



**MEMBERSHIP MODEL  
PILOT  
QUESTIONNAIRE FOR  
THE CONSTITUENCY  
OF THE VOLUNTARY  
AND COMMUNITY  
SECTOR**

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# 1 EXECUTIVE SUMMARY

The results of the research show that there is a need for better communication channels between the NHS Hull and the voluntary and community groups. Emphasis was given to both the format and content of communication. Groups feel that there is a need for methodologies that engage the voluntary and community groups through small events and meetings, with jargon free language and simple to understand topics. Communication should also take into the account the needs of minority groups and people with disabilities.

The research findings also show that voluntary and community groups are eager to become involved as members of the NHS Hull because they want their voice to be heard and know what 'is going on'. The need of the groups to air their views and concerns, and have an input in the NHS Hull coupled with the need to know and understand what the NHS Hull does were the primary motivators expressed by most respondents.

Voluntary and community groups emphasised that making clear the benefits of the membership model will help encourage more groups to become involved. This includes the provision of more information about how to become involved, a single and direct point of contact or specific route of engagement, better advertising of the membership model and a package of incentives to those groups that become involved.

Voluntary and community groups also are motivated by the potential of networking opportunities that the membership of the NHS Hull will provide to them and by the possibility of sharing their experience, knowledge and skills not only with the NHS Hull but with other voluntary and community groups.

Voluntary and community groups believe that meaningful engagement requires, in many cases, the reinforcement of the skills and knowledge base of groups' representatives. Training was therefore seen as a crucial element to overcome barriers of engagement.

Voluntary and community groups also expect that further funding is available from the NHS Hull to develop programmes that reinforce their groups' structure, skills and capacity to become actively involved in the membership model.

## 2 INTRODUCTION

In September 2008 Developing Our Communities (DOC) was commissioned by NHS Hull (formerly Hull Teaching Primary Care Trust) to focus on the establishment of the Voluntary and Community sector constituency of the NHS Hull's Membership model. This report presents the findings from the evaluation and our conclusions and recommendations.

The evaluation has included the following stages:

- Project Inception Meeting
- Background Research; a review of all programme management and monitoring information and a review of the policy and operating context
- Questionnaire distribution
- Drop in sessions
- Analysis, Reporting and Dissemination

The following groups were contacted as part of the evaluation:

- 616 groups were sent the postal questionnaire (these are the number of groups on DOC's database) which was followed up via a reminder e-mail, during the analysis of the questionnaires, it was noticed that organisations from BME and youth organisations were underrepresented and so these groups were then targeted. This resulted in a total of 88 questionnaires being returned.
- 54 people attended the drop-in
- 11 people were interviewed 1:1
- Some of the group members, who responded to the questionnaire, also attended the drop-ins. But in total we had a total of 137 groups which was a response rate of 22%. The membership of these groups is in the region of 2500-3500 individuals (groups were asked about their membership most gave estimated responses).

## Report Structure

The report includes the following sections:

- Section 3: Pilot Overview. This section provides a strategic and contextual overview of the membership model
- Section 4 Methodology
- Section 5: Research Findings
- Section 6: Conclusions, Recommendations and Future Direction. This section draws out the main conclusions from the research and our recommendations for taking the membership model forward.

### 3 PILOT OVERVIEW

This section provides a strategic and contextual overview of the membership model, its historical development, objectives and content. It also draws on good practice examples, built up over more than a decade and our proposed model of engagement which will enable the PCT to fulfill their vision;

‘The PCT will work with partners and local people to create an affordable healthcare system that exceeds minimum standards in quality and access. We will work with the citizens of Hull to improve their health and well-being as well as their healthcare’.

DOC throughout this project has ensured that it complement, adhere to and bring added value (beyond the conventional Patient Public Involvement) to the PCT’s ‘Duty to Involve’ responsibilities as described in Section 242 of the NHS Act 2006. DOC believes the main outcomes from this pilot will be the formulation of a robust and inclusive engagement and commissioning process, which as well as being Compact compliant will dovetail into the World Class Commissioning document, recently published by the Department of Health (2007).

The objectives of the evaluation were:

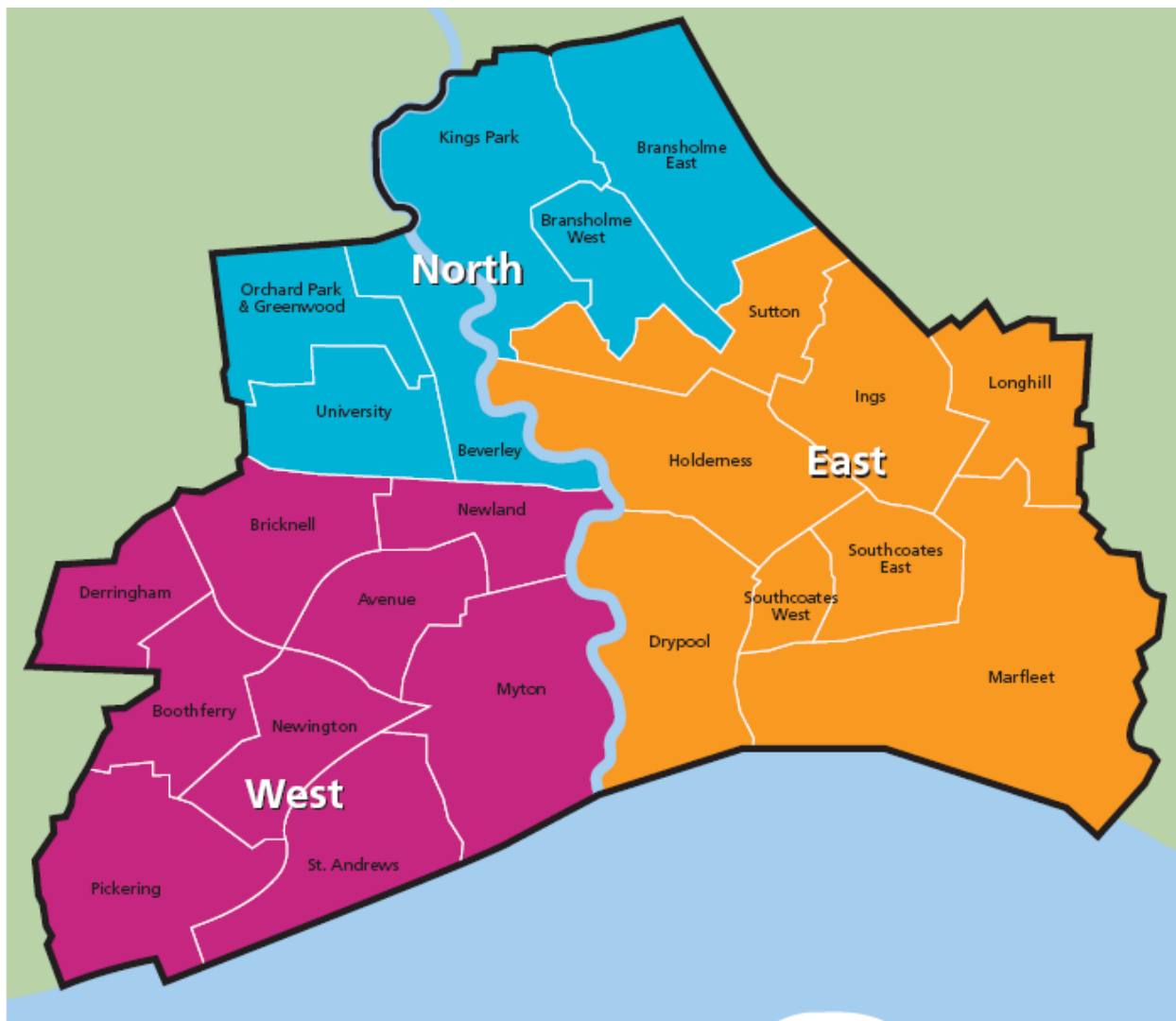
- To recruit members, develop and test engagement methodologies with the Voluntary and Community Sector organisations ensuring representativeness of the whole locality population. The sample size will be 10% of the known representative population. To feedback to the steering group how this was achieved.
- To define the motivators (exchanges) that will prompt different organisations to become members of the PCT. To provide clarity on what the benefits should be.
- To gather opinion on how the PCT should work in partnership with its Voluntary and Community Sector Constituency and what governance arrangements should be in place to support this.
- To ascertain the relationship between the Voluntary and Community Sector elements of this constituency and the Hull COMPACT and make recommendations for any changes.

- To ascertain the voluntary / community sector feeling for engagement, identify any barriers and explore solutions for overcoming barriers (e.g. training and other types of support).
- To explore how the Voluntary and Community Sector organisation may work with the Local Involvement Networks (LINKs) and the PCT, to consider any difficulties or conflict of interest resulting from an organisations membership of both the PCT and LINKs. To make recommendations for overcoming any identified barriers.
- To conclude the pilot activity and make a report available to the Steering Group.
- To undertake the analysis of the findings and produce a summary report and final report (as above) detailing the methodologies which have been followed in fulfilling the work, as well as providing detailed information on the pilot response rate.
- The pilot will actively respond to the PCT Locality Directors (or delegated individuals) to ensure that a joint understanding of approach and outcome is achieved.
- To represent a balanced view of the findings ensuring that all views are heard and represented.

## 4 METHODOLOGY

A statistical sample representative of the whole population was taken. The sample reflected the diversity of the voluntary and community sector in the City of Hull. The sample represents more than 10% of the known population. In addition to the sample, and with the purpose of gathering the views of the 'hard to reach' groups, the questionnaire was sent to 666 voluntary and community groups.

The sample is representative of groups representing communities of interest and groups representing geographical communities. The map below shows the geographical distribution of the groups composing the sample and the area of activity or interest of such groups.



This table shows where the groups who took part in this report are based by locality, and the main emphasise of the work they undertake.

