



## **Engaging Communities: Leeds Voices Evaluation**

**An evaluation of Leeds Voices asset-based engagement project and recommendations for future city wide approaches.**

### **Summary**

Leeds Voices contract with the [NHS Leeds Clinical Commissioning Group](#) (CCG) ends in December 2021. As engagement is the key component of Leeds Voices work, the evaluation of our work in 2021 is centred around participation and engagement with our partners and stake holders, looking at best practice and to make recommendations for the CCG to consider in future work.

Over the four years of that Leeds Voices has been contracted by the CCG the project has developed strong links with a wide range of community led organisations and has learnt a great deal about what matters to them around community engagement and consultation. Our evaluation and this report draws together some of this learning and makes recommendations about how community focused consultation could be better delivered.

As part of the evaluation we received a good representation of responses from a broad spectrum of our partners. A total of 9 member organisations and 5 Leeds Health Ambassadors (LHA) took part in an online survey, whilst 10 community groups encompassing 61 individuals participated in focus groups. One Working Voices Partner responded to feedback requests.

### **Recommendations**

- **Visit pre-existing groups**
- **Prioritise face to face engagement groups where possible**
- **Circulate feedback widely through a range of methods**
- **Make use of local community ambassadors**
- **Demonstrate flexibility around who facilitates groups**
- **Consider different demographics within communities (intersectionality)**
- **Provide payments for engagement activities**
- **Provide full information and clarity about the role of partners before the engagement starts**
- **Consider the provision of interpreters (if not available through existing groups)**
- **Be flexible in your engagement methods**
- **Build in regular feedback loops and updates on engagements using a range of methods**
- **Consider maintaining relationships with organisations / staff who can enable access to working people**



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## Background

### **The NHS Leeds Clinical Commissioning Group (CCG)**

NHS Leeds CCG is responsible for planning and buying (commissioning) most of the health services for people in Leeds. The CCG commissions a range of services for adults and children including planned care, urgent care, NHS continuing care, mental health and learning disability services, and community health services. The CCG works together with NHS England to commission GP primary care services.

### **Leeds Voices**

From 2017 [Leeds Voices](#), a project of Voluntary Action Leeds, has been contracted by Leeds CCG to ensure that local people and communities have their say on changes to health care services in Leeds.

Working with partner organisations and volunteers from across the city, Leeds Voices reaches out to a diverse range of people including underrepresented communities, working people and the general public. This means that public organisations which make decisions about how their services can best fit the needs of Leeds communities can be confident that the views of under-represented communities have been included.

The work of Leeds Voices is split into three parts:

- **Engaging Voices** – A network of charities and voluntary groups, which supports those who use their services to ensure that their voices are heard.
- **Working Voices** – A network of employers, which enables and encourages their employees to be part of conversations about service provision in the city.
- **Leeds Health Ambassadors** – A team of volunteers who help run engagement activities and connect with people and communities.

## Evaluating Engagement

Over the four years that Leeds Voices has been contracted by the CCG the project has developed strong links with a wide range of community led organisations and has learnt a great deal about what matters to them around community consultation. Our evaluation report draws together some of this learning and makes recommendations about how community focused consultation could be better delivered.

We spoke to community members and community practitioners about what the barriers are to participation, what has gone well and what more could be done to ensure that the voices of those communities who suffer the worst health outcomes and health inequalities in the city have their say on changes to health care.



A copy of focus group and survey questions can be found in appendices 1 and 2.

## Types of Engagement

We used a variety of methods during the evaluation:

- We spoke to our members in 121 telephone calls, at our monthly drop-in and via an online survey.
- We visited member organisations and existing community groups and hosted on-line focus groups to speak to community members.
- We asked our present and past Leeds Health Ambassadors about their experience of the Leeds Voices project
- We ran a workshop with Leeds Voices Staff to reflect on their experiences.
- A survey was sent to all Working Voices partners and Leeds Voices have evaluated the Working Voices project

## Organisations involved

The following organisations took part with the Engaging Voices evaluation:

Culturally Diverse hub	West Leeds Men's Network
Women's Leeds Culturally Diverse Hub and Black Health Initiative	Boston Spa Men's Group
Circles of Life	Gipsil Ltd
Swahili Men's Group	Carers Leeds
Leeds Refugee Forum	Emmaus Leeds
LS14 Trust	The Fair Exchange
Yorkshire Mesmac	Asha Neighbourhood Project
People In Action	Neighbourhood Elders Team

The following are summaries of the different strands of the engagements, full details of the engagements can be found in the appendices below.



