Comments forms with attachments such as research articles, letters or leaflets cannot be accepted.

ID	Type	Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
1	[office use only]	Cheshire West and Chester Council	Full	General		What is the purpose of this document? Is it intended to be a guide for different departments on how to undertake community engagement? If so, it is not achieving this aim. It reads as a report on how conclusions were reached.	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. The guideline is not intended as a 'how to' guide. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
2	[office use only]	Cheshire West and Chester Council	Full	General		It needs to be a much shorter document that provides advice and information on how to engage communities, i.e. it should be a "how to guide". In its current format, it is not very engaging and would also need to be re-ordered, e.g. explain what community engagement is, why it is important and why departments like housing should do it, what it can be used for and how it should be carried out.	Thank you for your comment. The guideline follows a standard template. Following consultation comments some of the recommendations have been re-ordered or revised for clarity. The aim of the guideline is not to provide a "how to" guide but rather identifies community engagement approaches which are effective and cost-effective. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.

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3	[office use only]	Cheshire West and Chester Council	Full	General /page 8		There needs to be some very practical advice on undertaking engagement. For example, pg 8 provides very detailed advice that does not appear to be included elsewhere in this document.	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. The guideline is not intended as a 'how to' guide. However, links are given to relevant resources throughout, which may support community engagement activities. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
4	[office use only]	Cheshire West and Chester Council	Full	General (1st few pages)		Term "vulnerable" used ..this defines certain groups of people as vulnerable…rather than acknowledging that people, (everyone potentially) may experience "periods of vulnerability". This fits better with an asset based approach that the guidance is promoting.	Thank you for your comment. The term has been removed.
5	[office use only]	Cheshire West and Chester Council	Full	General		How well does the guidance recognises the role of digital? Growing body of evidence as to how people are increasingly defining themselves through digital networks…and that this is increasing rapidly….(see the link below to networked neighbourhoods summary report from way back in 2010…& things have moved on considerably since then!) http://networkedneighbourhoods.com/wp-content/uploads/2011/04/Online-Nhood-Networks-4-page-summary-web-rev-1.pdf	Thank you for your comment. Limited evidence was identified on digital networks. A research recommendation has been made on this issue.
6	[office use only]	Cheshire West and Chester Council	Full	1.2.1.- (page 5 -)	Lines 10-17	Map the Asset(skills, knowledge, networks..& **relationships**) This could take considerable time!	Thank you for your comment. The guideline has been amended in line with your comment.
7	[office	Cheshire	Full	General		Scanning through the guidance…it feels like a start…**but**	Thank you for your comment. The definition of

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	use only]	West and Chester Council				**sure(hope) it will evolve prior to publication**….e.g. liked to see co-design principles defined & included…& codesign stated alongside co-production.	'Co-production methods' in recommendation 1.2 has been updated in line with your comment.
8	[office use only]	Cheshire West and Chester Council	Full	Page 1	paragraph 3	Improve example through reference to educating the community, raising awareness of issues, impacting on local concerns, linking groups etc.	Thank you for your comment. Examples have been removed from this section in the updated guideline. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
9	[office use only]	Cheshire West and Chester Council	Full	Page 1	Paragraph 4	Voluntary sector organisations - Could be extended with examples - such as…..and what role they play.	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
10	[office use only]	Cheshire West and Chester Council	Full	Page 4	Para 1.2.1 (lines 10-17)	One feels this is vital – "appropriate and adequate resources" perhaps	Thank you for your comment. The updated guideline has been amended in line with your comment.
11	[office use only]	Cheshire West and Chester Council	Full	Page 5	Para 1.2.2 (lines 18-22)	This should already be part of the main aims of JSNA - does this mean that extra funding will be added by NICE?	Thank you for this comment. Local resourcing decisions are outside the remit of NICE. The wording of this section has been amended for clarity. The implementation section of the guideline has been updated to include a link to a range of tools and information resources to support completion of the Joint Strategic Needs Assessment.
12	[office use	Cheshire West and	Full	Page 5	Para 1.2.3	Can't see how this can be done without a local presence. Are NICE about to establish specific local teams, if so is this a further layer of	The local implementation of guidance is outside the remit of NICE. The wording of this

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	only]	Chester Council			(lines 23-26)	engagement added to PPG, Healthwatch etc. All will be chasing the same info.	recommendation has been amended for clarity.
13	[office use only]	Cheshire West and Chester Council	Full	Page 7	Para 1.4.5 (lines 26-28)	The limited number of volunteers is a serious capacity issue	Thank you for your comment. This is acknowledged in 'The Committee's discussion' (paragraph 17 on the evidence).
14	[office use only]	Cheshire West and Chester Council	Full	Page 10	Lines 4-6	Agree with the challenges	Thank you for your comment.
15	[office use only]	Cheshire West and Chester Council	Full	General – page 11 onwards		The majority of the rest of the document deals with "Committee suggestions" and definitions – can't really comment on these other than the definition for Asset based approaches p27. Which I feel needs greater explanation – Perhaps *"... builds on the assets that are already found in the community and mobilizes individuals, associations, and institutions to come together to build on their assets - not concentrate on their needs. An extensive period of time is spent in identifying the assets of individuals, associations, and then institutions before they are mobilized to work together to build on the identified assets of all involved. Then the identified assets from an individual area matched with people or groups who have an interest or need in that asset. The key is to begin to use what is already in the community."* My other feeling is that if carried out in full the effect will be to add a further tier of community engagement and additional involvement with decision making and "consideration groups" eg Healthwatch PPG's, VA's and support orgs like Red Cross, Macmillan, Altzheimers etc. as well as HWBB and JSNA groups. Is this really necessary? I also do not think it possible without an established local network established by NICE at least one with greater focus than a north-west region and with a little more hands on than simply	Thank you for your comment. The definition of 'an asset-based approach' in recommendation 1.2 has been updated.in line with your comment. Thank you for this comment. The recommendations reflect that a partnership approach is effective. The local implementation of guidance is outside the remit of NICE. The wording of the guideline has been amended for clarity.

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						preparing briefings and guidance documents for GPs and local government.	
16	[office use only]	Cheshire West and Chester Council	Full	General		Comments relating to social media appear sensible, however, is this going to be nationally or locally driven and will sufficient resources be made available to run campaigns thoroughly or will it be a case of scratching the surface?	Thank you for your comment. Limited evidence was identified on digital networks. A research recommendation has been made on this issue.
17	[office use only]	Cheshire West and Chester Council	Full	General		In terms of community engagement it must be said that a large section of the population have a perception that NICE is a clinical organisation that is sometimes mentioned in passing on BBC news. Great efforts should be made to stress the importance of community involvement in its work and in particular input from individuals using the services it provides information for.	Thank you for raising this issue. The development of NICE guidance follows adherence to a set of principles which NICE follows to design the processes for developing NICE guidance and to develop individual guidelines. These include transparency, consultation with stakeholders and the recruitment of independent advisory bodies, which includes community members and members of the public.
18	[office use only]	Department of Health, Health Inequalities Unit.	Full	8	3-5	We suggest making it clearer in this sentence that the range of channels considered should include channels that reflect the needs of, e.g, more vulnerable and deprived groups, those with low literacy, difficulties reading materials in English, or who do not engage with the internet.	Thank you for your comment. The updated guideline has been amended in line with your comment.
19	[office use only]	Department of Health, Health Inequalities Unit.	Full	13	5-7	Amending the following sentence would make it clearer that reducing health inequalities goes hand in hand with improving outcomes: 'It has become clear that working with communities will lead to services that better meet local people's needs, provide better health and wellbeing outcomes **and** reduce health inequalities'.	Thank you for your comment. The updated guideline has been amended in line with your comment.

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20	[office use only]	Department of Health, Health Inequalities Unit.	Full	13	28	The text in bold could be added to reinforce the need for targeted action in deprived areas (and to complement the statement at lines 21-22 that 'the strategy recognises that without actively involving those most affected by inequalities, the health and wellbeing gap in England is unlikely to narrow'): "This update reflects the importance of reciprocal relationships, **particularly in areas of high deprivation**."	Thank you for your comment. The updated guideline has been amended in line with your comment.
21	[office use only]	Department of Health, Health Inequalities Unit.	Full	14	2	Add "that improve health outcomes".	Thank you for your comment. The updated guideline has been amended in line with your comment.
22	[office use only]	Department of Health, Health Inequalities Unit.	Full	16	16-28	The title of this section is misleading as "Equalities" suggests equality as expressed in the Equality Act and so doesn't reflect the discussion below it. We therefore suggest that the title should be amended, for example to "Reflecting local dynamics" If there are Equality Act considerations to highlight in the guideline, we recommend that this is done in a separate section.	Thank you for your comment. The updated guideline has been amended in line with your comment.
23	[office use only]	FaithAction	Full	5	8-14 & 18-22	We completely agree with these recommendations. They are in line with our recommendations following our review of research and policy: see November, L. (2014) *The Impact of Faith-Based Organisations on Public Health and Social Capital*. London: FaithAction. www.faithaction.net/report Our recommendations include that public health bodies should become familiar with the faith-based organisations in their local area, the assets that they possess that can contribute to health and wellbeing, and their reach into vulnerable and marginalised groups.	Thank you for this comment and information.
24	[office use only]	FaithAction	Full	6	1-3	The Social Value Act can be used to support this.	Thank you for your comment. A reference to the Act has been included in the context section of the guideline.
25	[office use only]	FaithAction	Full	10	1-12	We agree with these areas of focus. FaithAction is currently producing guidance for faith-based organisations on evaluating their health-related work. This is due to be launched in January 2016 and we hope it will prove a useful resource. In 2015-16 we are also running a series of events for faith groups and public health	Thank you for providing this information.

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						stakeholders, in order to equip them to work together to meet needs in their communities. A series of case studies of faith-based health projects will be published on www.faithaction.net shortly.	
26	[office use only]	FaithAction	Full	10	13-15	A community engagement event has been held in Middlesbrough involving over sixty faith groups and a number of key partners including the DPH, Healthwatch and NHS colleagues. A report is available from Shahda Khan, Principal Community Cohesion Officer, Middlesbrough Council: shahda_khan@middlesbrough.gov.uk	Thank you – we would be grateful if you could submit details of your work to the NICE Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
27	[office use only]	FaithAction	Full	23	9	There is a gap in the UK evidence around the effectiveness of public health approaches that work with or within faith groups, and how these differ from other community groups – we would like to see more research being done on this.	Thank you for this comment. The research recommendation section has been updated to emphasise that 'research should be undertaken in collaboration with communities'.
28	[office use only]	Hertfordshire County Council	Full	General	General	We feel that the guidance needs to make stronger reference to the legal framework in which consultation and engagement takes place, including the Gunning Principles and current case law. As this is as an area of law that develops regularly as cases come before the courts, we feel that this is likely to require regular review and updates. We regularly review our consultations locally with our Legal Team in and have developed our approach recently in light of evolving case law. It is vital that the guidance takes account of and complements the legal framework for consultation and engagement to avoid confusion in an already complex area.	Thank you for this comment. The legal frameworks for consultation and engagement are outside the remit of this guidance but are flagged within the context section. This guideline identified effective approaches to community engagement – the specific local implementation of these, including any process for legal requirements, is for local consideration.
29	[office use only]	Hertfordshire County Council	Full	General	General	Many of the recommendations in the report align closely with our own strategic approaches to delivering community engagement and working with the voluntary sector. Our Voluntary Sector Commissioning Strategy (http://www.hertsdirect.org/docs/pdf/v/volsecstrat.pdf) and COMPACT (currently in draft) set out the principles by which we will work with the sector and cover similar areas, such as allowing sufficient time for meaningful engagement, 'asset based approach' using current local networks/organisations , involving the community in design and review,	Thank you for providing this information. We would be grateful if you could submit your details of your work to the NICE Shared learning database.

