assessing engagement in health and social care systems

These two chapters focus on the findings that arose directly from research. The findings are then synthesised with Involve's expertise on engagement good practice, and tested in workshops to provide:

- A set of principles for good practice in health and social care systems, developed from the findings

This report concludes with a summary reflecting on the research objectives, identifying gaps, and providing recommendations for reviewing and updating the guidance developed through this project. An additional principles document has been developed

from this research for CQC's internal use to inform how engagement in system settings can be assessed.

Throughout this report we refer to 'systems'. When we use that term, or when we talk broadly about 'health and social care systems' we are referring to both ICSs and LAs who both operate as systems with different areas of responsibility. Where our use of the term and findings are specific to either one or the other we will specify this to the extent of our knowledge at the time of writing (March 2025). Where we do not specify and just refer to 'systems', it means this refers to both ICSs and LAs.

The Health and Care Act 2022 gives CQC new powers to assess Integrated Care Systems and Local Authorities. The formal assessments of Local Authorities started in February 2024. At the time of writing, the development of CQC's assessments of ICSs has paused. This is due to the government announcement in March 2025[1] that NHS England will be brought back under the Department of Health and Social Care (DHSC). Changes to Integrated Care Boards were also announced. As a result, DHSC have withdrawn their request for a proposal on ICS assessment from CQC.

Despite the pause to ICS assessments, the insight from this research project will be of use to CQC. The insight will strengthen how engagement is considered as part of the LA assessments underway. The findings will also ensure that any future ICS assessments are based on strong evidence.

[1] https://www.gov.uk/government/speeches/nhs-england-health-and-social-care-secretarys-statement

2. Methodology

The project used a multi-method research approach. This combined Involve's expertise in public engagement, with that of the expert team in health and social care systems. A collaborative approach to working with CQC was taken to generate useful outputs. The expert team also helped to ensure that the research reflected the realities of engagement.[2]. To do this we utilised the following methods and approaches:

Scoping papers - The expert team and Involve each created a scoping paper which highlighted what is already known about work done in this space. This included examples of good practice from within the health and care sector and outside it. The scoping papers were used to support discussion within the research residential.

Additionally, expert team member Chris Branson produced a paper on the statutory obligations of ICSs and LAs in respect of engagement.

Research Residential - The research residential brought together the Involve and CQC project teams with the expert group and staff from the CQC assessment teams. The purpose of the residential was to ensure shared understanding of how CQC's ICS and LA assessment teams undertake assessments now, and to plan the next stages of this project.

Literature review - A literature review was undertaken to ensure that any existent learnings on engagement and assessing engagement in health and social care were incorporated. The key finding of the literature review was that there has been no previous academic research or published findings on assessing best practices in health

[2] "The purpose of the expert team was to bring together insight from three people with experience working in senior roles on public engagement in health and care systems who could bring different perspectives and knowledge to help us robustly answer our research questions. Their expertise spanned working on public engagement at regulator, system and VCSE level in the health and care sector."
The members of the Expert Group were
Chris Branson - Whitetail Consulting. Chris brings expertise on integrated health and care systems and use of data.
Lucy Nicholls - Better Decisions Together. Lucy brings expertise in engagement and co-production in healthcare.
Robyn Chappell - National Voices. Robyn brings expertise on inclusion and lived experience in health and social care engagement.

and social care systems, but that there is a body of literature that reflects on learnings from individual pieces of engagement.

Professional interviews - We carried out eleven interviews with professionals: two members of the CQC LA assessment team, two from the ICS CQC assessment team, two staff from ICSs, two from LAs, and three other experts in health and care systems. The interviews followed a structured format, co-designed by Involve and the CQC.

People with Lived Experience research - We initially planned to deliver participatory action research - a method where people with lived experience of the topic work closely with researchers as equals and generate action to overcome identified issues. However, identifying and reaching people with engagement experience in health and social care systems proved complex and lengthy[3]. Our research method was therefore revised and is more accurately described as qualitative research informed by people with lived experience of health and social care systems. Recruitment was carried out through existing contacts and snowball sampling, where participants were asked to suggest others who might wish to take part. Eleven interviews were conducted with people who have experience of using health and social care services. Each participant received a thank you gift of £25 in recognition of their time.

The relevance of lived experience interviewees' engagement experiences varied. Some had direct experience of having been engaged with health and social care systems' decision-making processes. This included people who had been part of lived experience groups and boards, and people who had been involved in co-design of health services. Some had less in-depth experience - for example they had completed feedback surveys. Others had extensive experience of navigating health and care services but had not had the opportunity to inform decision making in any way. Some described feeling like they are never listened to. Engagement was also frequently talked about by

[3] We found two particular challenges to reaching people with lived experience of engagement in health and social care systems through snowball sampling:
1. Systems are very complex - it was difficult to set realistic parameters around the level of knowledge and experience people could effectively reflect on in interviews. 2. Engagement appears to mostly happen on an individual basis so the extent to which participants were able to refer contacts to the research was limited.

participants as communications that people receive, such as health information flyers, or information from a health care professional on how to use a piece of medical kit.

Many participants used the interview to voice frustrations about poor services. This underscores an important consideration for effectively engaging people with lived experience; when discussing difficult experiences, individuals often need time to express their emotions and regulate before engaging in a structured conversation.

Despite these challenges, the lived experience interviews provided valuable insights, particularly in defining good quality engagement. These perspectives have added further depth to the development of our principles.

Review workshops

- Co-creation workshop - 03/12/2024 - The purpose of this workshop was to bring together the core team from CQC, Involve and the three expert team members. Together they reviewed and made sense of the research at that point. This included an interim report, literature review, scoping papers, interview analysis and research residential to co-create the findings together.
- Findings workshop - 14/01/2025 - The purpose of this workshop was to share the key findings with relevant colleagues in CQC assessment teams to consider how we could ensure the product from this research is most useful for use by CQC
- Findings testing workshop - 28/01/2025 - The workshop was designed to bring together a range of people from ethnic minority backgrounds who had lived experience of navigating health and care systems. In the workshop they heard about the findings from the research so far, particularly the principles of good engagement and what role health and care systems should play, and considered whether the findings aligned with their own lived experiences.