Age groups	East	West	North	City/Wide
Children – 5yrs and under	4	11	4	
Children – 6 yrs to 12 yrs	4	10	3	
Children – 13 yrs to 16 yrs	2	11	3	
All Children age 0-16	4	12	1	
Young people 17-25	3	15	2	
Older people – aged 50+	9	15	6	
Families	7	13	2	
Lesbian, gay, bi-sexual and transgender	2	9	0	2
Men only	2	2	1	1
Women only	2	4	0	1
Anybody within the community	11	28	12	
Black and minority ethnic communities	5	17	0	
People with disabilities	7	11	5	
Prisoners and ex-offenders	1	7	1	
Refugee and asylum seekers	2	8	0	
Substance and drug addicts	1	3	0	
People with mental health problems	3	9	2	
Sex workers	3	3	0	3
Faith based communities	2	7	2	3
Health Issues	0	6	2	6
Housing	2	3	1	3

The questionnaire was designed and presented in a friendly format. The questionnaire aimed at capturing the group details and exploring the motivators that prompt organisations to become members of NHS Hull. Additionally, the questionnaire also intended to gather groups' views on engagement methodologies, partnership with NHS Hull and the governance arrangements for this later to take place.

A copy of the questionnaire conducted can be seen in the Appendix1

The questionnaire was posted to the representatives of the voluntary and community groups who returned it likewise.

Six drop-in sessions were also organised across the city to provide groups with the opportunity to discuss their views and provide them with any help in filling in the questionnaire.

In line with the aims of the pilot work, attendants to the drop-in sessions provided their views on the six areas under exploration.

Eleven interviews were conducted with representatives of umbrella and infrastructure organisations working across the City of Hull with geographical groups and groups of interest.

Descriptive statistical analysis was employed alongside qualitative analysis techniques to collate the information collected through the questionnaire.

## 5 RESEARCH FINDINGS

This section sets out the main research findings structured around the evaluation objectives as stated previously

At the six drop-ins we engage with the attendees to answer six questions, below are there responses to the questions presented, following on from there responses, these where then listed in order of importance.

### Flip chart

Flip charts were used to gather the views of respondents in a variety of open events and seven drop in sessions specifically designed to consult with the voluntary and community groups.

Question 1 From your experience, what do you feel are the most appropriate methodologies to be used when engaging with voluntary and Community Sector Organisations ensuring representativeness of the whole locality population.

- Respondents provided answers stressing the need for improved communication between the NHS Hull and the voluntary and community groups. Particular emphasis was given to issues of communication, both on the format and content of communication.
- Groups feel that there is a need for methodologies that engage the voluntary and community groups through small events and meetings, with jargon free language and simple to understand topics. It is expected that these small events will help groups to gain information of what activities are available and improve knowledge of what the NHS Hull does.
- The information provided to voluntary and community groups should be appropriate to the particular needs of the people the groups represent and take into account their needs such as language and disabilities. The use of jargon free and non technical language will have better benefits for the voluntary and community groups and will result in more people taking interest in the consultation processes.
- The format and delivery of information was also seen as a crucial element to engage voluntary and community groups. A variety of communication channels were referred to by respondents,

including advertisements in magazines and electronic media, leaflets in different languages, discussion groups and community based events.

- Events to engage voluntary and community groups should consider the appropriateness of venues and times if they aim at engaging a higher number of people and overcome barriers of access.

**Question 2 In your opinion, what do you feel would be the motivators (exchanges) that will prompt different organisation to become members of NHS Hull? To provide clarity on what the benefits should be.**

- Answers from respondents show that voluntary and community groups are eager to become involved as members of the NHS Hull because they want their voice to be heard and know what 'is going on'. The need of the groups to air their views and concerns, and have an input in the NHS Hull coupled with the need to know and understand what the NHS Hull does were the primary motivators expressed by respondents.
- Voluntary and community groups also are motivated by the potential of networking opportunities that the membership of the NHS Hull will provide to them and by the possibility of sharing their experience, knowledge and skills not only with the NHS Hull but with other voluntary and community groups.
- Voluntary and community groups are also motivated by the possibility of being able to follow up the implementation of actions after consultation processes if they are members of the NHS Hull. Groups expect to see actions taken after consultation processes and they believe that if they are members of the NHS Hull they will be able to air their opinion on the implementation of policies. To sum up, groups want to see actions taken after consultation events have been held; actions that reflect the views of groups consulted.

**Question 3 In your opinion how should NHS Hull work in partnership with its voluntary and community sector constituency and what governance advancements should be in place to support this?**

- Voluntary and community groups have stressed the need for the use of plain language, non technical and jargon free communication as a prerequisite for a partnership between the NHS Hull and the voluntary and community groups. Groups also emphasised the fact that such a partnership should be based upon the principles of sharing, learning and listening each other.

- Groups also believe that it will be beneficial if the different sections or areas of the NHS Hull improve their internal communication and have an homogeneous approach to the voluntary and community groups. In achieving this, a single point of contact for voluntary and community groups was seen as a crucial element in the governance arrangements.
- Better information channels between NHS Hull and voluntary and community groups are also crucial for a working partnership between the NHS Hull and the voluntary and community groups. Communication should be able to facilitate networking between groups and provide the channels for groups to be able to shape the agenda of the consultation processes.