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						recognising social value in allocating funding.	
30	[office use only]	Hertfordshire County Council	Full	General	General	We are also working to implement the Commissioning for Better Outcomes framework (http://www.local.gov.uk/documents/10180/5756320/Commissioning+for+Better+Outcomes+A+route+map/8f18c36f-805c-4d5e-b1f5-d3755394cfab). This contains four domains which map across well to this work, in particular the 'Inclusive' domain, which sets standards in relation to co-production and engagement with local people, carers, communities and providers.	Thank you for providing this information. We would be grateful if you could submit your details of your work to the NICE Shared learning database.
31	[office use only]	Hertfordshire County Council	Full	5	1.2.3	The draft guidelines note that support is needed to enable effective community engagement and should be monitored and evaluated. In Hertfordshire, we invest joint commissioning monies into a number of community engagement services delivered by the voluntary and community sector. These include Healthwatch, a carers involvement service delivered by Carers in Hertfordshire, and a mental health service user involvement service delivered by Viewpoint. We recognise the importance of commissioning this kind of support in order to enable effective engagement to take place. For example, these service s have in the past supported user/carer engagement in recruitment exercises, tender processes and strategy development. However, we have also found that time and resource is needed to effectively contract manage and work with these commissioned services in order to deliver effective service user engagement, for example brokering relationships between these engagement services and different commissioners or agreeing common standards for involvement.	Thank you for providing this information. We would be grateful if you could submit your details of your work to the NICE Shared learning database.
32	[office use only]	Hertfordshire County Council	Full	4	1.1.2	We welcome the recognition that effective engagement takes time to achieve and to embed. Although we feel that locally we have come a long way in developing good practice, we also recognise there is still much more to achieve and that this will take time, especially to achieve consistency.	Thank you for providing this information.
33	[office use only]	Hertfordshire County Council	Full	16	1-7	We are currently doing work to develop our approach to co-production and recognise that this will then present a range of challenges to embed, including some of those identified in this section of the guidance.	Thank you for providing this information.
34	[office use only]	Hertfordshire County Council	Full	12	18-20	We agree with the point that feedback is vital and know from engagement experiences that this is very important in making people feel engaged and valued. We also recognise that it does not always happen routinely and again needs to be embedded as standard practice.	Thank you for your comment.
35	[office	Hertfordshire	Full	General	General	We feel it is important to develop a central repository of	Thank you for raising this issue. The point you

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	use only]	County Council				intelligence/findings from community engagement, ideally published publicly to share what has been learnt. We have set up an editable online wiki page that any organisation can input to, linked to the local Joint Strategic Needs Assessment (JSNA). However, we have experienced challenges in getting this well known about and routinely used and updated.	raise is reflected in 'The Committee's Discussion'. We would be grateful if you could submit your details of your work to the NICE Shared learning database.
36	[office use only]	Hertfordshire County Council	Full	General	General	We welcome the recommendations for further research and would also suggest that further research is undertaken into evaluating different voluntary and community sector interventions, which link so closely to community engagement and associated health and wellbeing benefits but often lack robust evidence/comparative evaluation.	Thank you for this comment. The research recommendation section has been updated to emphasise 'research should be undertaken in collaboration with communities'.
37	[office use only]	Lancashire Care NHS Foundation Trust (Health Improvement Team)	Full	1.2	general	Mapping, developing, supporting and establishing are all important; However; • Who will do this ? Staff teams currently have very little time and the emphasis on their time from managers does not allow for activity that can't be demonstrated as beneficial until much further down the line. • Training – how many staff at the grass roots level have the ability/skills/ knowledge about effective community engagement. How many have experience of reaching the hard to reach to make that impact? How many are clinical seeing people as a statutory visit or clinical experience and fully understand the term wellbeing ? • How many managers/ directors/ team leaders have this knowledge? enough to support staff and prioritise this type of approach even though there's not enough evidence based practice information available.	Thank you for this comment. This recommendation has been amended for clarity. Training is addressed within 'Learning and Training' section of the implementation chapter. The aim of the guideline is to highlight community engagement approaches which are effective and cost-effective.
38	[office use only]	Lancashire Care NHS Foundation Trust (Health Improvement Team)	Full	1.2.6	1.2.6	The results of such engagement will only be truly reflective and honest if; • You reach the right people for opinions, random selection to avoid only having input from the 'worried well' • You have the right people to carry out the engagement • The engagement methods are objective and not bias or leading • Management at all levels is supportive of the process.	Thank you for raising this issue. The points you raise are reflected in Committee Discussion Background Section paragraph 6.
39	[office use	Lancashire Care NHS	Full	1.2.7	1.2.7	The lack of evidence based practice for these approaches is mentioned, evaluation must be done early stages and work	Thank you for your comment. The guideline has been amended in line with your comment.

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	only]	Foundation Trust (Health Improvement Team)				backwards. This needs much more emphasis than previously being 'tagged' on at the end as a means to send in figures. It needs to represent a good mix of quantity and quality evidence. It need to celebrate and share good practice and mostly it needs to be embedded across organisations not departmentally.	
40	[office use only]	Lancashire Care NHS Foundation Trust (Health Improvement Team)	Full	1.4	general	Peer/ mentoring/ supervision will be time consuming but essential to ensure personal development and improved skills and knowledge base.	Thank you for raising this issue.
41	[office use only]	Lancashire Care NHS Foundation Trust (Health Improvement Team)	Full	P10	Challenges for implementation	– Ensure staff are allocated specific time for engagement work. This will need supporting by senior managers and potentially changes in culture required.	Thank you for raising this issue. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
42	[office use only]	Lancashire Care NHS Foundation Trust (Health Improvement Team)	Full	P11	Learning & Training	Forums need to be established within statutory organisations not just between community organisations.	Thank you for your comment. The guideline has been amended in line with your comment.
43	[office use only]	Lancashire Care NHS Foundation Trust (Health Improvement Team)	Full	P12	evaluation	Evaluation will need to be multi -faceted and suitable for evaluation involving multi-disciplinary teams. Training for evaluation or the use of external evaluators, should be prioritised. Budgets need to allow.	Thank you for your comment. Resources for evaluation are reflected in the implementation section of the guideline. The guideline has been amended in line with your comment.
44	[office use	Lancashire Care NHS	Full	2	general	Risk being placed low priority due to lack of evidence base	Thank you for your comment.

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	only]	Foundation Trust (Health Improvement Team)					
45	[office use only]	Lancashire Care NHS Foundation Trust (Health Improvement Team)	Full	3	general	Very restrictive under current protocols or communication policies. Ie accounts are held by NHS, formal and controlled. Would a facebook/ twitter page displaying the NHS LOGO appeal to people in communities who demonstrate high risk taking or partake in lifestyle choices which are detrimental to their health ? perhaps we need to ask what thoughts do people have when they see the NHS Logo ? This may demonstrate the need to make the look/ campaigns/ information look and feel different to appeal.	Thank you for your comment. The guideline follows a standard template. The guideline is aimed at providers of health and social care and services affecting the wider determinants of health such as housing, education, business and law and order. It will also be useful for those who commission, lead or scrutinise these services. This includes community and voluntary sector organisations'. Therefore it is not primarily aimed at members of the public. How to implement or communicate issues raised in the guideline is for local consideration
46	[office use only]	Lancashire Care NHS Foundation Trust (Health Improvement Team)	Full	general	general	The Health Improvement Service at LCFT as an example has community development work and posts, which have produced some good examples of engagement in practice. PA, link networks, recruiting volunteers and though this has proven to be worthwhile. This approach of asset based/ community engagement is not understood or practised within the wider organisation due to clinical backgrounds, core responsibilities, funding etc .	Thank you – we would be grateful if you could submit your learning to the Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
47	[office use only]	Leeds Beckett University	Full	General	General	We think that in places the guidance appears to be placing responsibility to engage and to address inequalities with communities (for example in the introduction where it says the guidelines are to 'help communities improve their health and well being'), whereas the guidance is and should be about what organisations should be doing to engage communities, based on the evidence.	Thank you for your comment. The guideline has been amended in line with your comment.
48	[office use only]	Leeds Beckett University	Full	General	General	We think there needs to be a clear statement in the Introduction to the guidance and to the Recommendations that says that community engagement is something all the agencies listed as the target for the guidance should be doing – the policy drivers are there	Thank you for your comment. The guideline has been amended in line with your comment.

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						and there is sufficient evidence to put the principles & recommendations into practice.	
49	[office use only]	Leeds Beckett University	Full	General	General	We think that there needs to a clear statement about which organisation should lead at a local level – probably the Health and Well Being Boards.	Thank you, the guideline has been amended for clarity.
50	[office use only]	Leeds Beckett University	Full	General	General	There needs to be a headline about the need for a joined up and mainstreamed approach to community engagement within organisations rather than volunteering, PPI and membership all being seen as separate activities which are somewhat peripheral to the main business of the organisation. We have an example of a NHS Trust that we are working with that is working towards this that could be a good one for your implementation section.	Thank you – we would be grateful if you could submit your learning to the NICE Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement. Recommendation 1.4 has been amended in line with your comment.
51	[office use only]	Leeds Beckett University	Full	General	General	We were surprised to see little mention of the voluntary and community sector other than as one of the target audiences for the guidance, given that the sector plays a crucial role in linking statutory organisations with communities and enabling engagement.	Thank you for this comment. The guideline has been updated in line with your comment. Voluntary and community sector organisations are referenced throughout the updated guideline.
52	[office use only]	Leeds Beckett University	Full	5	4	This is very important and could do with more emphasis – particularly on ACTING on issues which come out of community engagement	Thank you for your comment. The guideline has been updated in line with your comment.
53	[office use only]	Leeds Beckett University	Full	6	4	Again this is very important ,and could do with more emphasis- if communities do not see any changes in the way services are delivered having engaged, why should they bother?	Thank you for raising this issue.
54	[office use only]	Leeds Beckett University	Full	7	10	There are many examples of CHCs, health trainers and others working to engage local communities – a selection should be included in the section on local implementation	Thank you for providing this information. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to

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							the NICE shared learning database has also been added. The database includes practical examples of community engagement
55	[office use only]	Leeds Beckett University	Full	7	20	Local Healthwatch are involving peers to listen to the views from communities on health and social care and feed these back – they are also working to improve engagement across the system and could provide some good examples re local implementation.	Thank you for providing this information.
56	[office use only]	Leeds Beckett University	Full	7	22	Some schemes which engage local people do provide formal recognition – this practice could be shared and encouraged. RSPH qualifications can be a useful basis for training but need reviewing to provide something more 'fit for purpose' for roles where community engagement is central.	Thank you for providing this information. Training is covered in the implementation section.
57	[office use only]	Leeds Beckett University	Full	7	26	This needs emphasising. Organisations need a joined up approach which enables members of the community who become engaged to move between roles as volunteers, expert patients, members etc should they wish, and with appropriate training and support.	Thank you for your comment. The guideline has been updated in line with your comment
58	[office use only]	Leeds Beckett University	Full	8	3	This is an example of where working with the voluntary and community sector which is likely to have this insight, is crucial (see 5 above) . Working IN and WITH communities is crucial in order to build relationships and trust (local community groups are often doing this)– then the most effective communication is by word of mouth and via networks. At the same time the pressures the VCOs are under need acknowledging and the need for the sector to be adequately funded if they are going to be expected/able to support community engagement.	Thank you for your comment. The guideline acknowledges resource constraints on VCOS within Committee discussion section and as a challenge for implementation.
59	[office use only]	Leeds Beckett University	Full	10	5	Training for community members is important but it needs to be appropriate and proportionate. There also needs to be training and capacity building with organisations which often have a lot to do to change entrenched attitudes and behaviours to enable community engagement to happen.	Thank you for raising this issue. Training is further addressed in the implementation section of the guideline.
60	[office use only]	Leeds Beckett University	Full	12	21	We agree that this is very much needed. We have set up the Health Trainer England website to provide a place where evaluations and evidence is easily accessible, but believe this should be a function that PHE have and needs to be much broader that health trainers, to include the wide range of community engagement initiatives and evaluations undertaken by a myriad of agencies. One example is the many evaluations undertaken by the Centre for Health Promotion Research and Health Together at Leeds Beckett University.	Thank you for providing this information.

