

‘You matter, we care’

Trust Board Meeting (Part 1)	Date: 25 June 2014
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Title:	Trustwide Membership Strategy
Item:	BD/14/081

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History:	<i>Executive Team, 20 May 2014</i>
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This report is for:	
Decision	x
Discussion	
To Note	

The following impacts have been identified and assessed in relation to this report:	
Equality	None identified.
Quality	None identified.
Privacy	None identified.

Executive Summary of key issues
<p>The Trust is developing a Trust-wide Board Engagement Strategy and the purpose of the revised Membership Strategy is to update the Trust’s approach to Membership in line with this and with new priorities identified.</p> <p>The Membership Strategy aligns with the Trust’s strategic priorities and addresses the new working partnerships being formed across its localities, as well as further afield where expansion is taking place. It also reflects the revised national classifications for ethnicity.</p> <p>The Board is asked to approve the revised Membership Strategy, version 8.1 which is attached at Appendix 1.</p>

This report addresses these Strategic Priorities:	
We will deliver the best care	X
We will support and develop our staff	X
We will continually improve what we do	X
We will use our resources wisely	X
We will be future focussed	X

Membership Strategy 2014-2015

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1. Introduction

Avon and Wiltshire Mental Health Partnership NHS Trust (the “Trust”) provides specialist mental health services for people with a mental health, learning disability or substance misuse problem. The Trust provides services for the diverse populations of Bath and North East Somerset, Bristol, North Somerset, South Gloucestershire, Swindon and the wider county of Wiltshire. It also provides additional services ‘out of area’.

The Trust is progressing towards NHS Foundation Trust (FT) status. FTs are based on an established and successful democratic model, which is similar to membership of a co-operative society, where the business of the organisation takes place in an open and transparent way through the Council of Governors in close dialogue with members.

2. Purpose: what is membership?

The Trust has a history of involving service users, carers and other partners in its work. It seeks actively to embrace and increase their contribution to the decision-making process and the Trust sees its members as an essential part of its future development as an NHS Foundation Trust.

By becoming a member, people demonstrate their interest in and desire to be more closely involved with the Trust.

The objectives for this strategy are:

- that the Trust’s service users and carers, the public, staff and partner organisations should provide broad representation for the local community as a whole, reflecting a variety of different views;
- to enable varying levels of participation according to the needs, abilities and wishes of individual members and
- to ensure an approach which offers continuity with the Trust’s communities; developing membership based on active involvement with current members;
- the maintenance of the Trust’s existing level of membership with an emphasis on ensuring a representative population which is of a manageable size but which can deliver credible elections to the Council of Governors;

Members cannot receive any payment or receive preferential treatment. Local people who choose not to become a member of the NHS Foundation Trust have the same access to health and social care services and a representative Governor as members do.¹

The Trust will continue to use the feedback it gets through membership events, local and national patient surveys, through joint work and with local service user and carer support groups, third sector and partner organisations. The Trust’s Membership Strategy supports and enhances this work.

3. What membership means to the Trust

The Trust acknowledges the formal duty Foundation Trusts have to recruit and engage a representative membership and recognises that membership is one of a number of ways that people might choose in order to engage with the Trust. Thus, the membership strategy is one strand of our wider involvement work.

Involving the community in membership activity also presents opportunities for the Trust to raise public awareness of mental health issues, combat stigma and promote good mental health and social inclusion.

Membership is a way to extend the involvement the Trust already encourages from its communities, with the on-going aims of improving procedures, services and quality in ways which are relevant to our local population. It also creates an additional channel to enable the Trust to work in closer partnership with the many individuals and organisations who make up the our local and wider community and to keep them informed.

Membership also encourages employee participation, offering greater opportunities for staff to be involved in decision-making. All permanent members of staff automatically become Foundation Trust Members (unless they choose not to be) thus eligible to vote and stand for elections to the Council of Governors.

The Trust recognises that the foundation for a strong and engaged membership is based on face-to-face relationships with identifiable Trust representatives. The strategy acknowledges that the process of maintaining a meaningful relationship with a significant body of members is a serious commitment of time and resources.

3.1 What it means to be a member

By becoming a member, people demonstrate their interest in and desire to be more closely involved with the Trust.