3. Findings

3.1. Engagement Good Practice in Health and Care Systems

3.1.1. Section summary

A key part of this research has been to explore the role of public engagement in health and care systems. Specifically, how it differs from the role of public engagement at the level of individual health and social care providers who are focused on individual services.

Through this research, key elements of the engagement role and what good looks like have been identified. For a system, the engagement role is strategic. It includes designing and improving service integration, assessing population needs, and informing commissioning. It can include direct engagement on these issues, along with the integration of insight from engagement within services across the system.

Our research found that good practice in public engagement in health and social care systems requires:

- Use of appropriate engagement methods, supported by shared understanding and shared/agreed upon terminology across the system.
- A joined-up approach which includes:
    - Planning and resources to avoid duplication.
    - Collection of engagement data at a system level and using this for strategic planning. (This data should be convened alongside general population data to maximise insights.)
    - Central support for engagement best practice and learning, supported by a coordinated approach to monitoring, evaluation and learning.
- Engagement that hears from the right people for any given topic of engagement.
- Engagement on the right topics in the right way:
    - Statutory responsibilities are met through meaningful public engagement, avoiding tokenism.

- Public engagement is built into strategic system decision making and system governance.
- Lived experience is recognised as a source of knowledge and is respected equally.
- Public engagement on lived experience is carried out sensitively and with support.

The rest of this section, *Engagement Good Practice in Health and Care Systems*, expands on this.

3.1.2. Supporting appropriate and clear engagement

We found that people describe engagement in many different ways. Both professionals and members of the public shared varied perspectives, encompassing everything from everyday interactions between patients and healthcare providers to advocacy, behaviour change initiatives, and structured opportunities for people to share their views.

A clear and consistent definition of engagement is essential. This is because it shapes how different engagement methods are understood and used. There are many ways to engage with people - but the absence of a shared language makes it harder to determine which approach is most appropriate in a given context. Systems have a critical role in ensuring consistency in how engagement is described and practiced across services. Using appropriate methodologies and maintaining clear, consistent terminology is essential to supporting good engagement across the system.

3.1.3. Strategic role in engagement

ICSs and LAs should provide strategic leadership on public engagement across the system. Throughout all system strategic discussions, it should be considered where public engagement can add value. This includes commissioning, budget setting, and priority area identification:

"That could be things like having a participatory budgeting meeting around the allocations of budgets within an ICS. I've not seen that happening. It would be great if it was. Looking at the way that money is put into social care, and thinking about what services are priorities for recommissioning"
(ICS advisor interview participant)

Public engagement should be discussed and recorded during board meetings with the most senior people in the system and they should understand how and where it fits within their broader work.

3.1.4. Providing a Convening Function

Our research highlights the essential role of systems in coordinating public engagement, to capture learning and prevent duplication. While individual health and social care systems may approach this differently, participants in our research consistently described this best achieved through a 'convening function'[4]. This function establishes system-wide engagement roles and best practices, contributing to effective engagement. The convening function was described by research participants as a centralised operating process with three key roles. These are set out below:

3.1.5. Planning, resources and avoiding duplication

A key aspect of a system's public engagement convening function is to support and streamline how engagement is planned and resourced. Our findings suggest that duplication of engagement is a problem for health and care engagement. It can lead to public engagement fatigue and undermining of trust. For individuals with lived

[4] Wenger-Trayner's (2021) definition of systems convening (https://www.wenger-trayner.com/wp-content/uploads/2021/09/Systems-Convening.pdf includes engagement but goes beyond that. This broader approach to systems convening focuses on learning across diverse elements of systems. It refers to the practice of learning, collaboration, and innovation by making boundaries visible and acting from a position of possibilities. It involves recognising how boundaries are tied to identities and power, and facilitates connections across boundaries towards enabling collective sense-making.
This framing is useful to think holistically about how positive change can be achieved in a system, and the core role for engagement in achieving that.
Because this report is driven by research findings, we use a much narrower definition of convening in a system - reflecting the ways it was used by interview participants. Our use of a convening function has synergies with Wenger-Trayner, but is practically focussed on structures that bring together both resources to enable engagement, and the outputs of engagement.

experience, the need for a joined-up approach was clear. This went beyond but included engagement. They felt that disjointed services had a direct impact on their own care and raised concerns that, until services work better together, the system will struggle to engage effectively or act on insights from engagement:

> *“Teams and services are not working together. And until they do, we're not going to improve.”*
> (Lived experience interview participant)

A centralised database of engagement activities across the system can mitigate engagement related issues arising from disparate services. The database should be regularly reviewed and insights used to inform planning. This data may encompass both general population insights and specific engagement activities as one participant described:

> *“If someone approaches me and says I need to do a piece of work around direct payments, and I go, hang on - let's go and see what's been done over the past six, twelve, eighteen months, locally. Start from that… so that people don't just crack on and do everything themselves and repeat the work that they're doing, the conversations they're having with the public.”*
> (LA interview participant)

Having oversight of engagement happening across the system also enables centralised support resources to be used where they are most needed. This includes budget allocation, staff support, and access to tools. One interview participant, who supports engagement delivery within the health and social care system, described their tiered approach:

> *“My team works on a gold, silver, bronze model. So bronze, they can do this stuff. They don't need us. What they need is access to some of our tools, maybe pointing to the right contacts, but they do it. They do it well. Silver need a bit more.*

There's a willingness but they haven't done it before, or it's just a slightly contentious issue. So they need a bit supporting through it, or we've got something we could give them something to for the project that would just take it to a different space. I think gold is the big ticket stuff that we absolutely need to support. So my team did fundamentally deliver and my director is responsible for that element of that program."
(ICS interview participant)

3.1.6. Convening Data

Our research identified a role for a convening function on data. This role focuses on bringing together engagement insights alongside broader population data, such as demographics, health inequalities, and community needs. Crucially, this goes beyond a data-driven approach to engagement by applying these insights at a system level. A convening function would help systems identify where engagement is needed, what topics should be explored, and which communities should be involved. It can also highlight which groups of people are heard from regularly and which are less so, especially amongst those most affected by health and care decisions.