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61	[office use only]	Leeds Beckett University	Full	13	26	Acknowledgement is needed that many communities are struggling in the current climate of austerity and cut backs in services and expectations of how far communities can be expected to engage need to take account of this – including recompensing community members adequately for any input they make.	Thank you for your comment. Resources are considered within implementation section. The committee were very conscious of this issue and it is covered in the committee discussion.
62	[office use only]	Leeds Beckett University	Full	18	10 – 13	This is a really important point which needs more emphasis – communities can not be expected to engage when organisations want them to be and ignored at other times. More links to the evidence for points made (as given here) need to be included throughout the guidance.	Thank you for raising this issue. Please note that evidence links are provided in Evidence reviews section.
63	[office use only]	Leeds Beckett University	Full	18	16-17	Again a really important point – could this be linked to the evidence, for example in the PHE Guidance on Community centred approaches?	Thank you for raising this issue. Please note that evidence links are provided in Evidence reviews section.
64	[office use only]	Leeds Beckett University	Full	22	10	More links to the evidence for points made need to be included throughout the guidance.	Thank you for raising this issue. Please note that evidence links are provided in Evidence reviews section.
65	[office use only]	Leeds Beckett University	Full	24	16-17	We think that there is a need to look at the challenges of engaging specific communities – eg prisoners – are different approaches needed in different settings?	Thank you for this comment. The research recommendation section has been updated to emphasise 'research should be undertaken in collaboration with communities'
66	[office use only]	Leeds Beckett University	Full	General	General	The layout of the guidelines is not easy to navigate and many important points are buried within the text . Plus as noted above the links between the guidelines and the evidence needs to be clearer and stronger.	Thank you for your comment. The guideline adheres to a standard template. Please note that evidence links are provided in Evidence reviews section.
67	[office use only]	Living Streets	Full	general	general	Living Streets has considerable experience of conducting community engagement through different methodologies as appropriate to the circumstances of the work that is being undertaken. We have been successful in implementing many projects directly relevant to engaging communities on improving health. These projects have included the generation of paid and volunteer community representatives, and a number have resulted in the permanent creation of community action groups. Living Streets firmly believes that interventions are most successful when the community is involved. A practical example is our Community Street Audit that identifies street issues from the perspectives of those who use the streets, not those who manage them.	Thank you for this comment. We would be grateful if you could submit your learning to the Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.

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						Although improving the health outcomes for the community will be the overall aim, it is important from the very start to determine the specific outputs expected from any engagement as this will impact on the methods used, the partnerships to be established and the desired longevity of the relationship. Some engagements will aim to establish an unlimited progressive relationship with the community, but some will involve short interventions, and for the latter, in our experience, it is important to have in place project exit strategies. So a principle of good practice is to be very clear about what is to be achieved and why. Interventions can include gathering information, imparting information, changing behaviours, establishing community engagement structures and changing physical facilities. It is important to be transparent and honest with the community on the nature of the intervention; the limits and scope; and the extent to which the community can be involved. Living Streets strongly believes in measuring the effectiveness of interventions and this is most cost effectively achieved if incorporated in the project from the start rather than being seen as an end of project task.	
68	[office use only]	Living Streets	Full	4	13	We echo the point made that it is important to respect that local communities may not want to get involved, and this should not reflect negatively on the community or the nature of the intervention and how the community may benefit.	Thank you for your comment.
69	[office use only]	Living Streets	Full	4	23, 27	Working with existing networks or working jointly with partners to establish new ones is advisable, as is conducting some research in advance about existing networks and history. It is important to have some awareness about "what has gone before" to avoid repeating mistakes and to avoid disruption or duplication of existing work in place.	Thank you for your comment.
70	[office use only]	Living Streets	Full	7	6	Interventions involving peer and lay roles can be very effective, though sometimes care is needed to test the genuine representativeness of self selecting individuals. Seek opportunities for establishing links which can be at places, such as "the school gate" or through institutions, including those which are faith based. The opportunities presented by employees at all levels of the organisation, who often have local community links and an existing	Thank you for your comment.

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						understanding of the nature of the work should not be overlooked.	
71	[office use only]	Living Streets	Full	8	13	In addition, door knocking can be an effective method for some interventions and some localities. Groups which might be "hard to reach" if they are expected to attend meetings on official premises can often be easily available at reasonable times of day when calling at their homes. Contact rates of 30 to 40% are frequently achieved in some communities by door knocking exercises to promote recycling using the WRAP methodologies.	Thank you for your comment. Section 1.5 has been updated in line with your comment.
72	[office use only]	Living Streets	Full	8	21	Agreed, and this is not always at "obvious" times – it is worth gaining some information from the communities on best times if possible rather than making presumptions. It is accepted the traditional community engagement technique of offering cake may not be appropriate for health interventions!	Thank you for your comment.
73	[office use only]	Living Streets	Full	10	4,5,6	Agreed that these will be the top internal challenges for a community engagement.	Thank you for your comment.
74	[office use only]	Living Streets	Full	10	9	There are resources and techniques resulting in good community engagement used in other place related and behaviour change programmes. The examples of others programmes look to engage communities in establishing local plans for planning regulation purposes, many of which will be considering health issues. WRAP developed very detailed methodologies for public engagement to reduce waste and increase recycling which are relevant to health e.g. Love Food Hate Waste has a strong emphasis on portion control and food planning and has a range of materials for engagement.	Thank you for providing this information
75	[office use only]	Living Streets	Full	10	23	As well as identifying resources this would make for a stronger engagement. The community does not often wish to be confined on single issues and will have distracting or complementary issues that will have to be addressed in some way, and a wider involvement from partners can resolve this. A difficulty is that other organisations are often more constrained than the community, by for example charitable aims, or restricted funding and so can find it problematic to engage on truly integrated programmes. For example fast food outlets have an interest for health workers, but also crime reduction specialists, and people concerned with street appearance and environment e.g. to encourage more walking, but joined up projects are rare. Competitive rather than collaborative commissioning processes may	Thank you for your comment.

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						cause barriers in this respect.	
76	[office use only]	Living Streets	Full	11	2	Agreed, though for some volunteers this is not the primary driver. The resource they are providing can be their time and expertise beyond financial expenses and the recompense they are seeking is not always monetary. Recognition of involvement, progress towards campaign goals, and tangible evidence of gaining experience (especially for newly qualified graduates) can all be trade offs that community volunteers will value.	Thank you, text in the updated guideline reflects this information.
77	[office use only]	Living Streets	Full	14	18	Agreed but local authorities are complex organisations and will engage with communities on different topics in different ways and the better ones are effective at doing this in a way that does not compromise the community view of the whole organisation. They do this by being clear about the nature of the engagement – telling, asking, engaging and changing behaviour or fully involving in decision making. They set out any decision making framework so there is no ambiguity and they have feedback mechanisms to relay what has been considered, why, what was done or not done as a result. It does not mean that communities are always content with the outcomes, of course. This is why many local authorities see value in engaging with communities through third parties such as Living Streets.	Thank you for your comment. The guideline has been updated in line with your comment.
78	[office use only]	Living Streets	Full	14	29	The need for planning co-ordination and the establishment of the partnership gains for each organisation are important, but it would be short-sighted not to have integrated projects because of difficult relationships with the other partners. Our experience is that other partners believe that health organisations hold useful data that they are unable or unwilling to share that would be helpful to achieving overall community improvements. A good JSNA takes up a significant amount of public resource and the use to which the information is put should be maximised. Where possible projects established on open data will be more credible to the partners and the community.	Thank you for your comment.
79	[office use only]	Living Streets	Full	17	20	The use of social media and other data is becoming more developed and used in consultations and engagements about the quality of places and proposed changes e.g. the Common Place involvement with the Waltham Forest Mini Holland scheme and the suggestion that further research should take place is a good one.	Thank you for your comment. Limited evidence was identified on this issue but a research recommendation has been made.
80	[office use only]	London Borough of Hackney	Full	General		Need to be clearer about which recommendations are for which set of stakeholders (this includes the 'challenges for implementation' section). In 1.2, this is set out	Thank you for this comment, the guideline has been amended for clarity.

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						('for directors of public health and other strategic leads'), but after this it's not clear who the rest of the recommendations are for. On the front page, the summary suggests the main audience is providers, but they are only mentioned on two further occasions (28/19 & 6/1) in the main recommendations. Commissioners are not mentioned at all.. Applying these recommendations to a range of stakeholders is difficult as different stakeholders face different challenges relating to community engagement and therefore are likely to require different recommendations.	
81	[office use only]	London Borough of Hackney	Full	General		Some of the wording is vague and/or subject to different interpretation, and would benefit from being more specific and practical for the target audience	Thank you for this comment. The recommendations highlight the approaches to community engagement that are effective. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
82	[office use only]	London Borough of Hackney	Full	General		Throughout the document, many of the recommendations read like things to be done 'to' the community, which is contrary to community development approaches that aim to empower communities to do things for themselves.	Thank you for this comment, amends have been made to the guideline to reflect this comment.
83	[office use only]	London Borough of Hackney	Full	4 of 29	12/16	The tone of these recommendations feels top down and prescribed to different stakeholders rather than a collaborative or coproduced approach	Thank you for this comment, amends have been made to the guideline to reflect this comment.
84	[office use only]	London Borough of Hackney	Full	5 of 29	18	Hackney Council has experience of implementing this approach and would be willing to submit its experiences to the NICE shared learning database. Contact samina.tarafder@hackney.gov.uk	Thank you – we would be grateful if you could submit your learning to the Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
85	[office	London	Full	6 of 29	9	–Collaborations and partnerships are essential to community	.

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	use only]	Borough of Hackney				engagement, but it would be helpful to include more practical recommendations on how to collaborate effectively with different stakeholders who may all have different agendas. -Hackney Council have experience of implementing this approach through our Healthier Hackney Fund. The Healthier Hackney Fund is a community grants scheme, which invites non-profit organisations to run projects and to test concepts for new ways of addressing key health risks. This programme recognises the value of engaging community groups in tackling key health issues collaboratively. The programme offers these organisations non-financial support as well as grant funding, including public health staff time and skills to help build capacity and the support of elected member champions for their project.	Thank you for this comment. We would be grateful if you could submit your learning to the Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
86	[office use only]	London Borough of Hackney	Full	6 of 29	15	It would be useful to include the list of 'recognised models' in 1.3.3 in the 'Terms used in the guidance' section, as well as including hyperlinks (e.g. for those who prefer to use printed copies). Linked to this, it's good to see reference to PHE's 'A guide to community-centred approaches for health and wellbeing' on p.7, but a digestible summary of key points would be helpful here.	Thank you for your comment. The standard approach of NICE is to use hyperlinks rather than re-producing information of this type.
87	[office use only]	London Borough of Hackney	Full	7 of 29	22	Reference should be made to the value in giving formal recognition to peer/lay roles in supporting further community development by building up skills and improving employability (skills and employment are key determinants of health and wellbeing).	Thank you for raising this issue. Training is included in the updated implementation section.
88	[office use only]	London Borough of Hackney	Full	8 of 29	1	In 1.5 it would be useful to recognise that in order to engage local people, involvement needs to be meaningful to them. This involves identifying what is important to local people and ensuring that engagement is based on this. The outcomes being sought by commissioners/providers/strategic leads may not be a priority for the target community and so it is important to find a way of making engagement relevant. It would also be helpful to include a recommendation about identifying the potential barriers to working with the community to improve their	Thank you for this comment, the guideline has been amended in line with your comment.

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						health and wellbeing and the need to work collaboratively to address these barriers.	
89	[office use only]	London Borough of Hackney	Full	8 of 29	5	The 'possibilities' in 1.5.1. are rather tame and lack innovation.	Thank you, this recommendation has been amended.
90	[office use only]	London Borough of Hackney	Full	9 of 29	27	Implementation: getting started We agree that the draft recommendations, if not changed after consultation, will pose the following significant challenges for implementation: 1. resourcing 2. learning and training 3. monitoring and evaluation. We suggest breaking these down further: 1. Resourcing – human resource: this could be aimed at providers or social landlords that may be programming in health and wellbeing (HWB) activities on how to identify and engage with community activators/champions or other 'linked-in' individuals with a shared purpose, to improve community cohesion or improve HWB outcomes. Ensure that these activators, as well as any other statutory or voluntary sector staff, are allocated specific time and given sufficient resources and/or support to deliver initiatives. - physical resources: this could be aimed at supporting community activators, resident groups, commissioners to get access to quality, affordable space (community centres, youth hubs, schools, churches, private venues, children centres, parks) for HWB based initiatives, - financial resources : this could be around organisations such as Community Voluntary Sector Umbrella organisations supporting activators or residents groups on how to access funding such as grants that enable projects to get off the ground. 2. Learning and Training - We agree with the points raised in "Learning & Training" p11 especially around joint training	Thank you for these comments. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.