Members:

- Receive information about the performance of the Trust; kept up to date on mental health, substance misuse and learning disability issues and are invited to help shape health service plans and developments.
- Are able to stand for election as a Governor themselves or vote for others who they would like to represent them on the Council of Governors
- Are eligible to put themselves forward as the service user representative on the Board (subject to certain criteria);
- Have greater opportunities, through the Council of Governors, to ensure their views are taken into account when decisions are made on the future direction of the Trust's services in collaboration with local health and social care partners,
- Take part in focus groups, events and debate to assess performance, to contribute opinions and feedback and to raise the profile of mental health issues.

4. Our membership community

4.1 Geography²

The map shows where our inpatient units are currently based.

1. North Somerset

Long Fox Unit
Elmham Way*

2. Bristol

Southmead Hospital
Callington Road Hospital
Blaise View, Brentry*
Blackberry Hill Hospital

3. South Gloucestershire

Hanham*

4. B&NES

Hillview Lodge
St Martin's Hospital

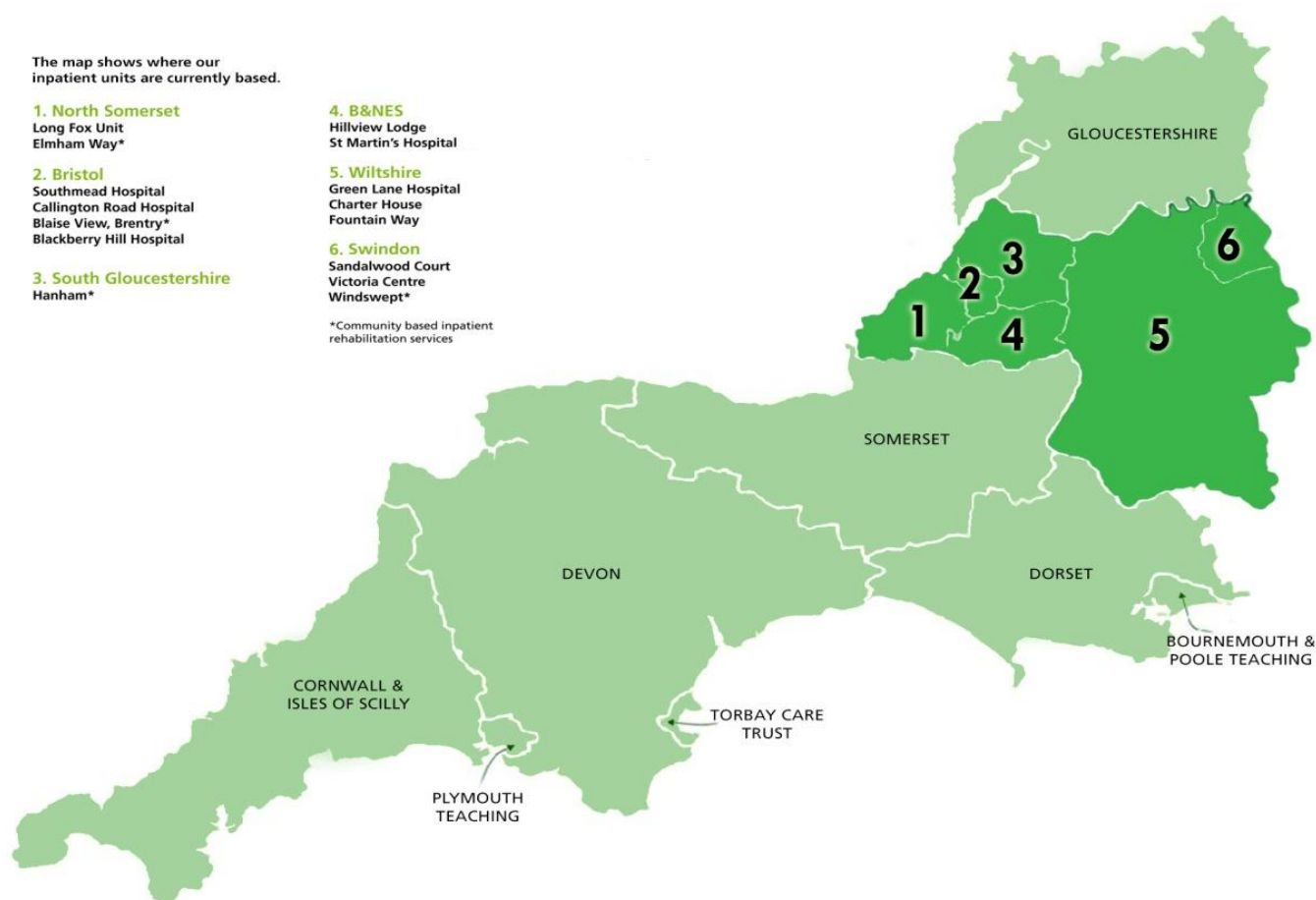
5. Wiltshire

Green Lane Hospital
Charter House
Fountain Way

6. Swindon

Sandalwood Court
Victoria Centre
Windswept*

*Community based inpatient
rehabilitation services



AWP serves a diverse population of just under two million people largely in the South West of England. The Trust operates across the range of sparsely occupied, intensely rural areas through to suburbia and dense, urban populations. We operate within the local authority boundaries listed below, but also operate services in parts of Dorset from a base in Bournemouth.