This function could play a valuable role in gathering anonymised or aggregated engagement insights. Such insights would help teams across the system understand what has already been explored elsewhere and what was learned from that. By coordinating data in this way, systems can develop a clearer picture of their populations and avoid duplication. However, for this to be effective, system-wide structures and practices are needed. Standardising data processes would further strengthen the ability to extract meaningful insights, ensuring engagement efforts are well-informed and effective:

"Actually taking the insights and making them accessible within a system, how do we use all this huge amount of information and make it usable to inform decision making? … how are you using this huge amount of insight that you've got to inform what you do? …. Because actually, these systems do hear from huge

populations. The problem is, nobody's actually bringing that huge amount of data, or thinking about where that data is, and how you then coalesce and use it."
(Kings Fund interview participant)

Leadership was identified as crucial in fostering a culture of data-driven engagement across a system. Leaders must prioritise system level data infrastructure that includes capacity to link population data with engagement insights, and champion its use.

3.1.7. Monitoring, Evaluation, and Learning

Research participants recognised systems should collate, share, and support best practice in engagement. A convening function can be instrumental in developing and maintaining system-wide best practices. It can provide resources, share effective approaches, and oversee continuous monitoring, evaluation, and learning. This ensures engagement practices evolve over time through ongoing training and regular reviews. This can include collating learning from experience, enabling peer support, and identifying training needs. As one participant who works within a system engagement function explained:

"Our role is absolutely that coordination. Supporting, enabling, giving them the tools, making the connections"
(LA interview participant)

3.1.8. Supporting appropriate reach; hearing from the right people

Across our research we heard about the importance of engaging with the right people, recruited in the right way, and supported to engage. Population and previous engagement data should be used to identify who the right people are. The right people to engage depends upon the topic, purpose, context, and historical engagement. They could be:

- A representative sample of the wider population according to demographic criteria.

- More specific groups, for example: those impacted by inequalities in care, particularly impacted by a decision, or where there is a gap between who is most impacted and who a system has heard from.
- People with lived experience, for particular views and tacit knowledge. When engaging people based on lived experience it is important to ensure that people with the right kinds of experience are recruited. Sometimes lived experiences may be difficult or traumatic. Wellbeing and/or practical support should be provided to participants to avoid harm.

3.1.9. Meeting statutory responsibilities with meaningful engagement

Health and social care systems have a statutory duty to engage with the public.

ICSs have a statutory obligation to ensure that service users, carers, and representatives are involved in planning, developing, and making decisions about services that affect them. This includes changes to service provision and delivery. ICSs must engage the public in developing their Integrated Care Strategy, which informs health and care planning across the system.

LAs must engage the public in preparing the Joint Strategic Needs Assessments (JSNAs) to identify local health and care needs and inform service planning.

Despite this, our research found that these statutory requirements are often not given priority. Research participants were worrieead that these statutory requirements may lead systems to engage with people in a tokenistic way, simply to meet the obligation. When this happens, organisations may focus on meeting minimum standards rather than delivering meaningful engagement.

> *“I think near all of them (*Health and Social Care Systems*), if not all of them so far labelled it as an area they could do better on”*
> (CQC Assessment Team interview participant)

It is therefore important to examine how statutory requirements for public engagement are being met and whether they are genuinely influencing decision making or simply fulfilling a box-ticking exercise. Meaningful engagement on the was described in research as:

- Engaging on something that participants can genuinely influence, where a decision has not already been made.
- Taking a well-planned approach that allows engagement input to be applied.
- Feeding back to participants about what has changed as a result.
- The opposite to ‘box ticking’.
- Engaging the right people (see above section).
- Supporting participants.

> *“(*I would ask) *How you involve the public, a broad range or a diverse range of your population, in every stage of what you want to engage in. So not just as an afterthought or just to tick the box, but that actually they were involved at every stage of the process where appropriate”*
> (LA interview participant)

Meaningful engagement helps systems to:

- Build public trust,
- Avoid wasting resources on ineffective engagement,
- Ensure that public perspectives are fully embedded in service design.

Without this, systems risk becoming disconnected from the needs of the people they serve. Importantly, when the statutory requirements are met well, systems are able to clearly point to the positive impact of that.

3.1.10. Engaging on the right topics

This research has explored what areas systems should prioritise when engaging the public. The topics below are not a comprehensive list of these, but are areas that we have regularly heard mentioned during this research.

3.1.10.1. System governance and service delivery planning

Systems should have practical and focused conversations with people about system-wide decision making, service delivery, and planning. This also connects to the importance of gathering clear data across the system and using it to identify trends. In some cases, these trends may highlight a need for public engagement to help determine the best course of action for services within the system.

Health and care systems can take a proactive approach by working with the public to shape strategies that improve how the system operates together to improve outcomes. One interview participant described how the system they work within is incorporating engagement into their 2030 strategy, moving beyond simply informing the central strategy design.

> *"Following on from that we're also developing a neighbourhood approach to delivery, what we want to do is develop what we're calling local community plans which will be a local expression of that borough wide plan. And that will include for localities to determine what is a priority within that place… And what we then want to do from that is design, a local community plan, and out of that start to think about work. Could local funding be distributed to reflect those priorities… Then, that will start to move into a co-designed approach to what that looks like in terms of resources, projects, and so on and so forth"*
> (LA interview participant)

3.1.10.2. Public health

When discussing engagement, LA research participants often discussed engagement across the LA more broadly. In particular, how public health can intersect with health

and social care services. Public health has a much broader remit than many other health services, for example their work overlaps with housing, planning, green spaces, transport, and education amongst other areas. Teams working on public health are therefore well placed to have wide conversations about people's experiences. By integrating public health-based engagement within the system, including through convening functions, this can support shaping of all health services with understanding of what is important in a broader sense.