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						and meetings to identify shared HWB goals and approaches with statutory and voluntary sector partners that may be working together. 3. Monitoring and evaluation - Again, we agree with the points raised in "Evaluation" p12. But we would also add that it is important that HWB initiatives are monitored on an ongoing basisrec on developing effective ways of demonstra to ensure there is continued buy-in from all sections of the community, that groups do not become inflexible and exclusive, but that they continue to share responsibility in operational delivery.	.
91	[office use only]	London Borough of Hackney	Full	10 of 29	21	-Hackney Council agree that identifying resources needed for supporting community engagement poses one of the most significant challenges for implementation. We look forward to seeing some more concrete and practical recommendations to address this challenge e in the final guidance document. It may also be useful to structure the recommendations separately depending on whether they refer to project set-up or project delivery. -Developing effective ways of demonstrating the value of community engagement to funders could be a recommendation included in this section.	Thank you for this comment. Resourcing is addressed in the implementation section of the guideline and 'The Committee's discussion' section. To note that local funding issues are outside the remit of NICE.
92	[office use only]	London Borough of Hackney	Full	10 of 29		Hackney Council Case Study: NICE requested details of successful community engagement projects in relation to Collaborations and partnerships that encourage communities to take part in local initiatives to improve their health and wellbeing, this case study also relates to older residents that was flagged as a "gap in the evidence" (23/13). Tai La (late 60's female resident) – was at risk of social isolation through the closure of local Chinese & Vietnamese Centre – referred to Hackney Council Public Health Team through the local GP-based Social Prescribing Pilot in June 2014. The Council, with the support of Hackney Homes (social landlord), who provided free access to an underutilised Community Centre, have worked with Tai since June 2014 to provide physical space	Thank you for providing this information.

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						and support (promotion/resources) so that her informal networks of friends and colleagues can meet to take part in a range of activities that include: ☐ Ballroom Dance – the Council funds a teacher for a weekly class, average 15 participants ☐ Ping Pong – 3 sessions of 5 hour sessions per week, average 15 participants Tai La collects a nominal £1-£2.50 depending on whether refreshments are provided for the session, which is kept as a community chest for extra resources as needed. Two brand new ping pong tables were purchased, funded by residents. Celebration events were held by/for the community at Christmas and in the Summer in which Tai La prepared food at the Centre and charged £3 for the meal to local residents. Sessions are attended by mainly over 60's reducing social isolation and supporting increased physical activity. Tai La was recognised nationally as a "Public Health Hero" and was awarded a certificate at the House of Commons from the Minister for Public Health in March 2015.	
93	[office use only]	London Borough of Hackney	Full	10	13	Hackney Council Case Study "Develop lay or peer support interventions that reflect local needs and priorities to establish better links between professionals and the local community" Healthy Schools – Hackney Council have supported Charedi Orthodox Jewish Independent schools in the north of the borough with promoting and delivering physical activity provision. Prior to this intervention, there was no timetabled physical activity. The Fitness Fun programme has been successful in 11 girls' schools with 2 aerobic sessions delivered per week out of school hours. Four female instructors from the Charedi community were trained up to deliver the sessions. Further to this, an extremely successful netball training programme was developed for the staff, each school	Thank you for this comment. We would be grateful if you could submit your learning to Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.

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						had at least 1 staff member attend. As a result, the first Charedi netball festival was held as well as a skills-based workshop in two of the borough's leisure centres - 70 Year 9 girls participated and would like it to become an annual event.	
94	[office use only]	London Borough of Hackney	Full	11 of 29	3	We agree that 'Learning and Training' is an important challenge for implementation. However, we think that Working in Partnership Effectively is a more relevant challenge for implementation which encompasses Learning and Training. This challenge involves aligning goals of different stakeholders with different agendas and competing priorities. Providers need to ensure that engagement is meaningful to the communities they want to engage and training needs to be offered to communities to provide context, background and the skills to fully and usefully engage. There is also a need for staff within strategic/commissioning organisations to have the appropriate skills and attitudes for community engagement, as well as the authority to hand over power and resources to communities to support meaningful co-production. Ultimately, partners need to work together to bridge any gaps and identify common goals. Additional recommendations for 'Working in Partnership Effectively' may include: ☐ Being flexible in your approach ☐ Developing effective communication mechanisms to ensure information is shared effectively between partners (communication mechanisms must be suitable to all, e.g. those who are not IT literate) ☐ Ensure partnerships and any training provided is meaningful to all stakeholder	Thank you for this comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
95	[office use only]	London Borough of Hackney	Full	12 of 29	1	Under 'Evaluation' on p. 12, it would be helpful to provide examples of which 'local, regional or national bodies' could provide advice on evaluation and information on how to access this advice. Throughout this section, sometimes it reads as though the recommendations are about evaluation of health and wellbeing initiatives, and other times about evaluation of community	Thank you for this comment. The implementation section of the guideline has been expanded to include links to evaluation resources.

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						engagement activities – this needs clarification. One way in which it may be possible to 'record, share and publish local evaluations' is through the Joint Strategic Needs Assessment. We agree that Evaluation poses one of the most significant challenges for implementation.	
96	[office use only]	London Borough of Hackney	Full	15 of 29	7	Hackney Council question whether other important issues around support or management of volunteers was part of the Committees discussion as well as expenses and training that was discussed.	Thank you for your comment. The Committee Discussion recognises that community organisations do not always have the resources to support volunteers.
97	[office use only]	London Borough of Hackney	Full	15 of 29	8-11	Access to funding for small community or voluntary organisations is important and it would be useful for the Committee to provide more recommendations in the guidance about how to overcome these difficulties.	Thank you for your comment. The aim of the guideline is to highlight community engagement approaches which are effective and cost-effective. Resourcing is addressed in the implementation section of the guideline and 'The Committee discussion' section.
98	[office use only]	London Borough of Hackney	Full	18 of 29	3-13	If the Committee's recommendations are to focus on involving local people in all stages of a project, it would be useful to include more specific and practical recommendations on how to do this.	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
99	[office use only]	London Fire and Emergency Planning Authority	Full	general	General	The London Fire Brigade (LFB) embraces the principles set out in the draft guidance document on Community Engagement: Improving Health and Wellbeing and Reducing Health Inequalities. The LFB have a particular interest in this area due to the established link between the factors that increase a person's risk from fire in the home and the indicators of poor health.	Thank you for this comment. We would be grateful if you could submit your learning to Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The

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						Our published evidence[1] shows that people with physical, mental and cognitive health issues are significantly at risk from fire.

Our home fire safety visit programme aims to address this by visiting people in their homes to provide advice on how to reduce the risk of fire, but we recognise the need to work in partnership with other organisations to raise awareness of these fire risk factors and the means to reduce them on a wider scale. Therefore, we welcome the overarching principles of the good practice set out in the draft guidance aimed at encouraging identifying and working with existing and new community networks and organisations.

At a national level, our work with other organisations has included Skills for Care, the UK Home Care Association (UKHCA), the Care Quality Commission and the Prime Minister's Dementia Challenge Group.

At a local level, our borough commanders sit on a range of local multi-agency partnership Boards including Safeguarding Adult Boards, Hoarding Intervention Groups, Domestic Violence Multi-Agency Conferences, and eight sit on their Health and Well-Being Boards.   All of these partnerships operate on the principle of developing mutual information sharing and referral pathways to deliver a joined up approach to health and wellbeing interventions. During the current financial year (2015/16), the Brigade is offering a financial contribution to all local authorities in order to support the running of serious case reviews. Borough commanders request a serious case review when an known individual dies in a fire, in order to increase multi-agency understanding of the circumstances and where the potential intervention points were that all agencies could learn from to improve partnership working and provision of preventative measures e.g. arson proof letterboxes, fire retardant bedding.

Our Youth Engagement schemes also all deliver different elements of health advice in their provision including healthy eating and the importance of exercise with some receiving funding from local authorities to ensure that a range of health related topics were covered including the dangers of drink, drugs and wider awareness raising of sexual health and | database includes practical examples of community engagement |

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						teenage pregnancy. Our Youth Engagement schemes also address anti social behaviour (including arson) and the associated risks and consequences, through education, engagement, building confidence and empathy. This has a general impact on health and wellbeing in the community, by reducing such behaviour (and therefore its impacts) and by improving the mental wellbeing of the young people.	
100	[office use only]	London Fire and Emergency Planning Authority				Reports: Fire Safety of People in receipt of Domiciliary Care – FEP 1952 http://moderngov.london-fire.gov.uk/mgconvert2pdf.aspx?id=920 Hoarding and the impact on Fire Safety – FEP 1981 http://moderngov.london-fire.gov.uk/mgconvert2pdf.aspx?id=1146 Fire Safety for people with Mental Health issues – FEP 2303 http://moderngov.london-fire.gov.uk/mgconvert2pdf.aspx?id=3292	Thank you for providing this reference.
101	[office use only]	Macmillan Cancer Support		4	17	'1.1.2 Allow sufficient time and resources to implement a comprehensive community engagement approach.' Comment: The issue is often that engagement starts too late, as the parameters or options have been determined prior to community engagement. We suggest an insertion: '1.1.2 Start community engagement early enough to shape the activity and allow sufficient time and resources to implement a comprehensive community engagement approach.' This would align with p. 18 lines 8-9 and the decision of the Committee not to make recommendations that relate to consultation alone.	Thank you for your comment. The guideline has been amended in line with your comment.
102	[office use only]	Macmillan Cancer Support		8	14	We suggest that this section (on supporting local people to get involved) should refer to the 2015 Accessible Information Standard and the rights of people with communication needs caused by a disability (such as support for people who are d/Deaf, blind, or have a learning disability). Users of the guidance could be referred to the accessible information standard resources on the NHS England website http://www.england.nhs.uk/ourwork/patients/accessibleinfo-2/ to help them to meet these needs.	Thank you for your comment. The guideline has been amended in line with your comment.
103	[office use only]	Macmillan Cancer Support		10	1 to 6	The most significant challenges should also refer to the need to ensure active participation by communities and groups which statutory and governmental organisations currently struggle to reach. There is useful guidance on inclusive involvement from a service user point of view from the National Service Users network in the form of their 4 P I model. See	Thank you for this comment and information.

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						http://www.nsun.org.uk/assets/downloadableFiles/4pi.-ni-standards-for-web.pdf for more information	
104	[office use only]	Macmillan Cancer Support		15	3 to 7	Makes a clear statement that people who give their time will require their expenses to be paid ; this is important to ensure that less affluent individuals and groups are not excluded by the costs of engagement e.g. travel or needing to buy lunch. However the statement on page 11 that "volunteers may need to be paid expenses " weakens the statement on Page 15 .	Thank you for your comment. The guideline has been updated in line with your comment.
105	[office use only]	NHS England		1.4 peer and lay roles		Very important part of the guidance. Examples of how this can be achieved may be useful.	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
106	[office use only]	NHS England		1.5.2 Provide the support local people need to get involved.		As point 1 above – offer other opportunities to get involved – visiting at home by a peer/lay supporter. Opportunity to communicate by phone, letter, email, social media etc.	Thank you for your comment. The guideline has been updated in line with your comment.
107	[office use only]	NHS England		Evaluation (page 12)		Would be helpful for NICE to recommend validated evaluation tools.	Thank you for this comment. The implementation section of the guideline has been expanded to include links to evaluation resources
108	[office use only]	NHS England	Full	1.5 Making it as easy as possible for local people to get 1 involved		Utilising existing intelligence about how to engage with communities by e.g working with community and primary care nurses, health visitors, school health nurses to understand the ir local community dynamics, preferred methods of communication etc	Thank you for your comment. This section has been updated to include the audience which this recommendation is aimed at.
109	[office use only]	NHS England		1.3		An example of co-production is the work in Doncaster with the Survivorship programme. There is co-production with people and their carers affected by Cancer as well as professionals and this	Thank you for this comment. We would be grateful if you could submit your learning to Shared learning database. The implementation