## Summary of Recommendations

### Focus groups

We conducted 10 focus groups in September and October 2021, speaking to a total of 61 people.

We used visual, pictorial images to express some of the questions we asked as we have learnt that images most often used with people with learning disabilities work well for all communities.

We used interpreters who were members of community groups to support discussions.

Focus groups took place either online or at a community venue, often at the time the group already met.

We were able to offer 'one to one' interviews to individuals who could not access focus groups or online surveys. We also ensured that community practitioners were able to offer their opinion too, and set aside some additional interview up to capture their experiences.

### Summary of findings and recommendations

Stake holder	Recommendation	Quotes
Community Groups and organisations Focus groups	<b>Visit pre-existing groups</b>	<i>"I know I'm in a safe environment, especially with women."</i>
	<b>Prioritise face to face groups</b>	<i>"If you are face to face you are seeing that and feeling it more."</i>
	<b>Feedback is widely circulated through a range of methods</b>	<i>"There is a board on the wall at the Gender Identity Service 'you said we did' that works well."</i>
	<b>Make use of local community ambassadors</b>	<i>"We know there are organisations and ambassadors working in certain areas and reporting the same problems, however they are not being recruited by the NHS to help benefit their communities."</i>
	<b>Flexibility around who facilitates groups</b>	<i>"[I would like to] speak to someone who doesn't know me."</i>



	<b>Consideration of different demographics within communities</b>	<i>"Within LGBT+ communities we must consider older people, people from ethnic minorities, people who are digitally excluded"</i>
	<b>Provide payments for engagement activities</b>	<i>"(the vouchers are) a recognition that they really want us to participate by valuing our time. Otherwise, it's just another unnecessary meeting."</i>

## Stakeholder survey

9 partners responded to our survey. This represents around 10% of partners who received the email. This response rate is reflective of past requests for evaluations over the 4 years of the Leeds Voices Project and includes following up with phone calls and reminder emails.

Leeds Voices have reflected on this low turn out: we felt partners engage more fully with topics that directly impact upon their service users and have participated wholly with these engagements. Partners fed back to us that the biggest reason for not completing such requests is capacity and prioritising immediate need.

The information that was gathered is from a good representative cross section of Leeds Voices partners including

- small grassroots groups
- large organisations providing a wide range of services city wide
- groups from diverse communities including those representing people who have English as an additional language.

## Summary of findings and recommendations

<b>Stake holder</b>	<b>Recommendation</b>	<b>Quotes</b>
Engaging Voices Partners: Survey	<b>Full information and clarity about the role of partners before the engagement starts</b>	<i>Allow plenty of time for the consultation period, employ a variety of consultation methods, run brief online info sessions for organisations who may then wish to promote the consultation, and check whether organisations have a nominated engagement lead.</i>



		<p><i>As much information as possible about what is being required of them</i></p> <p><i>Ensure clarity of what the healthcare provider is wanting to achieve.</i></p>
	<b>Provision of interpreters</b>	<i>We don't speak every community language so some communities are excluded from talking about their needs/experience - need interpreters</i>
	<b>Flexibility of methods</b>	<p><i>Focus group, as they can be sure of what is being asked and have reassurance in a group context to be confident in explaining and recording their responses.</i></p> <p><i>Having a variety of ways to engage is really important for carers; I don't think one specific method works better than others.</i></p>
	<b>Always include face to face discussions to reduce digital exclusion</b>	<p><i>To ensure focus groups are part of the engagement so that some people are not digitally excluded.</i></p> <p><i>Open discussions are better than more formalised formats.</i></p>

## Leeds Health Ambassadors

Leeds Voices have recruited, trained and supported 34 Leeds Health Ambassadors over the course of the project. Many of our volunteers reported back that the experience as a Health Ambassador has helped them into paid work.

