

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’, primarily in Dorset currently.

The Trust is progressing towards NHS Foundation Trust (FT) status. FTs are based on an established 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 its wider involvement strategy as well as from members and the public to inform membership direction. The Trust’s Membership Strategy supports and enhances this work.

3. What membership means to the Trust

The Trust is keen to acknowledge 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 to engage with the Trust. Thus, the membership strategy is one strand of our integral involvement work.

Membership enables us to:

- Involve the community in raising public awareness of mental health, addressing stigma and promoting good mental health and social inclusion.
- Extend the Trust’s involvement with its communities, with the aims of improving procedures, services and quality in ways which are relevant to our local population.

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- Form closer relationships with the many individuals and organisations who make up our local and wider community and to keep them informed.
- Encourage employee participation and offer greater opportunities for staff to be involved in decision-making, through automatic membership opt-in for permanent staff and membership promotion to non-permanent staff.

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.

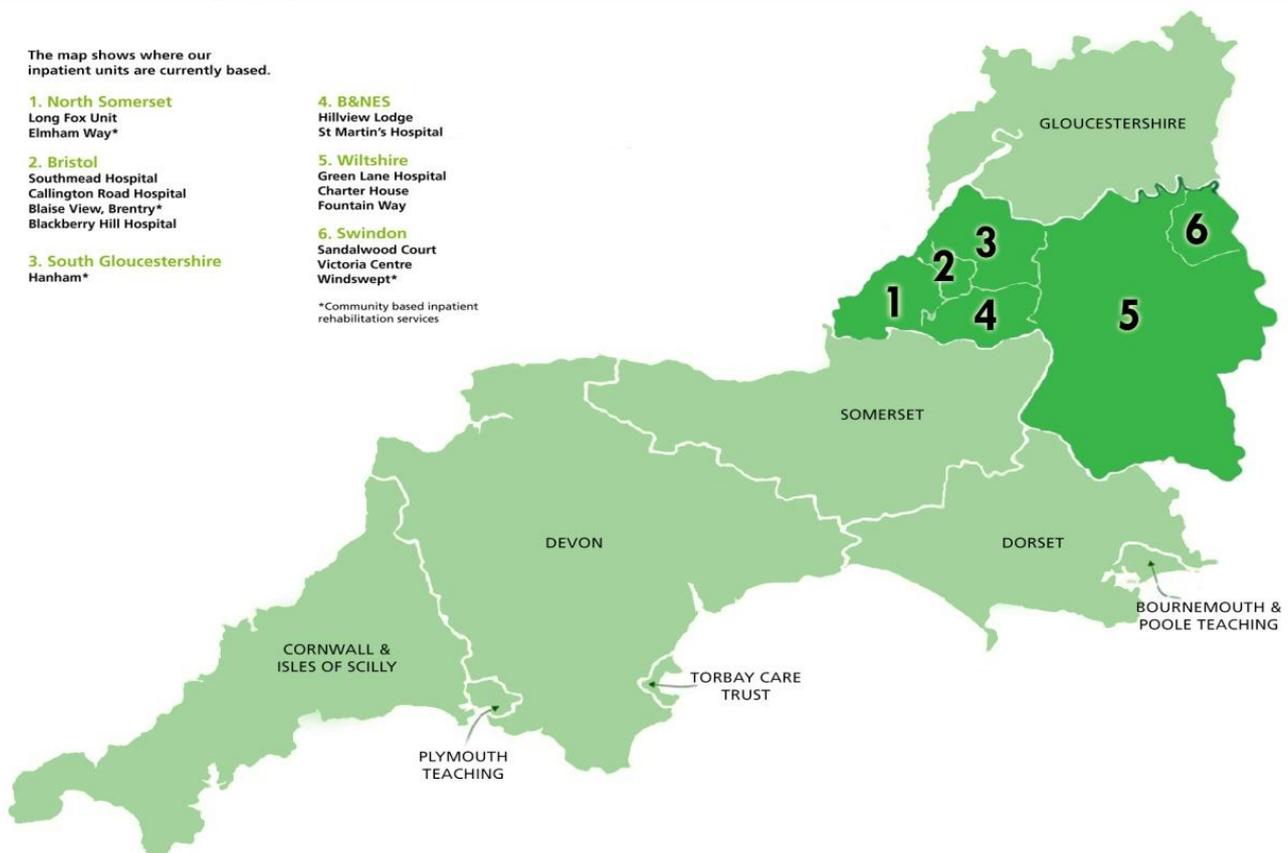
3.1 What it means to be a member

By becoming a member, people demonstrate their interest in and desire to be more closely involved with the Trust at a level that suits them. Members can:

- Receive information about the performance of the Trust; be kept up to date on mental health issues and help shape health service plans and developments;
- Stand for election as a Governor themselves or vote for others that they would like to represent them on the Council of Governors;
- Contribute as volunteers at all levels throughout the Trust;
- Through the Council of Governors, 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



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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 be dynamic and representative of our communities wherever they are, including those covered by outlying and satellite services. We aim to conform to formal, statutory requirements¹ but will focus membership recruitment activity towards encouraging representative participation to address demographic diversity.