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						work has genuinely influenced and changed the way services were going to be provided, such as the Living Well service at RDASH – please contact Helen.thompson@rdash.nhs.uk	section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
110	[office use only]	Portsmouth City Council	Short	5	26	The guidance recommends to see recommendation 1.7 however 1.7 cannot be found in the document.	Thank you for your comment. The guideline has been updated in line with your comment.
111	[office use only]	Portsmouth City Council	Short	7	15	Question 1. It is important to note that when we talk about community engagement we are referring to the engagement with the public and the organisations/professionals within that community too. Peer and lay roles are important to recruit, support and maintain involved in the lifespan of programmes. The challenge is to get different perspectives representing all relevant parties and maintaining their motivation to support the programme. This requires getting newly involved participants involved who were previously disengaged in order for the user of the guidance to understand why some people are disengaged. This is important to minimise the risk of bias (which is another challenge) as well as allowing the user of the guidance to get different perspectives (getting different perspectives is a very real challenge). Question 2. To secure peer and lay roles have service user groups, (e.g.http://pushrecoverycommunity.org/push/ made up of service users and http://www.thinkingahead.org.uk/service-users/index.htm which make up includes a mixture of professionals) . Organisations can also use citizens panels to call upon (https://www.portsmouth.gov.uk/ext/the-council/transparency/consultations.aspx) or expert patient groups (http://www.portsmouthccg.nhs.uk/Join-In/patient-participation-groups.htm) but it is important to have strategies in place to keep them engaged and get new participants involved.	Thank you for providing this information. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
112	[office use	Portsmouth City Council	Short	8		Question 1. Identifying the best methods to reach specific groups is a challenge. Picking inappropriate methods can waste resources.	Thank you for providing this information. The implementation section of the guideline has

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	only]					Motivating and removing barriers to participation is part of this challenge. Question 2: Using behaviour change theory to inform planning of participation is useful. To help identify the best method of engagement we can reflect on other community engagement that has taken place, look at previous monitoring and evaluations of community engagement or look at insight from geosegmentation/geodemographic tools to identify most appropriate methods and how to distribute resources. We have a consultation lead (sitting within the corporate communications team) who has oversight of consultations across the city council via a "consultation application process" and having department consultation leads who link in with her. This allows us to learn from different activities which might inform decision making about the methods used. It also aims to allow the different teams to collaborate if they are engaging/consulting on similar topics or targeting the same audiences. Identifying potential motivation/incentives (this does not need to be tangible, considering the internal incentives is important, e.g. contribute to enhancing the community for their families, increasing their employability by volunteering) is part of the process to using behaviour change theory to increase participation in community engagement. The Knowledge Hub, local Joint Strategic Needs Assessments and the National Social Marketing Centre One-Stop-Shop has a bank of examples of insights and good practice to refer to.	been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
113	[office use only]	Portsmouth City Council	Short	10		Question 1: Reaching isolated community groups may pose a significant challenge. Reaching these audience, especially among elderly groups, can have a significant impact on inequalities. Question 2: Using public health intelligence and intelligence from other sources is helpful to identify who the isolated groups are, where they are and what are they currently doing. Understanding the people, services and other assets around these isolated groups is fundamental to their engagement. Learnings about them should be shared appropriately and used to inform decision making.	Thank you for this comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
114	[office use	Portsmouth City Council	Short	16	16 - 28	The section on equalities does not provide useful recommendations on how to address equalities.	Thank you for your comment. The guideline has been updated in line with your comment.

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	only]					Question 1: Engagement with residents who are not online and not engaged with services is a significant challenge, yet it is fundamental to ensuring we do not widen the gap in health inequalities. Question 2: Recommendations on engaging with these clients would be extremely useful (e.g. link back to pg 5 line21-22). Should link back to recommendation 1.5 Providing recommendations on undertaking equality impact assessments would be useful (links to p6, line 7 too). Highlighting the Healthy Foundations Intervention Grid from the Department of Health as a reference document to work with different segments of the population. Recommending a version of "universal proportionalism" to ensure the input of all relevant parties is enabled.	The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
115	[office use only]	Portsmouth City Council	Short	General	General	Question 1: Drawing on the knowledge and insight of the local community to understand them and the issues to inform decision making has the potential to have the biggest impact. Positive engagement from this early stage has the potential to encourage and enable productive partnerships. Doing this using intelligent targeting has significant potential to reducing inequalities, however the "who", (potentially "why"), and significantly "how" is one of the biggest challenges. Question 2: users of this guidance should capture information about the knowledge, skills and experience from all partners in a easy to use format. Users of this guidance should aim to promote and able the utilisation of these assets. The application of these resources is underpinned by partnership working. As part of this is important to remember that users have a responsibility to use the insight gained as appropriate and feedback to participants and partners. Question 2: Undertaking equality impact assessments and health impact assessment done properly should stimulate that user of the guidance to think about the different potential audiences that need to be targeted. A consultation tool kit, which would include the equality impact assessment and health impact assessment, could facilitate the user of the guidance to think about who, why and how. Processes need to be in place to ensure that key elements of this	Thank you for providing this information. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.

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						toolkit are undertaken to make sure that key principles are followed to ensure that the knowledge and insight from key audiences are captured and used as appropriate. Question 2: having practical examples of targeting, the knowledge and insights gained, and its use would be really useful. Some of this information is available on the National Social Marketing Centres One Stop Shop and Showcase. It may be extremely useful to make better uses of resources such as Knowledge Hub to share and review engagement projects/programmes.	
116	[office use only]	Portsmouth City Council	Short	General (but building on pg 18)	General (but building on pg 18 line 9)	Question 1: recommending that "consultations" are not done as one off exercises, but are part of a community engagement programme to develop partnerships could have a positive long term impact. Challenges around working to the statutory obligations are experienced (e.g. planners giving enough time to consult which also results is capacity and targeting being challenges too). One of the other challenges is communicating that the thing we are consulting on has "come from above" whilst giving the community a sense of empowerment. Question 2: it would be useful to provide clarity between consultation and community engagement, and how the two cross over. It would also be useful to refer to the statutory obligations which are in place regarding consultations. Making sure appropriate time is allowed for the project (perhaps with the use of an example of a Gannt Chart), and feedback and further opportunities are provided to facilitate empowerment and future involvement of communities.	Thank you for your comment. A definition of 'Community Engagement' is included in the 'Terms used in this guideline' section. The guideline has been updated to included reference to statutory obligations regarding community engagement.
117	[office use only]	Portsmouth City Council	Short	General	General	Question 1: Being aware and complying with Local authority/Voluntary sector compact is a challenge. Question 2: Referencing what a compact is and how it could be found would be useful within the guidance.	Thank you for your comment.
118	[office use only]	Portsmouth City Council	Short	General	General	Question 1: Partnership working underpins the guidance. These partnerships have the potential to have significant impact on achieving positive outcomes and minimising costs. Question 2: The understanding of "healthy partnerships" and	Thank you for your comment. The guideline identifies community

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						tools/checklists to facilitate long term partnership plans would be useful. Useful tools used to be available on the Social Marketing Portal provided by the Department of Health. Leaders and middle managers need to be proactively encouraging the understanding and the application of partnership processes, this includes building in adequate time to identify who they are, scoping their knowledge and skills, utilising the assets and enabling long term engagement.	engagement approaches which are effective and cost-effective. The guideline is not intended as a 'how to' guide. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
119	[office use only]	Portsmouth City Council	Short	General	General	Question 1: this guidance document is a useful tool for leaders of community engagement and consultations within organisations (e.g. consultation leads, engagement teams, or general managers) . The challenge is making sure that people are aware of this guidance and supporting these leads to ensure that their colleagues are using the guidance. Question 2: consultation/community engagement leads to be involved in the business planning process of services. By reviewing service business plans, the leaders can identify where community engagement is needed, advice as appropriate, share learning of similar work, identify opportunities to maximise resources (e.g. where projects may be engaging with the same or similar audiences), promote equalities and identify whether previous engagement exercises are continued or not (and if not why not). The leaders from different teams or organisations can share knowledge and skills they have and look at further opportunities to maximise on engagement activity. Question 2: a check list would be useful. This could be broken down into of must/important do's (e.g. using the knowledge, experience and skills identified to inform decision making, give reasonable amount of time, equality impact assessments, feedback to participants etc), useful to do's (e.g. review National Social Marketing Centre One Stop Shop, the Knowledge Hub and other relevant resources for examples of similar work) and nice to do's (share your work on the Knowledge Hub so other people can learn from your experience) would be useful. Question 2: users would benefit from a list of experience, knowledge	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. The guideline is not intended as a 'how to' guide. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement

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						and skills as best practice to be able to deliver specifics of the guidance (e.g. as a minimum what sort of training should researchers undertake, middle management should "experience" the engagement and partnership working with residents)	
120	[office use only]	Portsmouth City Council		General	General	Question 1: Assets generally useful. The challenge users have is their understanding of what they are and how to use them. "assets" as a term is overused, what and the processes underling the use of them is also not well understood. The challenge is to also understand the negative assets and how to make them in to positive assets (i.e. how do users work with the competition). Question 2: Users of the guidance would benefit with a written process to see how to use assets, seeing examples of best practice and the learnings from others. Users of the guidance should also share their own learning.	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. The guideline is not intended as a 'how to' guide The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
121	[office use only]	Portsmouth City Council		General	General	Question 2: Guidance regarding partnerships, the use of incentives and behavioural theory to aid community engagement would also be useful generally for this guidance.	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. Local resourcing decisions are outside the remit of NICE.
122	[office use only]	Portsmouth City Council		General	General	Questions 1: Capturing insight from the public is very important Question 2: The guidelines miss the importance individuals attach to their 'data' and privacy. Users of the guidance would benefit from recommendations on how they should approach data capturing, and what policies and procedures need to be in place. The Research Society Guidelines are available. However, it would be useful to have backing of such guidance from a professional body such as NICE to also reiterate principles which protect the identities of participants. Users of the guidance would benefit from explicit reference to records management best practice, data protection law, and the information governance and research governance frameworks under one or both of which any community engagement programme should take place.	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. The guideline is not intended as a 'how to' guide. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
123	[office use	Royal College of Nursing		General	General	We feel the draft is quite comprehensive, whilst accepting the limitations that may arise as a consequence of underfunding or lack	Thank you for your comment.

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	only]					of resources.	
124	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	4	3	Preamble lacks any mention of power and principles .The statutory organisations or professional bodies often hold the power and are reluctant to relinquish any power when working with communities. We are concerned that the guidance does not recognise differential power relationships and how this can be managed. Need for genuine dialogue with communities to enable them to lead and develop community initiatives and to give them the power to do this. There should be an acknowledgement that the starting point is often the resources allocated by statutory organisations and/or national or local imperative and a competitive process such as grant aid or a tender to access this resource. This often limits the community role. However, it is still possible to work within these parameters to achieve a genuinely coproduced and effective initiative which fully engages the community throughout..	Thank you for your comment. Recommendation 1.1 contains Overarching principles of good practice. Resources for community engagement are reflected in the implementation section of the guideline.
125	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	4	4	Delete 'not' and don't underestimate the right and commitment of communities to be involved.	Thank you for your comment. The guideline has been amended in line with your comment.
126	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	4	14	Shift emphasis to enable building of networks and social capital. Help people establish social networks that work for them. Enable the community to have a voice in shaping/running services	Thank you for your comment. The guideline has been amended in line with your comment.
127	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	4	17	Allow sufficient time and resources to implement a comprehensive community engagement approach which develops community leadership.	Thank you for your comment. The guideline has been amended in line with your comment.
128	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	4	21	including new communities such as economic migrants..	Thank you for your comment. The guideline has been amended in line with your comment

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129	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	4	24	Principles should acknowledge the continuum of engagement and it may not be appropriate for all initiatives will be able to fully engage communities in the planning, delivery and evaluation. There are many different models and approaches to community development that identify levels of engagement and progression indicators e.g. engagement, involvement, participation, leadership. However, engaging communities as fully as possible this should be regarded as essential for the success and sustainability of interventions to improve health and wellbeing and address health inequalities. Accept and acknowledge that this can be challenging. Requires support to achieve membership that reflects the diversity of experience and needs; clarity as to roles and interests of representatives. Acknowledge there are partisan interests within all communities.	Thank you for this comment.
130	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	5	10	Reference the Equality Act (2010) and Social Value Act (2012-14)	Thank you for your comment. NICE guidance complies with the Equality Act (2010). A reference to the Social Value Act has been added to the context section of the guideline.
131	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	5	18	May need additional consideration and support to do this in deprived communities and areas lacking infrastructure	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
132	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	5	23	Go further; open the process to communities; work together to understand, identify and develop key initiatives to improve health and wellbeing. Early engagement of those intended to benefit is vital.	Thank you for your comment. The guideline has been amended in line with your comment.
133	[office use only]	[Sheffield City Council Community	Full	5	27	Use the commissioning process and levers such as contracts to achieve this. Include services as well as organisations.	Thank you for your comment. The guideline has been amended in line with your comment

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		Wellbeing Programme]					
134	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	6	6	NOTE: Importance of engaging communities. Sheffield is developing an evaluation framework to evaluate social capital at an individual, organisational and community level.	Thank you for providing this information. We would encourage you to submit the completed evaluation framework to the NICE Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
135	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	6	9	Encourage and enable communities to lead on local initiatives, acknowledging there is a need for strategic leadership and community leaders to champion and develop this work.	Thank you for your comment. The guideline has been amended in line with your comment.
136	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	6	12	Amend to 'Work with and use…'	Thank you for your comment. The section has been amended in line with your comment.
137	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	7	10	A more positive and engaged approach is required.	Thank you for your comment.
138	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	7	20	Query 'Volunteer health roles' and 'take account of changes over time'. Meaning is unclear. May refer to transient communities etc	Thank you for your comment. Volunteer health roles are established approaches referenced within A Guide to community-centred approaches for health and wellbeing (PHE). The guideline has been amended for clarity in line with your comment
139	[office use only]	[Sheffield City Council Community	Full	7	26	Prioritise this early in the process. Stronger imperative than 'consider' e.g. 'Engage community members/volunteers in collaboration and partnership'.	Thank you for your comment. The section has been updated for clarity.