We sent out a survey to all past and present Leeds Health Ambassadors via email receiving responses from both previous and existing volunteers. 100% of respondents felt positively about the project and were fully satisfied with their volunteering experience with the Leeds Voices project.

The following recommendations are based on the responses received from the evaluation:



## Summary of findings and recommendations

<b>Stake holder</b>	<b>Recommendation</b>	<b>Quotes</b>
Leeds Health Ambassadors Survey	<b>Continue to work face to face with communities to gather meaningful feedback</b>	<i>Continue to ask people directly what they think, and not just remotely. There is not a chance for certain peoples voices to be heard digitally (it does have its place and may even be easier for some), to me this means physically getting out there where people are and not assuming you're hearing from a wide range of people unless you do</i>
	<b>Learning from the existing work that communities already do. Long term relationships are key to gaining trust in Communities</b>	<i>Make sure we don't forget about the wonderful people that work in the local community organisations that support reaching the people they work with &amp; learning from the work that has been done through Leeds Voices.</i>  <i>Relationships, long standing ones, are important in reaching and gaining trust of communities.</i>
	<b>Regular communication with partners and service users</b>	<i>Regular patient and service users meetings and newsletter.</i>

## Working Voices Partners

One long standing partner completed the survey in detail. We have found that connections with Working Voices partners have reduced significantly throughout the Coronavirus Pandemic as businesses have had to focus their energies on day to operational activities.

The following recommendations is an evaluation based on conversations with partners and Leeds Voices experiences of relationships with Working Voices partners.





Summary of findings and recommendations

<b>Stake holder</b>	<b>Recommendation</b>	<b>Quotes</b>
<b>Working Voices</b>	<b>Maintaining relationships with staff whose work includes generating partnerships for CSR responsibilities or Health and Wellbeing for employees is a key feature of successful Working Voices Partner relationships</b>	<i>To continue to engage local businesses to allow those to discuss the best ways to engage their employees as there are times in the year certainly in our sector where engagement is low due to peak trading.</i>
	<b>The Working Voices model requires sustained effort and build up of relationships with key staff for ongoing successful working relationships.</b>	<i>We've had good relationships with an organisation, through a staff member, then that staff member leaves then you're back to square one: the best partner we've had has where there has been one member of staff that we liaise with</i>  <i>Leeds Voices workshop</i>
	<b>The use of existing newsletters and staff communications means that information about engagements can be distributed to large numbers of working people.</b>	<i>Great to have a representative attend branch as part of our health and Wellbeing events and also to help give our partners a voice</i>
	<b>The Working Voices model is a good opportunity for corporate organisations to offer 'micro-volunteering' opportunities to staff.</b>	<i>'I think it would work because staff would be more likely for continue to volunteer if they heard about what they were supporting'</i>



## Staff workshop

We ran a workshop with six members of Leeds Voices staff to reflect on the project and the most effective engagement methods. The recommendations are a summary of the staff 'top tips'.

### Summary of findings and recommendations

<b>Stakeholder &amp; Method</b>	<b>Recommendation</b>	<b>Quotes</b>
<b>Leeds Voices Staff workshop</b>	<b>Use wide range of engagement methods taking into consideration digital poverty, literacy, language, culture and the assets within communities.</b>	<i>You get a far richer conversation from focus groups, but they are really time consuming, so we need to offer other accessible, quicker methods to get your voice heard too.</i>
	<b>Street Survey work should be used in limited circumstances. Approaching people with a survey is more effective at events such as community galas.</b>	<i>There are limitations of street work, it feels like you are trying to sell something; people are rushing, it is demotivating having to ask 10 people before getting any response. The development of Leeds Voices approach towards a more qualitative, in depth approach means we have better quality information for the CCG</i>
	<b>Engagement questions to be co-produced with communities and time included to pilot questions and materials.</b>	<i>Learn from our experiences of particular engagements where Leeds Voices have been involved from the start, the materials for our partners are more accessible and yields better quality material</i>
	<b>Flexibility around delivery should be factored into future work,</b>	<i>If we are flexible about how we engage with</i>