It is important to note that often public health teams carry out engagement with the aim of behaviour change. This is engagement with a different purpose to engagement in order to inform a decision or design. However, the two can work together. For example, public engagement can co-design public health interventions and communications to maximise their success. While public health engagement that aims to change behaviour can also include interactive opportunities for reviewing and discussing the support or information that people need around the behaviour change, or the wider structures that influence it.

3.1.10.3. Lived experience

Systems should place lived experience at the centre of all service planning and delivery. This is not just a matter of reaching the right people, but also of recognising the value of lived experience in design. Lived experience provides unique insights that cannot be assumed or fully understood by those who have not been through it themselves. Engaging people with lived experience is essential for understanding what is important to the people that a service is intended to support. This can arise in specific services but can also be relevant to strategic system engagement.

It's important to note that public health teams often engage with the public to encourage behaviour change. This has a different purpose from engagement that informs decision making or service design — but the two can work hand-in-hand. For example, public engagement can be used to co-design, or inform, health interventions and communications, helping to ensure they are more effective. Behaviour-change-focused

engagement can also include opportunities for people to reflect on what support or information they need — and to explore the broader factors that shape their ability to change behaviour.

> *“The problem I often have with public engagement is you get users of services asked questions. Really, what we don't ever get is you as a user being told what that service should look like. What most people end up doing is, they just say, like people were nice to them, people were friendly, they looked after them. But that's only within the parameters of what they know. They don't know that things could be better and they're never told that. And when they're having those engagements nobody says, “this is what that should have been like, was this your experience?”*
> (Care Policy Advisor interview participant)

This adds to the findings on meaningful engagement that participants need the right information to engage critically with the topic. Without relevant information it becomes much harder for people to evaluate their experiences and provide feedback that leads to real improvements. Without this, engagement risks becoming a box-ticking exercise where the minimum is carried out to meet statutory requirements, or where there is pressure to be ‘seen to have engaged’ on a topic.

It is also important to recognise that lived experiences are not always positive, sharing difficult experiences holds the risk of re-traumatising people. Asking people to reflect on their experiences should not be taken lightly. It should only be done with a clear purpose and a genuine commitment to feeding back on the impact of their engagement. Staff who deliver engagement should have received training on trauma informed approaches.

Systems must also consider how to support participants when discussing lived experience. This could include providing well-being support and ensuring that engagement is carefully planned, allowing participants enough time to reflect and process their experiences[5].

[5] For example:

3.2. Assessing engagement in health and social care systems

3.2.1. Section Summary

This chapter focuses on findings around the process of assessing good practice in health and social care systems. This section is structured into three parts.

Firstly, areas for assessment in order to identify good practice. Our research identified key areas for assessing public engagement in health and social care systems: leadership and strategy, public participation in decision making, relationships with Voluntary Community and Social Enterprise (VCSE) organisations, and engagement reach.

Secondly, sources of evidence. We identified that assessment should draw on reports, meeting minutes, system structures, and testimonies. Complaints are not a reliable indicator of engagement but may reflect public trust.

Thirdly, what the assessment team needs to assess good practice in engagement in health and social care systems. The CQC should establish baseline engagement standards, develop training for assessment teams, and refine terminology supporting consistent and clear use.

3.2.2 Areas for assessment

Our research identified that assessment would be most usefully focussed on the systems':

- The National Child Mortality Database worked with people with lived experience of suicide in children and young people. To support inclusion of lived experiences in a thematic report, NCMD provided flexibility in the way they captured people's stories, which enabled them to meet the differing needs of the individuals involved.
- Mind worked with an advisory panel of people with lived experience to support the development of their organisational strategy. Mind provided activity packs to participants so they could familiarise and prepare themselves beforehand, and provided a trained and designated wellbeing support person in each meeting.
- Koala Community Club worked with 7 experts by experience to co-design self-advocacy training for people with autism and learning disabilities, commissioned by Hampshire and Isle of Wight ICB. Time was spent at the start of the project to curate a safe group space, enabling sharing of personal experiences. Meetings were a mix of online and in-person, in order to meet individual needs, and 1-1 meetings took place before and after each group session, to ensure each group member understood the work, and had space and privacy to share any sensitive information.

- Leadership and strategy and how that supports a culture of engagement across the system
- Extent of public participation in the system's strategic decision making
- Relationships (partnering, commissioning and engaging) with VCSE organisations, and,
- Engagement reach - who is being engaged

3.2.2.1 Leadership, Strategy and Engagement Culture

Our research found that leadership is crucial in shaping organisational culture and securing team-wide commitment. When leaders prioritise engagement as a strategic objective, it signals that public engagement is valued at the highest level, which supports a positive engagement culture. Additionally, we found that leaders must take practical steps, such as allocating resources and implementing supportive measures, to ensure that engagement efforts can be effectively carried out.

> *"That's where the focus should be. It should be on what the system is doing within its parts to prioritise public engagement. What is its leadership prioritising? Where is its budget for this?"*
> (CQC Assessment Team interview participant)

> *"You might get somebody who is absolutely amazing in the engagement role but is banging their head against a glass ceiling... They are doing great work and are really passionate about it, but the chief executive will not give them the time of day or see their work as valuable."*
> (CQC Assessment Team interview participant)

3.2.2.2. Public engagement in strategic decision making

Research identified engagement within strategic decision making, including system priorities and wider governance practices, as an area against which systems can be assessed.

“The resident voice, in terms of prioritisation, is absolutely essential”
(Local Authority interview participant)

Interview participants suggested to assess this that they would look for ‘co-production’ and public input in prioritisation. Given that we found ambiguity in use of the term ‘co-production’ in our research, we would suggest the importance of assessment team training to support the identification of genuine public engagement informing strategy.