**Question 4 In your opinion, what do you do think the relationship between the voluntary and community sector elements of this constituency and the hull compact should be and what changes would you recommend?**

- Voluntary and community groups stressed the need for commitment, continuity and sustainability as key principles of engagement in both the NHS membership and the COMPACT.
- Although there seems to be a lack of information on what benefits each of these bodies has for the voluntary and community groups, respondents referred to the need for better communication between the NHS Hull membership and the COMPACT, particularly in connection with the idea that a more co-ordinated action between them and the provision of better information to the voluntary and community groups will have positive effects upon health and wellbeing standards in the city of Hull.
- Voluntary and community groups expect that both the NHS Hull and the COMPACT leaders have a greater knowledge about the voluntary and community sector and its mission, ethos and activities.
- Voluntary and community groups expect to be provided with better information on expenditure and have a greater say on how budgets are allocated and spent. Respondents considered this element as crucial for improved public accountability and scrutiny, both of which will result in increased credibility.

**Question 5** in your opinion, what do you feel are the voluntary / community sector feelings for engagement and what barriers, if any, not to be overcome (explore solutions for overcoming barriers, e.g. training and other types of support).

- Respondents identified barriers for engagement at four levels: communication, knowledge, organisational and financial.
- Communication seems to be a crucial barrier to engage with groups, the appropriateness and suitability of both the format and the contents of language were referred to by respondents. The need for translators, printed materials in different language and materials suitable for people with disabilities were emphasised.
- Voluntary and community groups believe that meaningful engagement requires, in many cases, the reinforcement of the skills and knowledge base of groups' representatives. Training was therefore seen as a crucial element to overcome barriers of engagement.
- Voluntary and community groups also stated that engagement also entails an open attitude to be receptive to the needs, aspirations and views of the groups. The NHS Hull has the opportunity through the membership model to reinforce its openness and inclusivity being receptive to all groups.
- Voluntary and community groups also expect that further funding is available from the NHS Hull to develop programmes that reinforce their groups' structure, skills and capacity to become actively involved in the membership model.
- Awareness of the Voluntary and Community Sector from the NHS Hulls point of view.

**Question 6** To explore how the voluntary and community sector organisations may work with the local involvements networks (LINKs) and the PCT, to consider any difficulties or conflicts of interest resulting from an organisation membership of both PCT and LINKS. To make recommendations for overcoming any identified barriers.

- Although, there is a lack of clarity about the roles of and boundaries between the NHS Hull membership model and the LINKs, respondents emphasised that better communication will result in awareness of what the responsibilities of each of these body are. Both the NHS Hull

membership model and the COMPACT should reinforce their communication with groups to raise awareness of what roles and responsibilities can be expected from them

- Voluntary and community groups expect a partnership based on equality, understanding and periodical feedback between the NHS Hull membership and the COMPACT.
- Voluntary and community groups also expect a reinforced effort from both the NHS Hull membership model and the COMPACT to inform people of what their role and responsibilities are. Voluntary and community groups could play an important role in this process.

## Questionnaires

Postal questionnaires were sent to voluntary and community groups and eighty-eight were returned which represents more than the ten per cent of the known population. The answers were grouped in themes to highlight the areas where most of the respondents are in agreement.

### **Question 16 What would be the MAIN reasons for your group to become involved as a member of NHS Hull?**

Respondents provided multiple reasons for their groups to become involved as members of the NHS Hull. The reasons provided by groups are grouped in six main headings:

#### a) Core work

Some voluntary and community groups see the membership in NHS Hull as an important part of the work they are expected to develop.

#### b) Enhanced influence and voice

Voluntary and community groups see their membership in the NHS Hull as the opportunity to have a voice, air their views and have an input on issues of health and wellbeing. Groups expect that through membership in the NHS Hull they will be better informed of the NHS Hull activities and that their views will be heard. In turn, groups expect that this will have positive benefits upon their group members.

#### c) Delivery and change

Voluntary and community groups expect that their membership in the NHS Hull will have positive effects upon their capacity to have an input on the delivery of health and wellbeing policies in different geographical areas.

Respondents also believe that membership in the NHS Hull will provide them with the opportunity to be informed of new health initiatives and help improve local health services.

Voluntary and community groups also believe that membership in the NHS Hull will give them the opportunity to air the views of the people they represent and help them to become more involved.

Respondents believe membership in the NHS Hull will give them the opportunity to share their experience and provide advice, when appropriate, to the NHS Hull.

d) Information and knowledge

Groups expect that membership in the NHS Hull will provide opportunities for them to access information, increase their knowledge and keep informed of developments on health and wellbeing issues.

Membership in the NHS Hull is also seen as an opportunity to share information with other groups and keep informed of new initiatives and projects of the NHS Hull.