	<p><b>recognising that there is no ‘one size fits all’ approach to engagement.</b></p>	<p><i>groups then they are far more likely to work with us, evening sessions work well for some people - we played football with a group once!</i></p>
	<p><b>Build into the timeline of an engagement two dates where feedback is going to be provided taking into account the engagement timescales.</b></p> <p><b>Ensure a commissioner is available at both dates</b></p> <p><b>Date 1: once the findings report has been written - guided by ‘You said we heard’ principle.</b></p> <p><b>Date 2: when actions have been taken as a result of the feedback. Guided by ‘You said we did’ principle (this could also be ‘You said we didn’t/couldn’t and why’).</b></p>	<p><i>It would be great to give out the date to focus group participants at the time, it would make sure people got good feedback.</i></p>
	<p><b>Begin all engagements by looking at what you already know, what communities have already told you and what desk top research is available.</b></p> <p><b>This is a good place to start a focus group.</b></p>	<p><i>‘Communities told us, if you ask the same questions again it feels like they were not listened to the first time.’</i></p>



## Conclusion

Conducting the evaluation engagement over the final 3 months of the project has allowed for time for reflection and a chance to engage with groups that we have established relationships with. It was an opportunity to understand what good engagement looks like to them, and to host conversations that captured their learning from the project.

The lines of enquiry we followed for our evaluation were informed by the anecdotal evidence we gathered from our regular monthly drop-ins with project partners. As well as this report we will shortly be publishing an Asset Based Toolkit aimed at practitioners and community organisations. The toolkit consolidates the knowledge in this report and offers practical guidance, such as tips, models, case studies and templates that community groups can use to support delivery of their own engagements.

We believe that the assets exist within representative community groups to deliver engagements, because they already have the trust and knowledge of communities and often those most affected by health inequalities. The toolkit will make a significant contribution to the understanding of good community engagement and if it is widely adopted it will help to put communities more in control of the engagement / consultation processes that impact upon them.

We hope that the recommendations and learning captured in this report enable the CCG to continue to build on the legacy of Leeds Voices in ensuring that the voices of those who experience the poorest health outcomes are heard in health service planning in the city.



## Appendix 1 Focus group Questions

1. What motivated you to take part in today's session? Why have you come today?
2. Have you ever taken part in a consultation and what was your/communities experience?
3. What are the barriers to taking part?
4. You tell us, how should we engage with you?
5. Who would you want to be asking you questions?
6. Equalities Monitoring  
This is the form we ask people to fill in, it is important to collect this data because.... Does it help to know the reasoning why we collect this data?
7. Are there any other groups of people that could be recognized in this form?
8. The lift question: If you had 30 sec with the head of the CCG what would you tell them about what you've talked about today?

## Appendix 2 Survey Questions

1. Please provide the name of the group/organisation which is a member of Engaging Voices?
2. Please tell us what groups or beneficiaries you work with/represent?
3. Please tell us when you joined the Engaging Voices network?
4. Please tell us why you originally signed up to the Engaging Voices network?
5. Please tell us how being a member of Engaging Voices has benefited your group/organisation?
6. The purpose of Leeds Voices is to ensure that voices of different communities are heard and considered when making changes to NHS and health services in Leeds. On a scale of 1 to 10, how effective do you think this has been as a result of being a member of the Engaging Voices network?
7. Thinking about your involvement with the network, which Leeds Voices engagements or consultations have your group/organisation contributed to? (you can tick more than one)

Stroke Rehabilitation

Preparing for Winter (winter Messaging)

Maternity Services

Urgent Care

Mental Health Community Services

Community Cancer Support

Other (please specify):



8. Which engagement methods were used when contributing to engagements or consultations? (you can tick more than one)

Focus Group in person

Focus group online

Survey

Phone interview

Video call

Other (please specify):

9. Which engagement methods work best for your group/organisation?

10. Please give an example of when you have been involved in an engagement/consultation that has worked well.

11. If you had to provide one recommendation to ensure that the people you work with are able to have their say in improving health care services, what would that be?