“It's really important that at the system level there is that level of co-production, that you've got public sitting and contributing at a higher level. So I think, from governance to everything else”
(CQC Assessment Team interview participant)

3.2.2.3. VCSE organisations

VCSE organisations emerge throughout the research in two fundamentally different roles:

- As parts of the system or organisations commissioned by the system to carry out public engagement.
- As the engaged, often acting as a proxy for an engaged public, representing a particular interest or demographic group.

Both roles can be criteria for evaluating systems. How well the system functions within the wider community ecosystem can be assessed by considering:

- How well VCSEs are supported as integral parts of the system.
- How effectively VCSEs are commissioned to drive engagement within a broader strategy.
- How VCSEs are engaged with to provide the views of the people they support.

“Our Voluntary Sector Alliance (have) far more established routes into some of our local communities than we will ever have”
(ICS interview participant)

However, research participants also cautioned against overreliance on VCSE partners, both in system engagement itself and in assessing system engagement, for two key reasons. First, VCSEs are not representative of the general public, so systems should not depend too heavily on them for engagement. Second, VCSEs may have organisational biases, especially when these arise from competitive tendering processes. As one participant highlighted, the topics chosen by a commissioned organisation may be influenced by its own interests. Another interviewee raised concerns about VCSEs shaping engagement in ways that could benefit other parts of their work.

3.2.3 Reach and engagement recruitment

A key area for assessment is understanding who is engaged in decision-making across the system. For engagement to be meaningful and effective, it must reach the right people to fulfil its purpose. Depending on that purpose, this may include:

- People who are particularly affected by a decision or issue
- People with a relevant lived experience
- A range of people from a place
- A demographically representative group.

At a systems level, if engagement reach is being monitored it should demonstrate a range of different people who are being engaged and methods of recruitment to reach them. Two particular and related points were raised frequently by research interviewees on reach in assessment. Firstly, who is being heard from a lot, and secondly who is not being heard from much (sometimes described as seldom heard in this research):

> *“You get some very enthusiastic (public) individuals who you see on every partnership board, and it's the same voice, and it's the same issue that you keep hearing again and again. And it really is about challenging that as an assessment team ourselves is just making sure that we're also just checking that out, making sure that there is that diversity of voice”*
> (CQC Assessment Team interview participant)

Some of the ICS, LA, and CQC also suggested that special attention should be given to questions around engagement with children and young people. This might reveal some answers to how well systems understand the complexities of engaging beyond those who are often well represented.

3.2.3.1. Sources of evidence that can inform the assessment process

From analysis across all research we have identified four broad categories of evidence that can inform the assessment process of engagement in health and social care systems.

- Reports, including annual reports, impact reports, and project focused reports. Evidence here could include reference to public engagement in decisions and a logical and clear narrative, supported by data, that demonstrates how the public engagement impacted on the decision-making and how it was delivered.
- Minutes of meetings where decisions are made and the public are involved.
- Systemic structures such as databases for collating engagement outputs, central support and resources, and clear points of contact.
- Testimony, including from leaders and strategic decision-makers, teams involved in delivery of engagement, and those who have been engaged. It was recognised as a challenge for assessors to reach the right people who have been engaged. Many interviewees felt that assessment teams should be cautious of only having access to a small number of participants from well represented groups, or individuals who have multiple engagement roles.

3.2.4 CQC assessment team needs

The needs of the CQC assessment team has been a key consideration throughout this research. The findings presented here draw together key needs into a set of themes which in summary are:

- Baselining public engagement in health and social care systems

- Understanding of steps towards engagement maturity and embedding of good practices at a systems level.
- Training for assessment teams on public engagement.
- Clarity on engagement in the assessment framework.
- Clarity on terminology.
- Understanding of how the process relates to National Health Service England (NHSE) assurance processes[6].

3.2.4.1. Baselining and learning from experience

Interviewees highlighted the need for a baseline understanding of public engagement practices within health and social care systems.

It became evident that even organisations with expertise in health and social care often have little awareness of the engagement practices currently in place. Establishing a baseline of what different systems are doing would provide a useful point of comparison, helping organisations assess their own engagement practices in relation to others.

> *"So I think sometimes there's a sort of sense of doing the baseline work to go out in the first instance, and just, what information can we capture? In what ways. And how do we then use that to understand where everybody is, and then what we think. Where we should be holding people to account differently, because I think sometimes it's only when you see the breadth of practice. Then you're like "Oh, now I've seen that one I've seen a previous one doesn't look nearly as good", and you then get a better sense of what you're working towards"*
> (CQC Assessment Team interview participant)

Conducting a full baseline assessment across systems falls outside the scope of this research. This baseline should begin to take shape as health and social care systems undergo assessment and therefore understanding of engagement practices is developed. We therefore suggest the following steps:

[6] This research was carried out prior to the announcement on 13/03/25 that NHSE will be abolished.

- The CQC reviews information collected through assessment processes, and uses this to refine its assessment framework.
- Initial assessment processes could be carefully designed to establish a baseline of engagement practices. This would mean starting assessment with indicators ‘at minimum’ and those linked directly to statutory responsibilities, and then expanding from there.
- In systems where no single person holds overall responsibility for engagement, multiple relevant individuals could be consulted together to build a coherent picture of current practices.
- The CQC requests feedback from systems on building and improving the engagement component of the assessment process.
- Assessment processes could support systems to identify what they could be doing, and where they could be improving, recognising that engagement is an evolving area of responsibility. To note, many systems may have skills gaps or face other barriers, a challenge raised by several interviewees.