To achieve this, we will:

- Work with and through the local BME Diamond Cluster network;
- Attend minority group events such as PRIDE;
- Work with and through Trust third sector and voluntary partners, such as Nilaari

This strategy is informed by current membership and demographic information provided by the Trust's membership database provider Membership Engagement Services.

4.4 Who can become a member?

The Trust is committed to maintaining an equal and diverse membership which is representative of disability, age, gender, sexuality, ethnic background and faith. Membership of the Foundation Trust is open to anyone living in the Trust constituencies or the Rest of England and Wales over the age of 16. The Trust is committed to encouraging all eligible individuals to become active Members. All members of the public, other than Trust employees can become members in one of the following constituencies:

- 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/>

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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 with as comprehensive a range of information as possible.
- Campaigns will be focussed to include those groups that prove a challenge to recruit members from, for example, ethnic minorities and working age people.
- It will trial a quarterly, profit-making membership magazine funded by the inclusion of carefully screened advertising beginning in 2014, designed to reach all members, regardless of electronic accessibility.
- A budget has been identified to resource the election process, the induction and on-going training of proxy governors at the Trust-wide engagement group and elected governors.
- Annual member meetings and any other special members' meetings including events will be enabled to access resources cost-effectively, to achieve inclusion and future sustainability. This approach will be reviewed annually.
- The team includes a permanent full time membership and inclusion manager and a stakeholder and governor manager. In addition, there is a permanent full time officer, who also supports the work.
- Senior management supports membership through engagement of partner organisations.
- Membership is supported by other professional resources available internally such as communications, governance and local involvement co-ordinator expertise.

6. Managing active membership

In order to embed work through membership, it will:

- operate a proxy Council of Governors in advance of initial elections. and intends to elect members to the Council of Governors. They will participate actively as an integrated part of the Trust's governance and continue to have an increasing influence on the way the Trust works;
- encourage all involvement to happen through the medium of membership to emphasise that members have a real and valuable role to play as part of the Trust.
- The Trust's 'service experience leader' initiative will also address embedded involvement at all levels of the Trust through the medium of membership;
- The Trust will continue to recognise and involve members as a valuable resource by including members through its register of opportunities;
- recognise that the people routinely access healthcare across organisations and that an integrated approach will reach and include a wider range of people;

7. Membership development

The Trust will continue to listen to and value members and their contributions. The Trust aim is to encourage embedded, consistent and meaningful participation. The Trust upholds transparency, clarity and will involve them in:

- Service experience leadership;
- A Trust-wide 'AWP college';
- Contributing Trust-wide through a register of opportunities;
- Trust governance through the Trust-wide engagement group;
- the development program for training governors and membership 'ambassadors'.

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8. Communicating with members

We want to enable members to contribute and see effective, two-way communication as the foundation for effective engagement and involvement with the Trust. Membership is supported by the communications strategy.

We aim to:

- reach target audiences clearly and appropriately, using a multi-media approach;
- be relevant to our members;
- be clear and understandable;
- be responsive and timely

The Trust will continue to:

- look for innovative, sustainable and appealing ways to communicate, to maximise engagement, in a variety of formats to meet people's differing communications needs;
- consult with the membership on a range of issues, topics and plans;
- be sensitive to the needs of different cultural and ability groups;
- 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, profit-generating membership magazine funded by screened advertising (*scheduled to be introduced in late 2014*)
- Use of 'patient experience leaders' as ambassadors and advocates (*scheduled to be introduced in late 2014*)

8.2 Communication for engagement

The Trust aims to give its members the tools and information to enable them to be advocates for the Trust in their communities. Membership will be the medium for communities to interact with the Trust and help it to play an effective role in the development and wellbeing of our communities. We will:

- maximise the opportunities for different types of engagement with membership and other people who live in our communities;
- identify activities and opportunities to promote new membership amongst under-represented groups, for example, via regular public briefings in each locality.

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The Trust recognises that membership communication needs to be effective on a number of levels, as detailed above in **section 8**.

We are progressing with the co-ordinated development of interactive and more responsive forms of communication, including: social media, SMS messaging and new meetings software. 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

There is a network of active forums and groups working across the Trust facilitated by locality involvement co-ordinators. We will continue to ensure these are membership-led and operating in an integrated way at the heart of our diverse communities, to contribute to social inclusion.

The Trust intends to build on the partnership working model it has developed in its Bristol locality, in its other regions. 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 continue to develop and support relationships with:

- its commissioners;
- local authorities;
- bodies such as HealthWatch organisations and other health and social care organisations;
- local and national initiatives, such as veterans' support groups and Time to Change.

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

10. Working with other membership organisations and networks

The Trust will

- liaise with other membership organisations and networks in both public and private sectors to share best practice about developing a strong and vibrant membership;
- learn from its members how best to involve them in the Trust's work and bring about greatest benefit for them and for the Trust
- continue to establish links through local support networks to raise awareness of and to recruit and engage members.
- 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.

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 .

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11. Evaluating success

It is important that the membership strategy evolves over time to continue to reflect the diverse and changing communities in each Trust locality. This will be overseen by the Trust-wide engagement group initially, as part of the move towards embedding membership into Trust governance.

Post-elections, 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

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