Area populations	Total at 31 st March 2014 (to the nearest 500)
Bath & NE Somerset	178,500
Bristol	438,000
North Somerset	209,000
South Glos	269,000
Swindon	216,000
Wiltshire	479,500
Total	1,790,000

4.2 Size²

Membership group	Total at 31 st March 2014
Service user and carer	1537
Staff	3682
Public	11,860
Total	17,079

4.3 Representation

In order to serve our population adequately, the Trust recognises that its membership should consist of individuals from each community and ethnic grouping. Membership numbers should be in direct proportion to the base population of each community or ethnic grouping living within the Trust's geographical boundaries.

There is a formal requirement for every Foundation Trust to ensure that the membership of public and patient constituencies is representative of the areas in which the Foundation Trust operates and the people using its services.¹

In October 2013, Membership Engagement Services, the membership database provider for the Trust updated its BME classifications to reflect recent changes introduced by the Office for National Statistics (the "ONS"). These changes were the result of a review of classification categories for ethnic groupings and have some limited impact on the Trust's figures for representation and plans for recruitment.

The Trust also plans to focus membership recruitment activity towards encouraging representative participation to address demographic diversity.

(See Appendices A - C

Appendix A: Table 1 shows the Trust's membership distribution by ethnic classification as at 1st October 2013;

Appendix B: Table 2 shows the Trust's membership distribution by ethnic classification as at 31st March 2014.

Appendix C: Table 3 shows socio-economic spread of Trust membership.)

4.4 Who can become a member?

The Trust is committed to maintaining the membership so that it remains representative in terms of disability, age, gender, sexuality, ethnic background and faith.

Membership of the Foundation Trust is open to anyone living in the Trust constituencies over the age of 16. The Trust is committed to encouraging all qualifying individuals to become active Members. All members of the public, other than Trust employees can become public members.

There are constituencies representing:-

- The public
- Service users and carers
- Staff

Full details of the membership rules - for example, membership exclusions, are provided in the Constitution which is available on the Trust website: <http://www.awp.nhs.uk/news-publications/publications/constitution/>

5. Resourcing membership

In order that membership remains truly meaningful, the Trust will continue to resource it appropriately. The membership database will be maintained and kept up-to-date. Wherever possible, the information recorded on it should give an indication of people's interests, to what extent they wish to be actively involved and their preferred method(s) of communication. The challenge here predominantly lies in ensuring that any changes in people's circumstances are tracked. The membership database is regularly updated (at least monthly) to reflect those members who have either relocated or are deceased. The membership team will always offer members the opportunity to update their details when communicating with them by email or via other updates or in person.

Campaigns are focussed, depending on the needs of the wider Trust population to include those groups that prove a challenge to recruit members from; for example, ethnic minorities and working age people.

The Trust is also addressing the need to communicate appropriately with all its members, whether they are accessible electronically or only by post. To achieve a sustainable solution, the intention is to trial a regular membership magazine funded by the inclusion of carefully screened advertising beginning in 2014. After a period of twelve to eighteen months a consultation with the membership will be carried out to assess viability.

A budget has been identified to resource the election process and the induction and on-going training of governors. It is recognised that the annual member meetings and any other special members' meetings including events may need to access resources but that these will be undertaken in the most cost-effective way that also achieves a balance between inclusion and future sustainability. This approach will be reviewed annually.

The Trust's membership team consists of a permanent full time membership and inclusion manager. In addition, there is a permanent full time officer, who also supports the work of the membership and governor team through work for the communications team.

In addition, senior management time is devoted to maintaining membership recruitment by for example, engagement of partner organisations. The Trust also makes other professional resources available such as communications, governance and local involvement co-ordinator expertise.

6. Managing active membership

The Trust will continue to be democratic and intends to elect members to the Council of Governors who actively participate as an integrated part of the Trust's governance.

Under this democratic system, service users and carers, other people who live in the community, members of staff and partner organisations, will continue to have an increasing influence on the way the Trust works.