  “If the framework's written in the right way, you want it to actually help systems to advance and proceed, you know, and do well and keep developing”
  (ICS interview participant)

  “Some old schoolers like me being around for a while who've had assessment frameworks be really helpful, and others that (aren’t) (...). And that's not helpful, because all you do then is find yourself in the position where you're having to do stuff to feed an assessment process that doesn't really understand your world (...). And so you end up in this really odd place where you're having to label stuff in particular ways just to get a tick”
  (LA interview participant)

3.2.4.2. Maturity of practice

Maturity of engagement refers to the level of development and effectiveness in how systems engage with the public and stakeholders. This concept emerged as a key theme in our research, tied to the need for baselining, setting expectations, and determining the appropriate level for CQC assessments. It also acknowledges that ICSs, in particular, are still relatively new systems. As demonstrated by the quote below, the overall structure of engagement is a strong indicator of system maturity. However, even in less mature systems, good engagement can still occur:

> *"How mature are those systems, because the more mature the system is, the more likely you are to find examples of good practice working. And actually, in an immature system, you may find examples of good around specific issues depending on who was around the table".*
> (Health and Social Care Policy Expert interview participant)

This reflects a need to understand what good engagement practices look like in a health and care system - but also what it can look like when systems are in the process of establishing and embedding engagement structures.

Because individual systems are differently structured, the way they mature may vary and there is no single path to achieve maturity. Despite that, it should be expected that systems do work towards a maturity of practice - embedding good practice as standard with the development of supportive leadership, practices and infrastructure.

3.2.3.3. Training

Our research has revealed that additional training and resources on public engagement would support the CQC assessment team. Involve and the CQC are addressing this with an additional learning plan which includes engagement training for the assessment team structured around the indicators of good practice developed through this project. There will be a need to pay specific attention to ensure that as practice develops or new

team members join the assessment team, assessment colleagues have the knowledge they need to conduct assessments.

3.2.3.4 Framework and ratings

CQC assessment team interviewees explained that they need a flexible engagement assessment framework that reflects the different structures of health and social care systems. They felt it would be difficult for the assessment teams to meaningfully scrutinise health and care systems without this. In the context at the time of writing (March 2025) the ICS assessment framework is under review and the LA framework is in its first year of use. Our approach to providing the outputs of this research reflects the need for flexibility and that the framework for implementation may change.

Some questions were also raised around how engagement will contribute to the CQC rating and what it could look like to meet the minimum standards or to go beyond these to outstanding. Again, the structure of the outputs have been developed to support CQC to meet this challenge in applying the outputs of this research to any current or future engagement framework and ratings system. The findings and recommendations arising from this research do not include rating scores specifically because it is not prescriptive but can be aligned to frameworks as they evolve.

3.2.3.5. Accuracy of terminology

Our research has highlighted a strong use of the term ‘co-production’, both in interviews and discussions with the assessment team, as well as in external toolkits provided for systems. We observed that the term is often used to describe any level of public input into decision making, without clear standards, defined practices, or recognition of the power shifts that true co-production entails[7].

Some interview participants acknowledged the ambiguity in how the term is used:

[7] The ladder of co-production, developed by Think Local, Act Personal, builds on Arnstein’s (1969) ladder of citizen participation and applies it to describe a series of steps towards full co-production in health and social care. It supports greater understanding of the various steps such as access, inclusion and consultation. https://thinklocalactpersonal.org.uk/resources/ladder-of-co-production/

“There's a bit of a journey I think the ICB needs to go on. I often hear people say, Oh, we co-produced it! But I don't recognise that as co-production”

One participant expressed the view that terminology is less important than ensuring meaningful engagement takes place:

“(I) don't care what they call it, if they're doing something, because you've got, then the hearts and minds, if they get the terminology wrong, is that important?”

While it may seem overly pedantic to insist on precise terminology, consistency is crucial for assessing the appropriateness, impact, and value of engagement. Clear and accurate use of terms allows assessment teams to compare engagement practices effectively and determine what is genuinely taking place. When the term co-production is misapplied, it becomes significantly harder to assess the quality and depth of engagement.

As noted in relation to training opportunities, we believe there must be a broader understanding of public engagement across CQC and the wider health and care sector. Strengthening this understanding will enable CQC to identify good practice more effectively. As part of our learning and development work with CQC, Involve will provide the assessment team with a crib sheet covering key terminology, including co-production. This is for internal use to support CQC understanding of terminology and reinforce the correct use of terms.

3.2.3.6. Duplication with NHSE

Although this report is being published after the March 2025 announcement that NHSE will be merged with the Department of health and Social Care, we have included findings around this because they were relevant to research participants at the time of research. They can also be used to consider assessment process overlaps more generally.

ICS interview participants raised concerns that the CQC ICS assessment process may duplicate NHS England's ICB assurance processes. This issue was raised during our research in relation to avoiding overlap, streamlining processes, and ensuring assessments are as efficient as possible. One interview participant highlighted the NHS assessment process as a model the CQC could follow, describing it as supportive and developmental:

> *"I quite like the NHS assessment process because it draws on what we put out already, and it involves a conversation… So they start with the annual report… We link to the involvement framework. We link to highlights of case studies… And then you have a half hour meeting just a very informal chat like we are now, where they kind of talk through what they think they saw, we can highlight this bit and that bit, and that's how they goes through it, and it feels supportive and developmental"*

Our research considered the statutory obligations systems have around engagement. The following summarises findings at the time of this research in late 2024/early 2025. NHS England (NHSE) has to assess how well Integrated Care Boards' (ICBs, a part of the ICS) meet their legal duties. Engagement may not be a focus of this assessment. This is because the assessment guidance does not specify how ICBs should use engagement in meeting their legal duties. A structured assessment of ICSs' use of engagement could be valuable. In particular, CQC could support ICSs by including constructive feedback about areas to improve. One specific gap CQC could fill is an assessment of how engagement informs the development of Integrated Care Strategies. This includes the local needs assessments that inform these strategies. Integrated Care Partnerships (ICP, a part of the ICS) are required to produce this strategy. Assessment of this falls outside NHSE's responsibility.

3.2.5. Who in a system should the assessment team be talking to

Engagement staffing and roles within a system was frequently discussed in interviews. From those we spoke to, there was a lack of clarity (particularly within ICSs) about who

the assessment team should engage with on this issue. Even in LAs, where engagement roles tend to be more established, responsibilities appear to vary depending on system structures.