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		Wellbeing Programme]					
140	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	8	3	The lists of practical tasks do not fit with the rest of the recommendations and seem low level tasks. This information is available from other sources.	Thank you for your comment. The section has been amended in line with your comment.
141	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	8	14	The lists of practical tasks do not fit with the rest of the recommendations and seem low level tasks. This information is available from other sources. Delete the examples given. Add 'recognising the drivers and enablers to achieve this'.	Thank you for your comment. The section has been amended in line with your comment.
142	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	10	9	Local interventions include: • Practice Champions • Community Wellbeing Programme • Ageing Better • Befriending projects • Introduction to Community Development and Health (ICDH) • Health Champions Further details available on request	Thank you - – we would be grateful if you could submit your learning to Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement
143	[office use only]	[Sheffield City Council Community Wellbeing Programme]	Full	29	1	Use the OECD definition of Social Capital "networks together with shared norms, values and understandings that facilitate cooperation within or among groups" (OECD, 2001, p 41.). **Context:** A 2013 OECD project proposed four distinct interpretations of social capital •Personal relationships, referring to the structure of people's networks (i.e. th that contribute to establishing and maintaining those networks, such as spend telephone or email. •Social network support, which is a direct outcome of the nature of people's resources – emotional, material, practical, financial, intellectual or profession their personal social networks. •Civic engagement, which comprises the activities and networks through wh life, such as volunteering, political participation, group membership and diff	Thank you for your comment. A hyperlink to the definition of social capital according to 'The Care and Support Jargon Buster' has been included in the guideline

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						•Finally, trust and cooperative norms, referring to the trust, social norms and shared values that underpin societal functioning and enable mutually beneficial cooperation. The concept primarily refers to different kinds of trust, as well as norms of reciprocity and non-discrimination. The types of trust that are most often considered as forms of social capital are generalised trust (i.e. trust in 'others', including strangers) and institutional trust, which can refer to political institutions as well as the judiciary, police, the media or other institutions.	
144	[office use only]	South Gloucestershire Council	Full	General	General	In principle there is broad agreement with what the draft is aiming to set out. However it felt a few key points need to be considered before finalising the draft. There is a serious impact on health, social care and the NHS across savings programmes and a real concern that this may create further challenges to services and communities rather than developing community engagement. It may be considered that savings on the public health budget from 2015/16 will hinder the development of all preventative work with the following effect of:- i) Impact on the NHS' ability in achieving its objectives set out in the NHS 5 Year Forward View; ii) Increase dependence and financial pressure on treatment rather than prevention; iii) Reduce the available budget to add security of funding to services being developed in the community/voluntary sector; iv) Limit third sector capacity; and v) Broaden the health inequalities gap. So at the same time that this recognises the value of good practice across communities' there needs to be recognition that achievements of what may be achieved without reversal of savings when such a strong case for further investment in public health, will support prevention and early interventions in order to secure the future viability of the NHS and social care.	Thank you for your comment. National and local resourcing decisions are outside the remit of NICE.
145	[office use only]	South Gloucestershire Council	Full	4	11	A suggestion that may strengthen this recommendation is to exemplify good practice exists between partners and this needs to be shared with customers too. For example http://www.wellaware.org.uk/ . Web based directories/databases of the services; aims; areas; customer base. A suggestion for practice if not already in place would be how the development of ideas such as this could be supported to help services identify needs and	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical

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						opportunities whilst reducing duplication. These sites could be affordable tools for monitoring performance, from customer feedback in a "TripAdvisor", driving quality and supporting commissioning. Elements of overcoming hurdles associated with "co-production".	examples of community engagement.
146	[office use only]	South Gloucestershire Council	Full	5	1	Groups identify with the challenge of incentivising volunteer's inc. community members and minimising overheads.	Thank you for your comment.
147	[office use only]	South Gloucestershire Council	Full	5	13	Expand guidelines on Mapping Assets. For example:- encouraging one main web based register to encourage service providers to market themselves, where customers and all can find/access them as well provide feedback, then stakeholders will have an interest in it and generate a level of dependence that should support its maintenance. Performance monitoring of commissioned and non-commissioned services could be incorporated. User friendly interface essential. Well integrated services and increased co-production are becoming increasingly important.	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
148	[office use only]	South Gloucestershire Council	Full	5	26	Is the reference to recommendation 1.7 correct?	Thank you for your comment. Reference to recommendation 1.7 has been deleted.
149	[office use only]	South Gloucestershire Council	Full	7	6	Sharing good practice is always a great development tool. Increased dependence on social capital may have inherent risks with consistent and reliable service delivery, when relying on agencies staffed by volunteers. Suggestions on making this more secure across commissioned and non-commissioned services would be useful. These suggestions need to consider resourcing services, project costs, staff, volunteer expenses, qualifying volunteer's skills and the problems experienced in monitoring and evaluation of the benefits of services to communities. This in itself increased demand on volunteers and is an issue even for commissioned services that are known to be successful.	Thank you for your comment. Local resourcing decisions are outside the remit of NICE.
150	[office use only]	South Gloucestershire Council	Full	8	1	As above	Thank you for your comment. Local resourcing decisions are outside the remit of NICE.
151	[office use	South Gloucestershir	Full	8	14	As above	Thank you for your comment. Local resourcing decisions are outside the remit of NICE.

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	only]	e Council					
152	[office use only]	South Gloucestershire Council	Full	10	7	In agreement with the most significant challenges	Thank you for your comment.
153	[office use only]	South Gloucestershire Council	Full	12	16	Range of indicators. It may be useful to list suggestions on how local projects and associated PI's can be aligned with national indicators we are familiar with.	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
154	[office use only]	South Gloucestershire Council	Full	12	18	Emphasis on sharing success as well as good practice – free self-promotion examples. It may be beneficial sharing between competitive agencies delivering similar services in different areas of commissioning areas as well as regional/national levels. An online solution may be available.	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
155	[office use only]	NCT (The National Childbirth Trust)	Full	1.1, 1.3, 1.4, 1.2.7		Q1 The recommendation will be have the biggest impact change in practice and challenging to implement Resourcing and evidence of impact (refers to 1.1 and 1.3) Statutory organisations often require evidence of the safety and positive impact of health initiatives before committing full support and engaging with organisations seeking to develop and implement health and wellbeing initiatives. A substantial amount of resource is required to build with partnerships with local communities and organisations and statutory service providers. The guidance acknowledges that it is a gradual process, however, many local initiatives are funded for a limited period and extensive time resources are required to build relationships and partnerships with limited time left to implement initiatives and measure impact. In this context, it takes time to demonstrate impact and projects often run out of time and financial resource to be able to demonstrate this effectively. Health and wellbeing initiatives often provide a range of other	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. Local resourcing decisions are outside the remit of NICE. However, the committee recognised the importance of resourcing issues. 'The Committee's discussion' Health Economics section has been expanded to reflect these issues. The implementation section of the guideline includes a section on 'Identifying the resources needed'. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.

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						benefits in terms of improved self-efficacy, empowerment and for some communities a sense of belonging. These benefits are acknowledged in the guidance but in practice, statutory organisations focus on public health outcomes. These other benefits contribute to wider public health goals and should be acknowledged by statutory organisations which have the power to support the implementation and sustainability of community based initiatives. A long term strategic approach is important in this context with statutory health agencies recognising the contributory nature of other outcomes to broader public health goals. Shared learning or training to support community engagement. (refers to guidance 1.4) Learning and developmental activities should be a two way process. They should be set up for the benefit of community participants to engage and support others within their communities but also enable health care providers to learn from community participants about what their needs are and how best to address them. See next question on examples of good practice) Evaluation (refers to guidance 1.2.7) Evaluation is crucial for the sustainability of local initiatives however is not always adequately resourced to demonstrate the outcomes that are of key interest those involved in commissioning services. The involvement of community members in the planning and design of the evaluation can help overcome the challenges of limited financial resources however in terms of implementation there is the possibility of the introduction of bias. Additionally the use of validated tools and analysis of findings requires training and support from those funding the health initiative to ensure that the evaluation is robust and captures the required evidence.	The Committee recognises that wider health outcomes – such as empowerment – are important in their own right.
156	[office use only]	NCT (The National Childbirth Trust)	Full	1.2, 1.3, 1.4, 1.2.7		Q2 What would help users overcome any challenges? (For example, existing practical resources or national initiatives, or examples of good practice.) Resourcing and evidence of impact (refers to 1.1 and 1.3) The guidance acknowledges the need for all local stakeholders to	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.

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						work together to plan and implement health and wellbeing initiatives. Third sector organisations who have obtained funding to develop specific health initiatives should engage with all local stakeholders to ensure that effective support is in place to enable successful implementation. This includes the establishment of advisory groups with members of stakeholder groups including community participant representatives who can meet regularly with an independent chair person. This will enable all involved to have a shared understanding of the goals and potential outcome of the health initiative and how best to deliver it. Shared learning or training to support community engagement (1.4) An example of share learning and training to support community engagement comes from NCT's Birth and Beyond Community Supporters project. The NCT BBCS project provided a peer support service during the perinatal period for women from diverse groups including refugees and asylum seekers. Volunteers trained under the project in the West Yorkshire region represented women from asylum seeking groups. They were invited to assist tutors at Bradford University as service users in recruiting suitable midwifery students. They also participated in midwifery training, telling their stories as asylum seekers and refugees from different countries now living in the UK, raising awareness of past trauma, deprivation and the complexity of their needs. Recognising the potential for 'encouraging people to use their skills can support professionals to tackle health inequalities with community led interventions. Evaluation (refers to guidance 1.2.7) The setting up of an evaluation advisory group can be useful in supporting and training community participants to use a range of cost effective suitable methods and tools for carrying out evaluation where financial resources are restricted to activities.	
157	[office use only]	The Royal College of General Practitioners	Full	General	General	This would be a challenge for GPs to implement on their own and better suited to team involvement with health visitors and community organisations. I am trustee for a local huge amenity park and I see that we will need to engage local people from different communities to act as local champions – this will be a challenge and we will have to use social media and local papers. (JA) Intuitively it makes sense to enable communities to care for their own needs supported and helped by statutory agencies. It is risky	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. To note that treatment is outside the remit of this guideline, but you may be interested in the range of social care guidelines that NICE is in the process of developing. The implementation section of the guideline

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						because of health and safety, safety checks, financial malpractice and litigation but there is a need to "let a 1000 flowers bloom". It may be useful for the statutory authority to approach an existing group or organisation, such as a Church, school, voluntary group or GP practice, with a task with which they might help and within an agreed envelope of time and money. It is an opportunity to try things out and to be allowed to fail and to try something else, without blame or censure. The cultural shift is that everyone can offer something of value to their community and be valued by their community; the task is to find the tools to let communities grow-it is re-growing the African Village/Kibbutz. Statutory staff should have regular sessions ring fenced for this work and not fitted in as an add-on. Statutory authorities should have 5% of their budgets ring fenced for this activity. Unemployed people should be eligible for this work without penalty – i.e. seen as "not seeking work". (PS) I think ensuring that the interface between primary care and community organisations is key - to helping build social capital and thereby addressing the social determinants of health. Funding and communications is key, as well as sharing examples of best practice where organisations have worked effectively together. I suspect most GPs would appreciate pathways that allowed them to effectively signpost to community organisations that met the needs of their patients, which are often social in nature. It is important that the needs of vulnerable and marginalised groups are addressed. GPs have the potential to influence community engagements projects so that they have positive health outcomes. Working with academic partners is important to ensure that learning is captured and an evidence based developed. (PH)	has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
158	[office use only]	Thomas Pocklington Trust	Full	4	Section 1.1.1	Please can you define 'local communities'. Those people who are socially isolated may not form part of a 'community' but their voice is important as they can be forgotten, vulnerable and living with health inequalities.	Thank you for your comment. The definition of 'communities' in the "Terms used in this guideline" has been updated in line with your comment.
159	[office use	Thomas Pocklington	Full	4	Section 1.1.1	Please can you make it more explicit that the voice of the local community is at the forefront of activity.	Thank you for your comment. Section 1.1 has been updated to reflect your comment.