It is important that the Trust does not just pay lip service to the notion of membership but that members have a real and valuable role to play as part of the Trust. The organisation will continue to recognise and involve members as a valuable resource by including members through a variety of

forums, including reading groups to monitor and moderate Trust literature and as inspectors for its PLACE assessments as well as through more traditional focus groups and surveys.

We also recognise that the people routinely access healthcare across organisations and that an integrated approach will reach and include a greater number and wider range of people. We intend therefore, to introduce joint working with other regional NHS Trusts, beginning with an initiative in partnership with Great Western Hospitals NHS Foundation Trust during the summer of 2014.³

7. Membership development

The Trust is aware that engaged members need to continue to make active contributions to the day-to-day functioning of the Trust in order to retain focus and remain involved, whether they are service users or carers, staff or public members with an interest in mental health care.

The Trust will continue to identify and communicate appropriate opportunities for training and involvement regularly to members to encourage embedded, consistent and meaningful participation. Internally, these opportunities include training for PLACE inspections of the in-patient environment, while externally, links to the 'Time to Change' organisation create membership opportunities including their free 'Speaking Out' training in public speaking for example.

The on-going development program for training governors will be informed by these, underpinned by statutory requirement and by benchmarking best practice amongst existing foundation trusts.

8. Communicating with members

Good communication will continue to be vital in enabling members to contribute effectively and is seen as the foundation for effective engagement and involvement with the Trust. For membership to thrive, it is important to maintain continual two-way communication, both formal and informal. Effective communication should include:

- The ability to reach target audiences;
- Being relevant to people's existing areas of interest or engaging interest in new topics or services;
- Being clear and understandable;
- Being responsive and
- Being informative and timely.

The Trust will continue to produce appropriate written communications for members and look for innovative, sustainable and appealing ways in which to do this in order to maximise engagement with the activity of the Trust.

The Trust will provide information in a variety of formats to meet people's differing communications needs, taking into account that the trust's members will be from a wide range of backgrounds and have different access needs.

The Trust will continue to be sensitive to the needs of different cultural groups, ensuring that meetings and events avoid holy days and religious festivals and the Trust will provide translation and interpreter services where required.

We will aim to link with national and local awareness days and campaigns in order to raise the profile of the Trust and of membership and incorporate relevant wider external publicity drives for the benefit of the Trust and its membership, for example around World Mental Health Day and National Carers' Week.

8.1 Communication and governors

The membership and governor teams will continue to promote the role of elected governor and to make information readily accessible to membership communities and the public Trust-wide.

This will be through a range of mechanisms, many of which are already being implemented or due to be implemented during 2014:

- Member/ governor area on the website;
- Governor information 'drop in' events;
- Attendance at independent mental health forums and other community groups and events;
- Targeted staff/departmental and locality campaigns;
- Posters and leaflets
- Podcasts (*scheduled to be introduced online for late 2014*)
- Refreshed membership magazine funded by screened advertising (*scheduled to be introduced in late 2014*)
- Use of 'patient experience leaders' as advocates (*scheduled to be introduced in late 2014*)

8.2 Communication for engagement

The Trust aim is that its members should have the tools and information to enable them to be advocates for the Trust in their communities. It also intends to capture feedback from communities to inform the Trust and help it to play a constructive role in the development and wellbeing of our communities by:

- maximising the opportunities for different types of engagement with membership and other people who live in our communities;
- identifying activities and opportunities to promote interaction with and membership amongst groups that are under-represented as part of regular forward planning, for example, via regular public briefings in each locality.

The Trust recognises that in order to move forwards from past experience and reputations, membership communication needs to be effective on a number of levels, as detailed above in **section 8**.

Work is underway to develop interactive and more responsive forms of communication, including social media, SMS messaging and new meetings software, more widely across the Trust. This will offer increased accessibility as well as transparency for the public and members via technology such as apps and individual social media platforms.

9. The Trust at the heart of its communities

One of the Trust's goals is to ensure it operates in an integrated way at the heart of its diverse communities and contributes to partnerships that promote social inclusion. The Trust intends to build on the partnership working model it has developed in its Bristol locality. This is so that it can play a central role in the wellbeing of the population it serves and promote the role that mental health care can play in maintaining sustainable communities more widely.

The Trust will aid local infrastructures through, wherever possible, exploring opportunities to work with locally-based social enterprises and the third sector in addition to joint working initiatives with neighbouring NHS Trusts (see **section 6**. Managing active membership). The Trust will continue to develop and support relationships with its commissioners, with local authorities and with formal bodies such as HealthWatch organisations. It will continue to contribute to local initiatives and

support the national 'Time to Change' campaign to reduce the stigma attached to mental health issues.