This is important for identifying the right people to speak to and building a clearer understanding of how different systems organise engagement roles and responsibilities. Over time, paying attention in assessment to the different structures could help understand which role and structure approaches are most effective. Establishing a baseline of these could help inform good practice across the sector.

Pre-assessment questions could be a useful tool for identifying the most relevant individuals or roles to engage with during the assessment process. One interviewee from the assessment team described how they might approach this in practice:

> *“I understand that every single system is completely different, and their titles are completely different. So I made sure to include a note at the top that these roles may not be reflective in your system. If there's a different role, please write that as a title. If it does not pertain. Please just write that as well. Or if there's someone in a similar role that's most applicable, please write that. I don't think there's one role that's going to exist in every single system with the same title…. But it's mainly called the Community Engagement Lead”*
> (CQC Assessment Team interview participant discussing their experience of assessing LAs)

3.2.6. Complaints

Complaints, and the way that LAs and ICSs use complaints to inform improvement was discussed in research as a potential source of evidence. Complaints were discussed as an indicator of a general level of trust and transparency between a system and the public.

This was discussed in the findings workshops where participants felt this was not a relevant or appropriate way to gauge good practice in engagement. This is because complaints and the complaints process is reactive rather than proactive. Additionally, it is not designed to hear from the right people in order to make better decisions to improve outcomes.

4. Principles of good engagement in health and social care systems

By drawing together:

- The research findings presented in chapters 2 and 3, with,
- Involve's extensive organisational knowledge of good practice in public engagement,

We have developed the following principles of good practice in health and social care systems. These were further iterated and developed through testing in stakeholder workshops.

To recap, when we talk about 'health and social care systems' we are referring to both ICSs and LAs. They both operate as health and social care systems with different areas of responsibility.

These principles serve to:

- Inform how CQC may approach their assessment process
- Capture what good practice looks like in the emergent role of public engagement in health and social care systems

4.1 Principle 1 - Leadership

Engagement in health and social care systems… should be driven by strong leadership that fosters a culture of engagement that is integrated across all parts and levels.

It is clear that senior leaders play a key role in showing why public engagement matters. Their decisions and values can shape the engagement culture of the whole health and care system. By making public engagement a priority, they encourage all staff to value the knowledge and experiences of the public when shaping services and policies.

When engagement becomes part of everyday practice, leaders and staff are empowered to seek public input on decisions. All staff come to recognise its value — not just for the system and its services, but for the wider community. In such a culture, public engagement is seen as essential for designing services that genuinely meet people's needs.

4.2 Principle 2 - Meaningful

Engagement in health and social care systems… should be meaningful. All engagement should be driven by a clear purpose with transparent impact on decision making. Structures and processes are in place to track impact of public engagement.

Our research found that both professionals and people with lived experience stress the need to avoid tokenistic engagement. This kind of engagement produces little real impact and can even harm participants, especially if they are repeatedly asked to share difficult experiences. It also wastes time and damages trust. Tokenistic engagement often involves the same narrow demographic representation, meaning services may be designed without input from diverse communities. We found that there is a perceived risk that statutory requirements could push systems to undertake tokenistic engagement in order to 'tick the box'.

Meaningful engagement, on the other hand, has a clear purpose. It informs decisions and is either acted on immediately or contributes to a bigger picture, such as shaping services to meet community needs. Participants should know why they are involved and how their input makes a difference. This means services must follow through on promised levels of participation and update people on outcomes, including any limits on what can change.

4.3. Principle 3 - System-Influencing

Engagement in health and social care systems… is used to influence the system's own governance and decision-making.

When policies and strategies are developed with genuine public and VCSE (Voluntary, Community, and Social Enterprise) involvement, they are more likely to meet the real needs of the people they serve.

Health and social care systems have statutory requirements for involving local communities and VCSE groups in strategy development. Following best practice in public engagement can help meet these obligations, but our research found that many professionals are unsure if even the basics are being met.

To foster effective public engagement across health and social care systems, it is essential to demonstrate its value through integration within central system policies and strategic priorities. Involving the public in designing strategies not only meets legal duties but also brings in a wider range of experiences and perspectives. This leads to more effective policies that better reflect the needs of all communities.

4.4. Principle 4 - Appropriate

Engagement in health and social care systems…is appropriate - the methods of engagement are fitting for the purpose, topic, and reach.

Our research found a current reliance on short surveys and frequent use of the term "co-production,". True co-production or co-design puts participants on equal footing with professionals, so it should only be used when decision makers are ready to share control.

There is no single right way to do public engagement. The best method depends on factors such as purpose (why engagement is needed), scope (the topic), reach (who is involved), desired outcomes (e.g. recommendations, priorities, or user insights), the level of power decision makers are willing to share, and available resources and time.

Given these complexities, engagement professionals often play a key role in designing effective processes.

Without careful planning, engagement risks being ineffective, eroding trust, or even causing harm. Expert input is often needed to ensure the process is designed properly. A decision may be appropriate for engagement when there is a need to gain insight from a particular perspective, a lack of clarity on public acceptability and trade-offs, recognition that professionals alone lack the necessary understanding, and when the decision has not been predetermined. The most suitable engagement method depends on the purpose, and reach, and social, cultural, political and historical context around the topic. For example:

- For major service changes (e.g. closures or restructures), a process that helps explore trade-offs can be useful. A deliberative mini-public such as a citizen's jury or assembly can add rigour to engagement on difficult issues with a sample that reflects the wider population.
- For generating first stage ideas or capturing front of mind responses, surveys, pop up stands, or community discussions may be effective.
- For long-term planning, a standing panel or governance group may work best.

Each method requires careful planning. This should begin with a clearly defined purpose, topical scope, and clarity on the type of insights that participants will generate. These decisions should inform who participates, how discussions are run, and how findings are used, and this should be clear to participants. If engagement is poorly designed or mismatched to the purpose, it can be seen as tokenistic (see also, principle 3; Meaningful), cause confusion, or even harm participants by making them relive difficult experiences unnecessarily.