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	only]	Trust					
160	[office use only]	Thomas Pocklington Trust	Full	4/5	Section 1.1.4	Include a bullet point to state the need to seek out seldom heard groups with the need to go to them rather than have them come to the commissioning teams.	Thank you for your comment. Section 1.1 has been has been updated for clarity.
161	[office use only]	Thomas Pocklington Trust	Full	5	Section 1.2.1	Map the local communities to provide a clear picture of population demographics.	Thank you for your comment. The guideline has been updated to reflect your comment.
162	[office use only]	Thomas Pocklington Trust	Full	5	Section 1.2.2	There is a need to make sure that all engagement is inclusive (accessible formats, English as a second language, venues for consultation events are accessible and at suitable times, etc)	Thank you for your comment. Section1.5 highlights ways to make it as easy as possible for people to get engaged.
163	[office use only]	Thomas Pocklington Trust	Full	5	Section 1.2.4	Resourcing might be an issue here. Some organisations may be too small to devote the necessary time and resources without funding or resources in kind.	Thank you for your comment. . Local resourcing decisions are outside the remit of NICE. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
164	[office use only]	Thomas Pocklington Trust	Full	6	Section 1.2.5	Need to state here the need to recognise the additional costs this may bring to providers which might be prohibitive.	Thank you for your comment. Local resourcing decisions are outside the remit of NICE. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement The committee recognised the importance of resourcing issues. 'The Committee's discussion' section on Health Economics has been expanded to reflect resourcing issues.
165	[office use only]	Thomas Pocklington Trust	Full	7	Section 1.4.2	Need to ensure that those individuals have the right skill set (or are provided suitable training which is detailed in 1.4.4) and have the right checks in place for their safety and the safety of the people they will be working with.	Thank you for raising these issues. Recommendation 1.5 and learning and training within implementation section cover the issued raise.
166	[office use only]	Thomas Pocklington Trust	Full	8	Section 1.5	Need to consider accessibility of communications throughout this section.	Thank you for your comment. The guideline has been amended to reflect your comment.
167	[office use	Thomas Pocklington	Full	9	Section 1.5	Need to consider how to reach the seldom heard throughout this section.	Thank you for your comment. The guideline is not intended as a 'how to' guide. The

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	only]	Trust					implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
168	[office use only]	Thomas Pocklington Trust	Full	10	Lines 1 – 6	There is a risk of underestimating how difficult it can be to engage with some communities, especially where people share a common health issue but have no natural cohesion as a group. For example, people who are socially isolated will be unlikely to form an easily identifiable community. Identifying the communities you wish to engage with is an important early step and may be one of the more significant challenges as you undertake mapping activity.	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
169	[office use only]	Thomas Pocklington Trust	Full		General	The following documents may be useful for your consideration of evidence: - School of Sciences, Manchester (2010) Thomas Pocklington Trust Research Findings No 32: Social inclusion, social circumstances and the quality of life of visually impaired people http://www.pocklington-trust.org.uk/researchandknowledge/publications/rf32op27.htm - Dr Suzanne Hodge and Dr Fiona Eccles, Lancaster University (2014), Thomas Pocklington Trust Research Findings No. 44: Loneliness, social isolation and sight loss http://www.pocklington-trust.org.uk/researchandknowledge/publications/rf44lonelinessandsocialisolation.htm	Thank you for providing this information.
170	[office use only]	Together for Short Lives	Full	General	General	The document does not recognise the contribution that community engagement can make to the lives of those who are dying or living with a life-limiting condition	Thank you for your comment. The guideline is intended to be inclusive of all communities, including communities defined by health need.
171	[office use only]	Together for Short Lives	Full	19	12	Community engagement can also expand the reach and effectiveness of end-of-life care services by engaging communities, which helps address a greater range of needs including social, psychological and spiritual needs, and do so more comprehensively.	Thank you for your comment. The guideline is intended to be inclusive of all communities, including communities defined by health need.
172	[office use only]	Together for Short Lives	Full	General	General	We welcome the overarching principles of community engagement presented in these guidelines. We ask that future guidance on community engagement acknowledges the benefits that it can have on end of life care and particularly children's palliative care, for the reasons set out below. There are 40,000 children and young people	Thank you for your comment. Thank you for your comment. The guideline is intended to be inclusive of all communities, including communities defined by health need. To note that treatment is outside the remit of this

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						in England living with a life-threatening or life-limiting condition that may require palliative care services. These children and their families rely on a network of many excellent and invaluable services, which make up children's palliative care available across the UK – including hospitals, children's hospices, community children's nurses, social care providers, educators, therapists, psychologists, sibling workers, bereavement counsellors – and many more. Community engagement can have a wide-ranging impact on children's palliative care by encouraging communities to help care for people in their community at the end of their life – which are often the preferred place for that person to be cared for. The needs of dying and bereaved people are also best met with a community engagement model as many of the social morbidities associated with end of life can be addressed through health promotion, public education and community development. Furthermore, the social support that results from an increase in social capital (trust, empathy, cooperation) benefit experiences of dying , loss, and care giving as they can counteract psychological and social morbidities such as depression, loneliness, social isolation or stigma. Despite this, we know from evidence that there is a lack of community awareness and support around the issues of death and dying, which can lead to feelings of social isolation and exclusion for these children and their families. Community engagement approaches are essential to help turn this situation around. Local communities have a vital role to play in supporting children with palliative care needs and their families.	guideline, but you may be interested in the range of social care guidelines that NICE is in the process of developing.
173	[office use only]	Turning Point	Full	4	12	We believe that 'ensuring each partner's goals for community engagement are clear', is an important principle of good practice. It is our view that this point could be strengthened to emphasise that improving the ways services work and improving health and wellbeing need to be the clear focus and test of success for community engagement. Turning Point's Chief Executive, Lord Victor Adebowale, has contributed to the development of 4 'tests' for community engagement is his role chairing the London Health Commission. The fourth is particularly relevant: "1. Engagement means listening properly, in the view of those who	Thank you for providing this information. We consider these points to be covered in section 1.1.

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						are being listened to. People must perceive that they are recognised for their legitimate contributions and must certify that their opinions are being acknowledged and responded to intelligently. "2. True engagement entails a transfer of power. People must be able to recognise that their views are actually influencing and shaping outcomes. Those engaged are decision-makers and co-producers. "3. The design of those services which are the focus of engagement need to be fully understood and easily explained by the recipients of services. If service design is too complicated or confusing to those using the service, it is not an improvement. "4. Outcomes from the engagement process need to be agreed as being relevant to the individuals and communities involved in the engagement process. Those engaged must recognise improvement in the quality of their lives as a consequence of engagement." (London Health Commission report to the Mayor. Better Health for London. 2014. p 78.)	
174	[office use only]	Turning Point	Full	4	17	We agree that a key principle of good practice is allowing sufficient time and resources to implement a comprehensive community engagement approach. It would be helpful to include examples of the sort of timescales you means in a case study format in order to maximize the impact of the guidance. For example spelling out how community engagement fits with each stage of the commissioning cycle over the course of a 5 year service delivery contract.	Thank you for your comment. It is beyond the remit of this guideline to specify timescales. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
175	[office use only]	Turning Point	Full	6	4	We believe that principle 1.2.6: 'Ensure services reflect the results of engagement of local communities (for example, in how they are designed or targeted)' should be expanded to include '….and ensure this is communicated to the communities concerned'. This is generally recognised as good practice in patient and public engagement.	Thank you for your comment. The guideline has been amended in line with your comment.
176	[office use only]	Turning Point	Full	6	9	An example of one approach to developing collaborations and partnerships is Turning Point's Connected Care model of service development. We have developed and refined the model over the past 10 years and it has been tested in 19 different localities in England. Connected Care sets up a mechanism whereby statutory and voluntary sector partners can work with the community in order to better meet local needs. It allows commissioners to test out ideas on service improvement, involve the community in delivering them	Thank you for your comment. We would be grateful if you could submit your learning to the NICE Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical

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						and ensure that new initiatives effectively respond to what people want. The model involves an intensive programme of community capacity building, an audit of community need – led by the community, with engagement with frontline staff and commissioners, service re-design and proto-typing of innovative new service models. Our focus is on localised in-depth community engagement and partnership work rather than large scale public consultation exercises. We recruit and train local people as researchers / champions / advocates. They engage other local people targeting those members of the community who are seldom heard. Our Community Researchers find out what is working and what isn't, the community's ideas for solutions to local issues and how people can helped to stay healthy and independent for longer. We bring commissioners, providers and members of the community together to map local assets and develop service designs that respond to the community's priorities and involve the community in service delivery. To date, the Connected Care team have worked in 19 areas, recruited and trained over 250 community researchers and given 11,000 people a voice in the design and delivery of their local services. Outcomes from Connected Care include: new community networks, better knowledge and uptake of services in the community, people taking more responsibility for managing their own health and well-being, reduced need for crisis intervention, new forms social action and greater accountability. For more information please contact sarah.woodhouse@turning-point.co.uk	examples of community engagement.
177	[office use only]	Turning Point	Full	6	17	An example of an asset based approach to engage the local community in developing and establishing health and wellbeing initiatives is Turning Point's Connected Care work in Worcester where we worked with South Worcestershire CCG and Warwickshire County Council to engage the community in 3 of the most deprived areas in Worcester city with the aim of helping people with chronic health problems better self-manage. A team of local residents, trained by Turning Point, used their own links within the community to reach people not currently engaged with services. They were able to present a picture of the demands on people's lives and health locally that formed the basis of 3 community-led pilot projects: a community wellbeing campaign including 200 peer to peer 'wellbeing conversations', a 'time to talk' drop-in delivered by Community Champions at the GP surgery providing peer support and sign posting and a 5 week lifestyle course and peer support	Thank you for this comment. We would be grateful if you could submit your learning to the NICE Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.

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						group for people living with a long term condition. Evaluation of the pilots found: demonstrable gains in wellbeing and reduced social isolation; increased uptake of local services including health trainers and health checks; and improvements in health management towards healthier eating, moderate exercise and reduction in smoking. The project was a finalist in the 2014 NHSE Excellence in Participation Awards and the CCG are currently rolling out the 'time to talk' drop-in to 5 additional GP surgeries. For more information please contact sarah.woodhouse@turning-point.co.uk	
178	[office use only]	Turning Point	Full	7	1	An example of co-production is our Community Navigators pilot in Birmingham. In 2012 Birmingham City Council commissioned Turning Point to develop a Community Navigator pilot aimed at determining how better to connect people to local support and services in effective way that promotes wellbeing and independence, thus reducing dependency on statutory services. The initial phase of the pilot focused on research and engagement including an audit of need undertaken by a team of 21 researchers recruited from the local community who undertook 570 interviews with local residents and helped co-design the service model alongside commissioners and local services. The pilot Community Navigator service was established in July 2013 and ran for 17 months targeting 2 particularly deprived neighborhoods in Birmingham. In that time the staff team which brought together professionals and local people working as paid staff and volunteers, supported over 1,000 local residents providing signposting and support to engage with services, wellbeing coaching and peer support. In addition the service supported the development of new micro-enterprises and resident led initiates to promote health and well-being. The team were highly visible in the local community, promoting the service at local events, within GP surgeries and community venues helping people take control of their health and wellbeing, participate in their communities and improve their quality of life. Service users reported a range of benefits including emotional support (87%), access to information and advice (71%), help with access to other services (68%) and improved health and wellbeing (60%). For more information please contact sarah.woodhouse@turning-point.co.uk	Thank you for this comment. We would be grateful if you could submit your learning to the NICE Shared learning database. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
179	[office use only]	Turning Point	Full	7	6	In our experience community members are often attracted to peer and lay roles because they see it as a route into paid employment. This is particularly the case where people are from "more vulnerable	Thank you for your comment. The guideline has been updated in line with your comment. Learning and training is included within the