## Appendix 3: Partner Focus Groups

### **Engaging Communities Recommendations**

#### **Visit pre-existing groups**

Most of the groups we visited were already in place, welcoming us along as visitors, which was more convenient for attendees for several reasons, including:

- Already part of their regular schedule
- Familiarity with the environment
- Trust of the facilitator and group members

This therefore broke down the barrier of both attendance and their willingness to engage during the discussion.

#### **Prioritise face-to-face activities**

Barriers such as digital exclusion, limited writing skills or language barriers mean that surveys most often only reach certain groups. Prioritising focus groups, interviews, event stalls and other face-to-face activities would therefore increase the reach of consultations and capture the voices of communities more effectively.

#### **Ensure that feedback is widely circulated through a range of methods**



Those with previous experience of groups were “frustrated” that they hadn’t had any follow-ups after the engagement. Feedback therefore needs to be both distributed and written in multiple formats to make sure it spreads as widely as possible and is easier to understand.

### **Make use of local community ambassadors**

Multiple communities, including Black African, South Asian, Elders and the LGBTQ+ Community, wanted to be represented by already-existing champions within their community who could directly work with the CCG and provide a connection to communities. They will also be able to address pre-existing barriers such as language or representation.

### **Flexibility around group facilitators**

Whilst most communities felt more comfortable speaking to someone from their background, others were reluctant to do this due to fears that their personal issues could spread out amongst their communities. Therefore, they should have an option of whether they speak one-to-one with a CCG professional or in a group run by someone who isn’t in their community.

### **Provide payments for engagement activities**

Participants felt that payments made their contributions feel more valued and added more importance to the meeting, making them more motivated to contribute.

### **What motivates communities to attend**

#### **Comfortable, trustworthy setting**

*"I know I'm in a safe environment, especially with women"*

*"It's an environment where they feel safe to speak out"*

#### **Having their voice heard**

*"Wanted to know what can be changed, what can be done differently to improve because health inequalities is such a big issue and it isn't going to go away anytime soon"*

*"To share my ideas (about engaging communities)"*

#### **Experience**

#### **Lack of Feedback**



*"I'm just a little bit frustrated because these problems just keep reoccurring, we were talking about them last year, we're talking about them now and we'll probably be talking about them next year. So where do we go from here?"*

*"If we've taken part in this group I think we should be given access to the minutes of any meetings that take place afterwards where decisions are made."*

*"Where recommendations are made that cannot be put in place, be honest and feed that back, at least tell people why it hasn't happened."*

## **Barriers**

### **Lack of representation**

*"There are a lot of complaints from black people that they are not being represented in these reports, however they also do not volunteer to put their information forward, so this is a problem that I would like to see the CCG investigate."*

### **Language Barrier**

*"better if someone from their own language can come talk to them"*

*"Most of these communities don't know English, especially women who also would not feel comfortable talking to a man because they are shy about what's going on with their health."*

### **Lack of Feedback**

*"That is why the trust has gone, people don't get feedback"*

*"Because people do not get feedback the trust is not there anymore"*

## **Who should you engage with?**

### **Local Community Ambassadors**

*"There are examples and examples of champions in the community that communicate with them in their daily lives. So using these champions would be a good way to make sure the feedback goes both down and then up.",*

*"We know there are organisations and ambassadors working in certain areas and reporting the same problems, however they are not being recruited by the NHS to help benefit their communities."*

## **Equality Monitoring**

### **Familiar with the forms**

*"All used to filling in these forms, part of protocol"*





*"I think people are used to seeing those particular characteristics"*

## **Payments**

### **Form of recognition**

*"gives us some respect and recognition that we are doing something worthwhile"*

*"They value my voice as they are paying me to be in this space, so I am going to give my all in this space"*