One of the primary reasons of voluntary and community groups to become involved as members of the NHS Hull membership is to share information and knowledge and help increase awareness of health and wellbeing issues.

e) Group support

Groups also expect that membership in the NHS Hull will help them to promote their activities better and make other groups aware of their existence. In turn, the knowledge and information gained through membership in the NHS Hull will help groups to provide better services to the community and to individuals.

f) Other reasons

- Ensure that the NHS Hull meets the health needs of disabled people.
- Ensure that there is better support for the LGBT community.
- Provide better information to local residents on health and wellbeing services.
- Ensure that health issues of tenants are addressed.
- Gain more information on children's health.
- Ensure that the LGBT community is represented.
- Promote discussion on the delivery of services for the BME groups.

- Ensure that the views of ethnic minority groups are heard.
- Gain information on sources of advice and assistance.
- Promote the help available to tackle health problems related to stress.
- Ensure that local residents can become involved in health and wellbeing services.
- Ensure that the health and wellbeing issues of pensioners are addressed.
- Ensure that the health and wellbeing needs of the elderly are met.

**Question 17 In your opinion, what could be done to ENCOURAGE voluntary and community groups to become members of NHS Hull?**

Voluntary and community groups emphasised that making clear the benefits of the membership model will help encourage more groups to become involved. This includes the provision of more information about how to become involved, a single and direct point of contact or specific route of engagement, better advertising of the membership model and a package of incentives to those groups that become involved.

Voluntary and community groups also expect to be provided with support to access training, travel expenses, suitable sources of information in relevant formats and translation services, as required.

Respondents also identified the need for an open, transparent and accessible partnership in which both the NHS Hull and the members of the voluntary and community groups benefit from more interaction, regular meetings and reciprocal feedback.

Voluntary and community groups expect to have real influence on issues of health and wellbeing and that the NHS Hull takes prompt action to address the issues voiced by the groups through the membership model. Groups obviously expect that their contributions are acknowledged and recognised.

Respondents believe that every effort should be made to make meetings, forums and events accessible to all, ensuring that consultation meetings involving voluntary and community groups are held in appropriate and accessible venues taking into account accessibility, culture, disability and circumstances of members of groups such as time and location.

Respondents believe that a friendly approach alongside jargon free and non technical language will encourage more voluntary and community groups to become involved as members of the NHS Hull.

**Question 18 What would encourage your group to remain involved as a member of NHS Hull?**

Respondents emphasised that their groups will remain involved if the membership model results in regular contact with the NHS Hull where they have the opportunity to express their views and if their views are listened to and acted upon.

Voluntary and community groups will remain involved if appropriate communication channels are developed to encourage participation from 'hard to reach', newly established and under-represented groups within a clear, transparent and fair framework that is all inclusive of and reflects the diversity of the community.

Respondents also identified the following actions as conducive to long term involvement of their groups in the membership model:

- Establishing a clear framework and making clear the benefits for members, as well as the rights and responsibilities, code of conduct and accountabilities for members.
- Involving all members in the development of a work framework including the ways and areas in which members can become involved in decision making, calendar of activities and mechanisms of communication.
- Establishing a system of feedback and assessment of actions implemented as a result of the members involvement and influence.
- Providing members with adequate administration support and appropriate resources for them to be able to effectively become involved in a meaningful way.
- Establishing a communication policy for the NHS Hull membership model which reflects the needs of the wider community, e.g. translation services, use of plain English, visual aids among others and facilitates communication between the PCT and the members but also among the members themselves to encourage exchange of ideas and debate.

- Developing a follow up system that allow the NHS Hull membership to assess the impact of their input upon the planning, design, delivery and operation of health and wellbeing services.
- Providing appropriate training to the representatives of groups in the NHS Hull membership model, according to their individual needs, to allow them to be able to participate and influence effectively the decision making process, making the membership model more credible.
- Keeping the members updated of new developments, legislation, policies and the operation of the services through leaflets, newsletters or other materials.
- Ensuring that actions are taken upon the suggestions and recommendations of the membership.

**Question 21 What things would stop your group, or make it difficult for your group, to become involved and give its views and ideas to NHS Hull?**

Lack of (or overload of) information was frequently mentioned. Some respondents identified as a barrier the lack of information about the membership model. However, the overload of information and 'too much paperwork' were also mentioned by other respondents as barriers to becoming involved.

The lack of clarity about the purpose and responsibilities of the membership model and how the NHS Hull membership model relates to other structures such as LINKs and COMPACT were also seen as barriers to becoming involved.

Lack of understanding of what exactly the NHS Hull members will be able to influence, the perception that the 'NHS Hull does not listen' and staff workloads were also referred to as barriers to becoming involved by some respondents.

Lack of clarity and transparency on how the views gathered are collated and analysed and what is their impact upon the design and delivery of services.

Usage of language is (often) not plain English, and convenience issues such as meetings during working hours, inaccessible venues, 'heavy agendas', long lasting meetings, 'too many' (and sometimes) irrelevant and 'boring' meetings were frequently mentioned by respondents.

Other barriers mentioned by respondents are:

- Lack of staff to attend meetings.
- Accessibility for people with disabilities.
- Travel expenses.
- Meetings sometimes dominated by groups or individuals.
- Lack of notice for events.