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						groups" who are more likely to be out of work. As such, it is our view that the recommendations relating to Peer and lay roles should include 'Identify progression routes for volunteers, community champions and provide relevant training, mentoring and other development opportunities'.	implementation section of the guideline.
180	[office use only]	Turning Point	Full	8	14	In our experience lack of skills and lack of money are both barriers for people getting involved. Therefore, we recommend including training and payment as additional ideas for the support local people might need to get involved.	Thank you for your comment. Training and Resources are included within the implementation section of the guideline.
181	[office use only]	Turning Point	Full	9	1	We are concerned that the focus - health and wellbeing initiatives - is not clearly defined and this may result in a reduced impact on practice. It is our view that it would be useful to add a definition of 'Health and wellbeing initiatives' in the 'Terms used in this guidance' section. We see potential value for this guidance to be adopted widely across the healthcare system. We believe there is a risk that there will be an assumption that this guidance is primarily aimed at local authority public health teams and while there is clearly greater appetite and receptivity to the idea of community engagement in this part of the system, this is not to say the potential benefits of involving communities in the planning, design, delivery and evaluation of mainstream health services e.g. primary care or maternity services are not considerable.	Thank you for your comment. 'Terms used in this guideline' has been amended in line with your comment. The guideline focuses on public health improvement aimed at reducing the risk of a disease or condition, or to promote or maintain good health. The guideline does not cover patient engagement activities that concern the planning, design, delivery and/or governance of treatment in healthcare settings.
182	[office use only]	Turning Point	Full	10	4	We agree that resourcing is likely to be the main challenge to the implementation of this guidance. It is our view that in order to release sufficient resources and in order maximize the impact of community engagement in the planning, design, development, delivery and evaluation of health and wellbeing initiatives it needs to be embedded *within* large scale/mainstream commissioning and/or transformation programmes *rather* than seen as something separate. It would also be helpful to routinely embed the principles set out in this guidance within service specifications for health and wellbeing services being commissioned.	Thank you for your comment. How services are commissioned is outside the remit of this guidance.
183	[office use only]	Turning Point	Full	10	22	Volunteers need to be supported in order to be effective in their work and in order to prevent drop-out. Therefore we would also like the guidance to suggest that when supporting local community engagement activities it may be helpful to: plan for the costs associated with recruitment and training and ongoing support and supervision of volunteers.	Thank you for your comment. 'Identifying the resources' within the implementation section has been updated in line with your comment.
184	[office	East Midlands	Full	4	4	Just to clarify, does this include NHS, Third Sector, Local Authorities	Thank you for your comment. The guideline

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	use only]	Public Patient Involvement Senate				and individual members of the community? Each patient being seen as a partner? And if so does this need to be explicit in the document?	focuses on public health improvement aimed at reducing the risk of a disease or condition, or to promote or maintain good health. The guideline does not cover patient engagement activities that concern the planning, design, delivery and/or governance of treatment in healthcare settings.
185	[office use only]	East Midlands Public Patient Involvement Senate	Full	4	23	Does this include vulnerable and seldom heard groups and does it take into general Literacy and Health Literacy rates?	Thank you for your comment. The guideline is intended to be inclusive of all community groups . Section 1.5 has been expanded to include a link to the NHS England Accessible Information Standard,
186	[office use only]	East Midlands Public Patient Involvement Senate	Full	5	2	We are concerned with the use of the word reflect: how does the committee define this?	Thank you for your comment. The Committee discussed this comment and did not agree that the word 'reflect' was inappropriate or unclear. Therefore, the wording has not been amended.
187	[office use only]	East Midlands Public Patient Involvement Senate	Full	2	2	We consider the issue of 'inclusion', particularly when attempting to engage is essential and suggest that this is included in this section and throughout the document.	Thank you for your comment. The scope for this guideline was inclusive of all population groups.
188	[office use only]	East Midlands Public Patient Involvement Senate	Full	5	10	Who are the stakeholders and what consultation has taken place?	Thank you for your comment. The guideline has been amended in line with your comment.
189	[office use only]	East Midlands Public Patient Involvement Senate	Full	5	6	We welcome the recommendations for Directors of Public Health but would like the Director of Public Health or any other relevant accountable body to monitor implementation.	Thank you for your comment. Implementation at a local level is beyond the remit of NICE.
190	[office use only]	East Midlands Public Patient Involvement Senate	Full	6	1	Again we are concerned with the use of the words "think about" (perhaps a better word may be "consider") and this point could be made more robust with inclusion of (or a reference document) on how to better monitor and evaluate if statutory obligations are being/have been met? Is there a reference point outlining best practice? How would agencies achieve effective community engagement if all strands of the organisation are not involved in the various processes - strategic approaches often stay within their arenas and not move on? There is no mention of the intensive resources that would be required to carry out the objectives being described, or guidance on	Thank you for your comment. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.

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						alternatives which might achieve the same outcomes. There may the assumption that current leaders have the necessary skills to facilitate the interactions that would be needed to reach diverse communities. There needs to be ways in which shorter inputs can usefully be gained from local people, rather than expecting lengthy processes which do not capture people in the longer term. How will DPH ensure that any contracts procured are monitored and sanctioned? We suggest more education for children from an early age into using the NHS and public services responsibly, understanding self-care and maintaining one's own health.	
191	[office use only]	East Midlands Public Patient Involvement Senate	Full	6	8	How will marginalised individuals and communities who are not engaged with local networks be supported to participate? Each provider having pro-active patient education, e.g. using existing programmes like 'expert patient'. Press for a collaborative approach because health and social care are integral to personal and community life Support Area approach to cut through silos, NICE should recognise that District Council as well as the Principal Councils are important in health and social care. Research is essential to provide data for benchmarking	Thank you for your comment. The guidance recognises the 'collaborative approach ' as an effective approach to community engagement.
192	[office use only]	East Midlands Public Patient Involvement Senate	Full	6	19	We are concerned that the onus seems to be on communities to identify their needs. We suggest each provider being compelled to a PPG type set up both committee and virtual.	Thank you for your comment. The guideline has been amended for clarity in line with your comment
193	[office use only]	East Midlands Public Patient Involvement Senate	Full	7	8	We suggest using effective instead of better as we feel this is more aspirational and improve outcomes.	Thank you for your comment. The guideline has been amended in line with your comment.
194	[office use only]	East Midlands Public Patient Involvement Senate	Full	7	10	Community health champions could encourage the usual suspects. How will people be recruited, supported, mentored and will they be rewarded? Is the Community champions' model sustainable? It is vital that the process of recruitment and selection is open and accountable and trusted.	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. The local implementation of guidance is outside the remit of NICE.
195	[office use only]	East Midlands Public Patient Involvement Senate	Full	7	13	We would like to add appropriate knowledge and experiences of local communities.	Thank you for your comment. The guideline has been amended in line with your comment
196	[office use	East Midlands Public Patient	Full	7	25	Contributions made by members of the public should be acknowledged, e.g. in co-production of documents such as	Thank you for your comment. The guideline identifies community engagement approaches

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	only]	Involvement Senate				strategies, policies etc.	which are effective and cost-effective. The guideline is not intended to develop policy
197	[office use only]	East Midlands Public Patient Involvement Senate	Full	?	?	Does this mean that contributions by people in peer or lay roles must be acknowledged in policy documents?	Thank you for your comment. The guideline identifies community engagement approaches which are effective and cost-effective. The guideline is not intended to develop policy.
198	[office use only]	East Midlands Public Patient Involvement Senate	Full	8	17	Posters in local community center, places of worship, workplaces etc. Articles in local free press. Use established channels for groups that are difficult to contact via the usual channels. Inform local volunteer centres, health and social care fora, Healthwatch and councils for voluntary services of events and opportunities. This can be a good way of reaching groups of individuals who join groups in connection with their experiences, identities and health needs, e.g. BME, diabetes, race etc. We suggest plain English, easy read and other formats like braille and spoken community languages that are not written using audio and visual formats. We suggest a major commitment for locally-tailored health apps to help people with different conditions understand how to manage their self-care and how to manage their long-term conditions including their prescribed treatments. Make use of community media, such as radio, newsletters, social media etc.	Thank you for your comment. Section 1.5 has been amended in line with your comment.
199	[office use only]	East Midlands Public Patient Involvement Senate	Full	8	23	Using venues that are Internally and externally fully accessible and that the timing of events meet local people's needs. Organise some meetings in the day for parents with children at school and some in the evenings for those who work.	Thank you for your comment. Accessibility and timing of events are included within Section 1.5.2
200	[office use only]	East Midlands Public Patient Involvement Senate	Full	9	23	We compliment the committee on recognising the value and the importance of empathy and understanding	Thank you for your comment.
201	[office use only]	East Midlands Public Patient Involvement Senate	Full	11	19	Does this mean that Members of the public will be supported and trained in, for example the use of IT? So much is accessed and done via the web using software such as Microsoft etc.	Thank you for your comment. The guideline has been amended in line with your comment.
202	[office use only]	East Midlands Public Patient Involvement Senate	Full	8	15	Does this include IT support	Thank you for your comment. The guideline has been amended in line with your comment.
203	[office	University of				1. Which areas will have the biggest impact on practice and	Thank you for your comment. 'Identifying the

ID	Type	Stakeholder	Document	Page No	Line No	Comments Please insert each new comment in a new row	Developer's response Please respond to each comment
	use only]	Southampton				be challenging to implement? Please say for whom and why. The areas that are likely to have the biggest impact are those of introducing the mechanism and intervention needed to bridge and link people to resources in the community and to enhance access to social capital designed to mobilise resources for people living with long term conditions in community settings. Social network capacity and ontagion are needed to enable the ability of third sector and other community groups to provide support	resources needed' is included within the implementation section of the guideline. The implementation section of the guideline has been amended to include links to key relevant resources, as appropriate. A link to the NICE shared learning database has also been added. The database includes practical examples of community engagement.
204	[office use only]	University of Southampton				3. The use of social network mapping at the interface between formal and informal service delivery and multiple on an doffline resources designed to link people into resources from open systems.The evidence on understanding the best places to intervene and how is indicated in a range of evidence. The papers below represent a selected view of recent evidence that might be taken into consideration in devising guidelines from NIHR supported research. GENERAL	Thank you for providing this information.
205	[office use only]	University of Southampton				Aligning everyday life priorities with people's self-management support networks: an exploration of the work and implementation of a needs-led telephone support systemBlickem C, et al BMC Health Services Research 2014, 14:262 doi:10.1186/1472-6963-14-262 The Contribution of Social Networks to the Health and Self-Management of Patients with Long-Term Conditions: A Longitudinal Study Reeves D, et al PLoS ONE 9(6): e98340. doi:10.1371/journal.pone. Creature comforts: personal communities, pets and the work of managing a long-term conditionBrooks HL, et al Chronic Illness. 2013 Jun; 9(2): 87–102. doi:10.1177/1742395312452620 The influence of social networks on self-management support: a metasynthesisVassilev I, et al BMC Public Health 2014, 14:719 doi:10.1186/1471-2458-14-719 Effect of Information and Telephone-Guided Access to Community Support for People with Chronic Kidney Disease: Randomised Controlled TrialBlakeman T & Blickem C, et al PLoS ONE 9(10): e109135. doi:10.1371/journal.pone.0109135 A scoping review to understand the effectiveness of linking schemes from healthcare providers to community resources to improve the health and well-being of people with long-term conditions Mossabir R, et al (2015) Health & Social Care in the Community	Thank you for providing this information. This information was considered by the review team for this guideline. The references did not meet the inclusion criteria for the evidence reviews undertaken.

Comments received in the course of consultations carried out by NICE are published in the interests of openness and transparency, and to promote understanding of how recommendations are developed. The comments are published as a record of the submissions that NICE has received, and are not endorsed by NICE, its officers or advisory committees

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						23,5 467-484 DOI: 10.1111/hsc.12176 Voluntary Organizations and Community Groups as New Partners in Diabetes Self-management and Education A Critical Interpretative Synthesis Portillo MC, et al (2015) The Diabetes educator The Diabetes Educator July 9, 20150145721715594026 Dynamics and nature of support in the personal networks of people with type 2 diabetes living in Europe: qualitative analysis of network properties Kennedy A, et al (2014) Health Expectations 13 NOV 2014 DOI: 10.1111/hex.12306	

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