As representatives of the membership, once governors have been elected the Trust will engage them in helping us strengthen existing links with local organisations and in creating new ones.

These approaches will mean that the Trust is better placed to undertake recruitment to maintain a balanced and representative membership population drawn from all its communities.

10. Working with other membership organisations and networks

The Trust will liaise with other membership organisations and networks to understand from them how the Trust can develop a strong and vibrant membership; how it can best learn from its members and how to involve them in the Trust's work and bring about greatest benefit for them and for the Trust.

The Trust has established links through local networks that support people with mental health issues in the community through membership events to raise awareness of the Trust's Foundation Trust services and to recruit and engage members.

The Trust will look outside the NHS to other organisations, both within the commercial and voluntary sectors, particularly to those that work towards sustainable communities. We continue to work closely with our partners in local authorities, Clinical Commissioning Groups (CCGs) and other health and social care organisations to ensure that we play our part in the communities we serve.

The Trust is currently a member of the Foundation Trust Network and also makes use of development and networking opportunities provided by its membership database hosting company, Membership Engagement Services, which offers direct and up to date access to national demographic statistics to help inform .

11. Evaluating success

It is important that the membership strategy evolves over time to continue to reflect the changing communities in each Trust locality. Once elected, the strategy will be owned by the Governors, who will play a key part in monitoring its effectiveness through the following mechanisms:

- An annual review of the membership strategy, involving members and patient leaders;
- An annual report, containing information such as constituency make-up and numbers; recruitment activities and the sorts of involvement that members have had with the Trust over the previous year;
- Questionnaires, surveys and focus groups to ask members if current arrangements are fit for purpose: do they feel appropriately represented and that their views are being taken into account?
- Feedback from the network of forums and feeder groups that are being developed to support the Trust-wide engagement group currently and that will evolve to inform and support the council of governors, post-elections.

12. References

¹Health and Social Care Act 2012

²Membership Engagement Services/CACI Ltd.

³<http://ftn.nhsconfed.org/recruiting/volume/jointventures> – Hull and East Yorkshire Hospitals NHS Trust case study: Joint Venture Hull

13. Appendices

Appendix A

Table 1

	Public /Staff	Carer	S.U.	Total
Ethnicity	11,910	1,537	3,163	16,610
White - British	10,383	1,349	2,636	14,368
White - Irish	90	15	32	137
White - Any other White background	317	25	102	444
Mixed - White and Black Caribbean	52	7	13	72
Mixed - White and Black African	33	5	23	61
Mixed - White and Asian	45	7	9	61
Mixed - Any other mixed background	34	8	11	53
Asian or Asian British - Indian	107	16	61	184
Asian or Asian British - Pakistani	49	4	8	61
Asian or Asian British - Bangladeshi	26	2	2	30
Asian or Asian British - Any other Asian background	22	1	22	45
Black or Black British - Caribbean	96	18	34	148
Black or Black British - African	148	22	100	270
Black or Black British - Any other Black background	29	6	12	47
Other Ethnic Groups - Chinese	36	3	8	47
Other Ethnic Groups - Any other ethnic group	113	16	67	196
Not stated	330	33	23	386

Appendix B

Table 2

	Public/Staff	Carer	S.U.	Total
Ethnicity	11,862	1,536	3,681	17,079
White - English, Welsh, Scottish, Northern Irish, British	10,341	1,347	3,023	14,711
White - Irish	89	16	37	142
White - Gypsy or Irish Traveller	0	0	0	0
White - Other	316	25	122	463
Mixed - White and Black Caribbean	52	7	14	73
Mixed - White and Black African	33	5	27	65
Mixed - White and Asian	44	7	11	62
Mixed - Other Mixed	34	8	14	56
Asian or Asian British - Indian	104	16	73	193
Asian or Asian British - Pakistani	49	4	8	61
Asian or Asian British - Bangladeshi	26	2	4	32
Asian or Asian British - Chinese	36	3	11	50
Asian or Asian British - Other Asian	22	1	25	48
Black or Black British - African	148	22	135	305
Black or Black British - Caribbean	96	18	40	154
Black or Black British - Other Black	29	6	16	51
Other Ethnic Group - Arab	0	0	0	0
Other Ethnic Group - Any Other Ethnic Group	113	16	71	200
Not stated	330	33	50	413

Appendix C