**Question 23 Do you have any comments your group would like to make about potential events, such as suitable times and locations?**

- Respondents proposed a variety of specific venues, locations and times. There seems not to be a consensus of the best venues, locations and times to hold events.
- Varied venues, locations and times will obviously result in more groups and people becoming involved.
- Venues with appropriate transport links, accessibility for people with disabilities and parking facilities were preferred by respondents.
- Particular venues were mentioned by respondents such as Centre 88, KC Stadium, Derringham Bank Church, Community Enterprise Centre, while locations such as Bransholme and City Centre were also referred to by respondents.
- In relation to days of the week and times for events the answers provided by respondents were not conclusive either way.

**Question 24 Is there anything that would help your group, or make it easier for your group, to give their views and ideas?**

Questionnaires were seen by respondents as a means for them to offer their views and ideas, but it was also emphasised that questionnaires should be easier to understand and with options that are more comprehensive, and perhaps with 'pictures and symbols'.

Respondents also referred to the need for translation services and printed information in different languages.

Varied venues, locations and times for meetings with appropriate transport links, accessible to people with disabilities and parking facilities were emphasised by respondents.

Other points mentioned by respondents were:

- A familiar face or voice to consult with the groups.
- Seminars, workshops, drop in sessions.
- Support for people with disabilities.
- Better use of media to reach groups and communities.

## Interviews

Eleven representatives of community and voluntary organisations were interviewed by the researchers. As with the answers provided by respondents in flip charts and questionnaires, the answers were grouped into themes highlighting the areas where most of the respondents agreed.

Question 1. From your experience, what do you feel are the most appropriate methodologies to be used when engaging with the voluntary and community sector organisations ensuring representativeness of the whole locality population?

- Interviewees provided a variety of answers but there seems to be a consensus that engagement through small events and meetings, with jargon free language and simple to understand topics is appropriate to involve community and voluntary groups in consultation.
- The use of jargon free and non technical language was referred to by interviewees. The use of translation services and events in suitable venues and times was also seen as a crucial element of good engagement methods. A variety of communication channels were referred to by respondents, including advertisements in magazines and electronic media, leaflets in different languages, discussion groups and community based events. Interviewees believe that this will involve a higher number of people and overcome barriers of access.
- Groups preferred to be contacted directly, often umbrella organisations act as barriers.

Question 2 In your opinion, what do you feel would be the motivators (exchanges) that will prompt different organisation to become members of NHS Hull? To provide clarity on what the benefits should be.

- The main focus of answers provided is that groups are eager to have their voice heard and want to have an input in health and wellbeing services. In addition, interviewees also believe that the groups want to have access to more and better information about the NHS Hull
- Interviewees also believe that groups will have more networking opportunities and influence through the NHS Hull membership model.

- Interviewees believe that groups want to see actions taken after consultation events have been held and that taking part in the NHS Hull membership model will help them to have an input on the implementation of policies.
- Interviewees also believe that the membership model will give groups the opportunity to link to the government agenda and access information for tendering work.

Question 3 In your opinion how should NHS hull work in partnership with its voluntary and community sector constituency and what governance arrangements should be in place to support this?

- Plain language, non technical and jargon free communication were emphasised by interviewees as important elements of any governance arrangements.
- Communication should be able to facilitate networking between groups and provide the channels for groups to be able to shape the agenda of the consultation processes.
- A single point of contact between the voluntary and community groups and the NHS Hull was also mentioned by interviewees.
- Clear terms of reference, roles and responsibilities will help develop an effective working partnership between both parties.

Question 4 In your opinion, what do you do think the relationship between the voluntary and community sector elements of this constituency and the hull compact should be and what changes would you recommend?

- Interviewees also believe that at present there is a lack of information about the role and responsibilities of the NHS Hull membership model and the COMPACT.
- Interviewees believe that more information should be available to groups about the differences between the COMPACT and the NHS Hull membership model for the sake of clarity.

- Interviewees believe that voluntary and community groups expect that both the NHS Hull and the COMPACT representatives have better knowledge about the voluntary and community sector and the aspirations of groups.
- Interviewees believed it is crucial to ensure that infrastructure organisations cascade the information to small voluntary organisations.

Question 5 In your opinion, what do you feel are the voluntary / community sector feelings for engagement and what barriers, if any, not to be overcome (explore solutions for overcoming barriers, e.g. training and other types of support).

- Training and communication were seen by interviewees as a crucial element to overcome barriers of engagement. Training should provide representatives of groups with skills to be able to participate in meetings and make contributions to the debate. Communication seems to be a crucial barrier to engage with groups, the appropriateness and suitability of both the format and the contents of language were referred to by respondents as an area of priority.
- The need of translators, printed materials in different language and materials suitable for people with disabilities were emphasised by all interviewees.
- Interviewees also highlighted the need of change in attitude to improve the access and breakdown barriers as engagement entails an open attitude to be receptive to the needs, aspirations and views of the groups. Training is also required by members of the NHS Hull to have better understanding of what the voluntary and community groups are about.
- The need for funding support for voluntary and community groups is crucial if groups are to develop as real partners in consultation processes.