4.5. Principle 5 - Appropriate Reach

Engagement in health and social care systems…should have appropriate participant reach. Who takes part should be planned to ensure relevant representation across the population.

Listening to a wide range of people is crucial for health and social care systems to understand their communities and tackle health inequalities. To design fair and effective services, engagement must reach diverse voices, especially groups that are often left out of decision making.

Some of the professionals we spoke to in our research saw public engagement as something done mainly through Voluntary, Community, and Social Enterprise (VCSE) organisations. While these groups provide valuable insights, relying only on them can leave gaps. They should support, not replace, direct public engagement - such as by advising on wider engagement efforts or using their skills to help reach certain groups.

By making engagement inclusive and well-planned, health and social care systems can design services that truly meet the needs of all communities, leading to fairer and better outcomes for everyone.

4.6. Principle 6 - Accessible

Engagement in health and social care systems… is accessible and culturally sensitive.

Without careful planning, public engagement tends to attract a narrow demographic group - people who do not face material, health or sociocultural barriers to engagement. While their views matter, relying only on them leads to a limited understanding of what different communities need.

People from diverse backgrounds bring fresh perspectives, helping to highlight barriers, overlooked priorities, and ways to make services more accessible. Some engagement may require input specifically from a marginalised group if they are particularly affected

or their views around a subject are unknown. Other engagement may seek people from a range of backgrounds.

People who do not usually engage face barriers to public participation. These barriers may be unknown, hidden, or difficult to overcome. They may include (amongst many possibilities) financial constraints, lack of childcare, historical power imbalances, the tone and assumptions in invitations to engage. If no work goes into identifying and overcoming barriers it can limit who takes part, favouring those with more time and resources.

To ensure that health and social care works for everyone, it is vital that barriers are overcome in order to enable people to engage. This can include financial support, accessible formats, culturally appropriate approaches, and direct involvement from underrepresented groups in designing engagement. Only by ensuring broad and fair public participation can policies and services genuinely meet the needs of all communities.

4.7 Principle 7 - Ongoing Learning

Engagement in health and social care systems…is strengthened through ongoing evaluation, monitoring, and learning. This ensures service, and system wide engagement activities meet their intended purpose and feed back into systemic learning on contextualised best practice.

Our research found that having a well-organised engagement coordinating and convening function (see Principle 8), within a health and care system makes engagement more effective and impactful. This principle focuses on one of the roles this function can play - supporting system level monitoring, evaluation, and learning to improve engagement, align it with priorities, and support ongoing improvement at all levels.

Regular evaluation helps identify what is effective, ensuring future engagement is more informed and responsive. At a system level, this means using insights from engagement

to adjust future engagement strategies and practices. At an individual level, public participants should be able to give feedback on their engagement experience. This can be enabled and insights compared and best learned from when it is standardised and compared across the system.

Learning works best when it is built into daily practice, encouraging staff to share plans, challenges, and successes. Staff should have opportunities to reflect on engagement including sharing what has worked well, and discussing challenges with other engagement staff. A strong system level support network helps create a culture of collaboration and continuous improvement across the system.

4.8. Principle 8 - Co-ordinated

Engagement in health and social care systems… requires coordination to avoid duplication, share engagement driven insights, and maximise resources across the system

Engagement is most effective when there is a clear process for sharing and using insights across the system. Our research found that when engagement findings are made accessible, they can help tackle specific issues while also driving broader system-wide improvements. This can be provided by a system level convening function.

Drawing together key engagement insights (at the level of anonymised or aggregated data) can maximise the impact of engagement, shape a system-wide strategy, and provide a way to track progress. It can also help align engagement efforts across different services, ensuring a joined-up approach that benefits the whole system. In particular it can guard against engagement duplication, over engaging particular populations, or engaging a community without understanding what aligned engagement may have already happened and how that was used.

The best way to organise this will depend on how the system is set up, but a central hub can help keep engagement structured and ensure resources are used efficiently. A well-coordinated approach makes past insights easy to access, helps plan future

engagement more effectively, and identifies where new input is needed. This also builds trust, as the public can see their contributions are being listened to and acted upon.

By creating a system-wide view of engagement, these actions reduce the risk of engagement fatigue, boost trust, and improve coordination of engagement resources across the system.

5. Conclusion and future recommendations

This research set out to define what good public engagement looks like in health and social care systems, specifically within Integrated Care Systems (ICSs) and Local Authorities (LAs), and how the CQC can assess it effectively. The findings presented here in summary, along with detailed project outputs provided to the CQC directly, will shape the CQC assessment process.

To ensure effective implementation, we recommend:

- Training for assessment teams: Assessors need to be able to recognise good engagement, use accurate and consistent terminology, and ask the right questions. Involve will deliver initial training in May 2025 to support this. It is essential that those who carry out these assessments have access to training, and learning resources, alongside opportunities for ongoing reflection. This should be supported by CQC to embed engagement understanding and application to the assessment process. Assessment teams must have understanding and awareness of engagement, if they do not have this, we recommend that engagement specialists are used to support the inspection and assessment.

- A flexible, evolving assessment approach: CQC's expertise in assessment is required to apply the findings of our research to assessment. We have designed our principles to be adaptable, not prescriptive. We strongly recommend maintaining a flexible and evolving approach to methods for assessing engagement. CQC should regularly review how the principles and assessment process align.

- Building a baseline of engagement in health and social care systems - and keeping this reviewed: Currently, there is no clear baseline for how engagement happens within health and social care systems. This baseline understanding will

improve rapidly as more assessments are undertaken. It is likely that this will reveal variation in practice along with some areas of consistency. Having a process to review baseline engagement across assessment processes in health and social care systems and to reflect upon this and update what this means for the assessment process will be a vital legacy to ensure the ongoing effectiveness and applicability of this research. As assessments are implemented, trends and gaps will emerge. Establishing a process to capture, review, and respond to this evolving picture will be crucial for ensuring long-term impact.

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