Question 6 To explore how the voluntary and community sector organisations may work with the Local Involvements Networks (LINKs) and the PCT, to consider any difficulties or conflicts of interest resulting from an organisation membership of both PCT and LINKs. To make recommendations for overcoming any identified barriers.

- There seems to be a lack of clarity about the purpose and responsibilities of the membership model and how the NHS Hull membership model relates to other structures such as LINKs and COMPACT were also seen as barriers by interviewees
- Interviewees also agreed that there is a lack of understanding of what and how the NHS Hull members will be able to influence.
- Interviewees believed that both the NHS model and the LINKs should provide simple information about tenders which will help voluntary and community groups to express interest.

## 6 CONCLUSIONS AND RECOMENDATIONS

The findings from the research show that for the meaningful delivery of the membership model for the voluntary and community sector within NHS Hull to be successful, it is important that the delivery of the strategy should be based on the following key principles:

- Leadership and joint working: joining up strategies and actions horizontally and vertically; mainstreaming
- Community engagement: ensuring that local needs are paramount and residents are able to contribute and get involved.
- Accountability: amongst all agencies
- Quality of information: about needs, services and change
- Learning: from successes and failures.

This idea of skills and knowledge underpinning the voluntary and community constituencies of the membership model is an important one. The implication is that in addition to new activities and initiatives which will develop skills and knowledge, the principles of a Skills, Knowledge and Delivery Programme should infuse and influence all aspects of creating a healthier Hull and engaging with groups in the neighbourhoods. This is important in terms of the positioning of voluntary and community constituency of the membership model so that not only is it about box ticking.

### Governance.

The voluntary sector believe that there needs to be greater clarification as to what the model and membership actually means, but it should involve the following:

- Governance; developing a community voice that enables communities to participate in decision-making and to increase the accountability of service providers.
- Social Capital; to increase the confidence and capacity of individuals and groups to get involved in activities and build mutually supportive networks.
- Service Delivery; to ensure that local communities are in a position to influence service delivery and where appropriate participate in service delivery.

- Social Inclusion and Cohesion; to develop empowered communities capable of building a common vision, a sense of belonging and a positive identity where diversity is valued.

Although Membership model contributes to community engagement objectives this should not be the end goal. It should be about providing and identifying the skills, knowledge and behaviours needed to deliver a Healthier Hull.

An important finding regarding beneficiary impacts of involvement with the Membership model was that more thought needs to be given to how the sectors own learning and knowledge can be maximised as part of a learning process within NHS Hull for mutual benefit. Suggestions included:

- Strengthening health education training courses to maximise the prospects of learning transfer.
- Whether there could be related follow-up courses or action learning sets for smaller groups of participants
- Making available or sign-posting other related learning materials
- Encouraging participants to set up a peer learning group, mentoring arrangement and/or e-mail group for post-course communication.

We would perhaps add to this list approaches to facilitate the transfer of learning more specifically into participants' work places. Strengthening the course content for instance could include a final session giving practical advice on how to disseminate the learning outcomes within participants' organisations and making the course content very explicit in terms of how the learning can be applied.

### Strategic Positioning

Alongside the continued development of health promotion training provision at a community level, there may be scope to enhance community groups role and positioning at a strategic level to facilitate change in the neighbourhoods of Hull

Drawing on good practice from outside Hull, one approach to increase strategic buy-in and encourage a more entrepreneurial culture has been to integrate a requirement to consider the implications of actions on disadvantaged communities within NHS Hulls business and service delivery plans. This could also include a requirement to consider internal capacity needs or measures to facilitate community engagement etc in line with the NHS role of Community leaders as well at the statutory 'Duty to Involve'.

### Point of Access

Many groups saw NHS Hull as a bureaucratic machine and so were not sure who they should contact to engage with. They felt that they provided quality activities which have a bearing on NHS Hull's priorities, but because many of them do not have any paid employees and so they did not have the time to make people aware of what they do and who they should contact.

All groups who have had contact with any of the Community Health Development Workers have had a positive experience and use these workers as an access into the 'bureaucratic machine' but many people were not aware of these workers.

Groups would like a clearer access point so that they can be involved in meeting the needs of the citizens of Hull and for NHS Hull to be aware of and build on the Voluntary and Community sectors contribution to the Health and Well-being, social capital and Mental Health of Kingston upon Hull.

### Funding,

Many groups would like to provide their members with more health activities and many already do as part of their main work, but to build on this, they would like to see a small grants programme (£5,000 for example) which they could access. This could act as a 'half way' house between the small grants (which is currently available £600 max) and the larger procurement/ commissioning route. Community groups feel that they are being sidelined by NHS Hull and by some infrastructure bodies in favour of the larger community and voluntary organisations, and so don't get invited to events or made aware of procurement opportunities or process. Many believed that NHS Hull are missing a trick as many of the groups live and operate in the neighbourhoods of Hull where the people who are in need of support live. The groups are also seen as 'trusted people' as they have built up a rapport with many of their members and supported many through the trials and tribulations of their lives.

### Communication

Groups would like to be contacted often and with information relevant to specific themes either geographical or health related, so that they can influence and deliver some of the activities. Groups who are mainly non English speaking would like to have access to a translator rather than have leaflet in their own language (except for a leaflet with telephone numbers on). So that they are able to discuss any issues in detail.

## **Cultural and access barriers**

Communication problems have been mentioned by Black and Minority Ethnic communities as a barrier to accessing health services. The language differences and the lack of command of the English language in some cases have a detrimental effect upon the ability of people from Black and Minority Ethnic backgrounds to make the most of the services provided by the NHS Hull.

While it has been acknowledged that efforts have been made to provide translation services to members of Black and Minority Ethnic communities, there is still need of a more consistent and homogeneous approach to the use of professional translation services. The big challenge that remains is how to make patients feel confident to describe their pathologies, symptoms and health related problems to personnel other than the medical staff.

Cultural and ethnic differences determine the practice of professions and the medical profession is not an exception. Members of Black and Minority Ethnic communities have expectations of medical staff that often are not met. The expectations are shaped by their ethnicity, culture and background. Raising awareness among Black and Minority Ethnic communities of what they can expect from health services and the standards of the medical profession in this country are paramount.

Diversity awareness training among health staff would be beneficial, including understanding of major clusters of population from Black and Minority Ethnic backgrounds in the City of Hull such as Chinese, Polish, Kurdish, African and Easter European.

Lack of information of services available from the NHS Hull is pervasive among members of Black and Minority Ethnic communities. The production of information material in different languages and formats to provide information, advice and guidance on the services available from NHS Hull seems to be crucial to overcome barriers of access.

Trained medical professionals from members of Black and Minority Ethnic communities living in the City of Hull find it difficult to access employment opportunities because of the lack of clear guidance and information on the recruitment paths and procedures. Examples of other statutory agencies proactive in recruiting personnel from Black and Minority Ethnic backgrounds have often been quoted. In some cases, members of Black and Minority Ethnic communities prefer the treatment or advice of

these medical professionals from their own communities who would provide the service out of the appropriate channels.

## 6.2 RECOMMENDATIONS

A community development approach to involve groups in consultation through participation requires an open and flexible approach to facilitate democratic involvement by people in issues that affect their lives. Community and voluntary groups have a wealth of untapped skills and experience that can be maximise in consultation processes working together to identify and undertake action, based on mutual respect of diverse cultures and contributions. In line with the principles and values of community development, the community and voluntary sector involvement is crucial to facilitate the achievement of:-

- a) A higher level of social capital based on trust and co-operation.
- b) Stronger and wider networks.
- c) Community and voluntary groups' involvement in the delivery of public services.
- d) Participation of the VCS in decision making and scrutiny.
- e) Capacity building in the VCS groups.

The community development approach, based on these values and outcomes is at the core of effective community and voluntary groups' involvement, which could be facilitated through the NHS Hull membership model.

The process of community development entails a strong emphasis on participatory appraisal approaches to address issues of health and wellbeing within the community. Community development is about building active and sustainable communities by removing barriers that preventing people from participating in the issues that affect their lives. Active participation of communities in health and wellbeing issues is based upon the commitments of community development as follows;

- Challenging discrimination and oppressive practices within organisations, institutions and communities.

- Developing practice and policy that protects the environment.
- Encouraging networking and connections between communities and organisations.
- Ensuring access and choice for all groups and individuals within society.
- Influencing policy and programmes from the perspective of communities.
- Prioritising the issues of concern to people experiencing poverty and social exclusion.
- Promoting social change that is long term and sustainable.
- Reversing inequality and the imbalance of power relationships in society.
- Supporting community led collective action.

The expectation voiced by voluntary and community groups indicates that the NHS Hull membership model is an opportunity to engage with communities to gather their views on health and wellbeing issues. Community workers with good understanding of the values of community development such as social justice, participation, equality, learning and co-operation will be crucial to the success of the membership model. An improved partnership between the NHS Hull and the voluntary and community groups will need to take into account the need for a working arrangement based upon the principles of sharing, learning and listening to each other. In practice, this means that consultation exercises are reinforced as processes of meaningful interaction, democratic involvement and working together to identify and implement actions based on mutual respect of diverse cultures and contributions.

The findings of the report have emphasised the need for the use of plain language, non technical and jargon free communication, as well as the need for a single point of contact for the community and voluntary sector as prerequisite for a working partnership between the NHS Hull and the voluntary and community sector. The emphasis on effective communication indicates also the need for suitable arrangements to engage with the groups representing the equalities and diversity sector.

To sum up, the findings indicate that groups of the voluntary and community groups will become involved and expect that the NHS Hull membership model will have an impact upon

- The provision of resources for direct community development work (e.g. through community health development workers).
- Support for existing community development work in health and wellbeing issues (e.g. through additional funding for projects).

- The assurance that the community development philosophy is reflected within the work of the NHS Hull (e.g. empowerment and democratic participation).

Appendix 1 – Postal Questionnaire.

Appendix 2 – Interview Questionnaire.