*"(the vouchers are) a recognition that they really want us to participate by valuing our time. Otherwise it's just another unnecessary meeting."*

## Appendix 4: Stakeholders Survey – Sep – Oct 2021

### **Why they Joined Engaging Voices**

Wanted to give their community a voice

Wanted to know information about the CCG and health services

### **How it has benefited them**

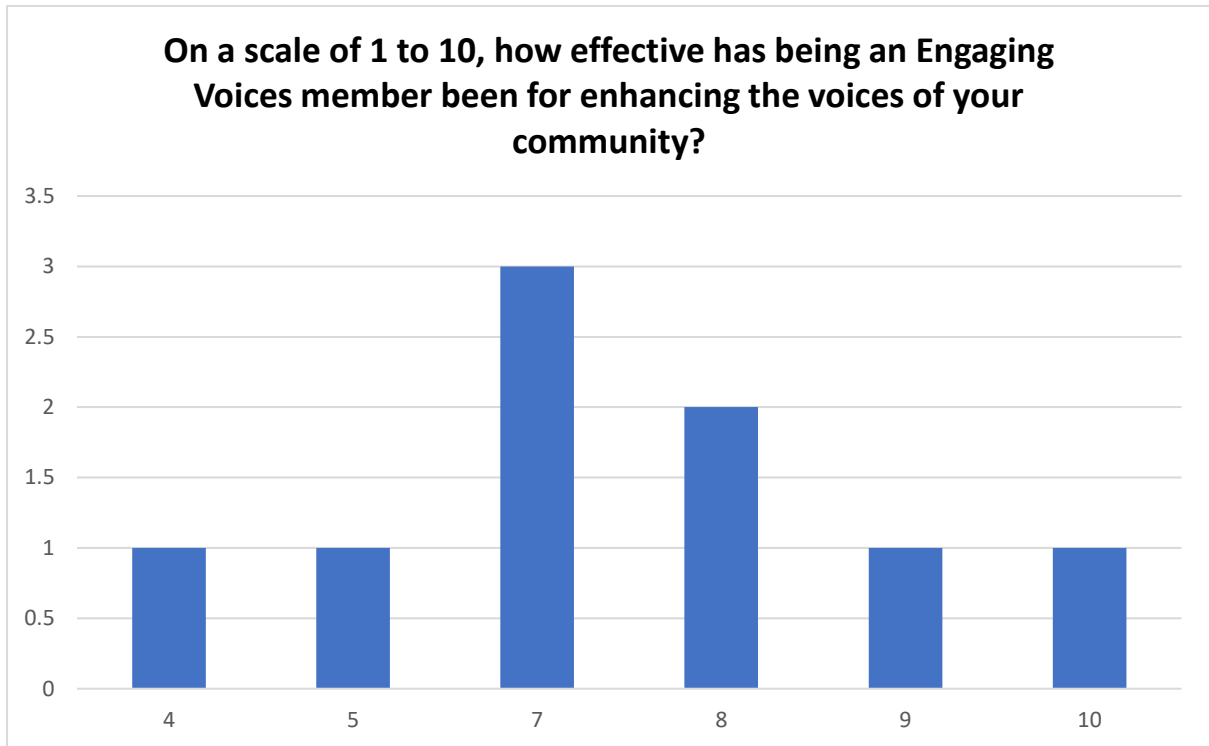
Recognising inequalities/issues

Access to information and services in health and the third sector

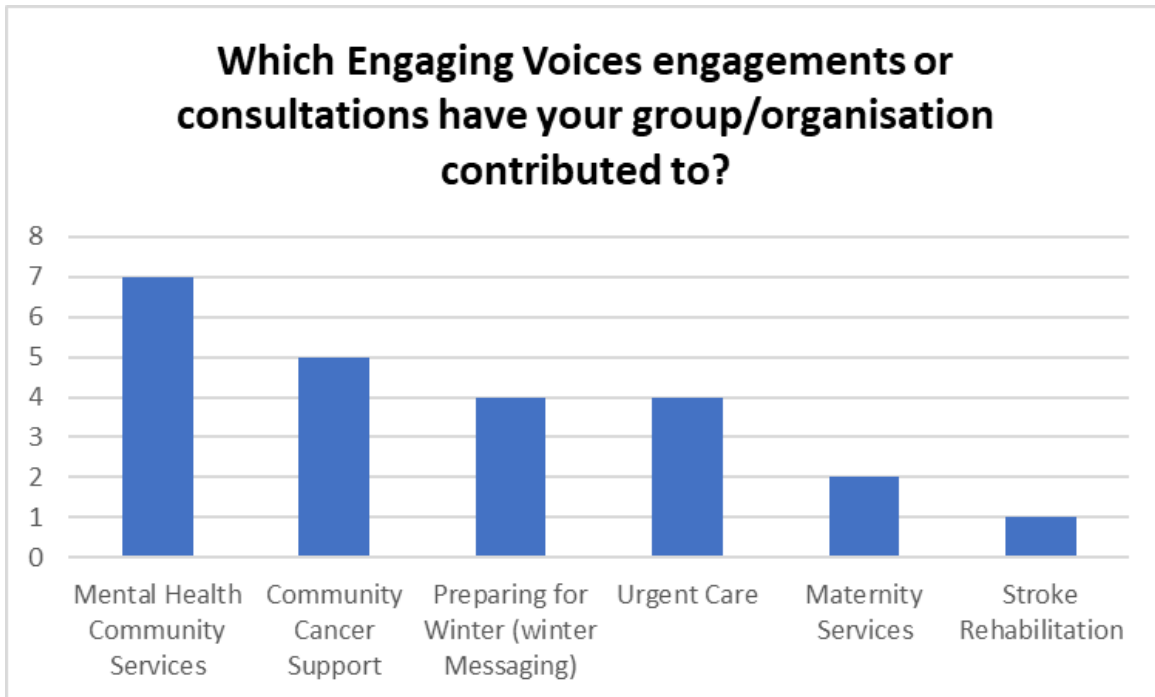
Provided networking opportunities

Receiving payments for activities

### **Engaging Voices on a scale of 1 to 10**



“There’s still a way to go before we see a complete change within both the CCG and NHS regarding issues that affect mainly the Black communities”



Four participants felt focus groups was the best method to engage communities due to them being more direct and therefore reassuring. However, other participants wanted there to be a mix of options, as surveys were also good at involving more people due to being able to answer at their own convenience.

**Please give an example of when you have been involved in an engagement/consultation where things could have gone better and explain why.**

Some timescales were described as short and difficult for organisations who had service users with complex needs. It was also inconvenient when service users had to travel to a new venue for an activity.

**If you had to provide one recommendation to ensure that the people you work with are able to have their say in improving health care services, what would that be?**

Full information and clarity about the engagement for partners before the consultation starts

Provision of interpreters

Flexibility in terms of the methods used

Inclusion face-to-face discussions to reduce digital exclusion



## Appendix 5: Summary of Leeds Health Ambassador evaluation

- The LHAs that took part reported 100% satisfaction of their volunteering experience.
- They participated in wide range of engagements and their individual volunteering time ranged between two months and two years.
- Working with, listening to and engaging with communities was seen as both the reason why people volunteered and the most satisfying aspect of the work.
  - ‘The team and the diverse community groups/individuals that I was privileged to meet and listen to.’*
  - ‘Pre-covid, I was doing what I had hoped to, different settings and meeting lovely people with a great team.’*
- Covid was cited as a reason for the volunteering to be less satisfying because of the change to online engagement. However, Leeds Voices continuing to listen to and work with communities by adapting engagements to online provision was seen as positive
  - ‘Improved volunteering was more face to face work rather than the online groups we were forced to revert to.’*
  - ‘during the pandemic they(Leeds Voices) continued contacting and connecting with different groups - adapting the way they did this.’*
- Some LHA's felt that on occasion the material provided for focus groups was confusing and could be simplified.
- Overall recommendations:
  - *Continue to work face to face with communities to gather meaningful feedback*
  - *Learning from the existing work that communities already do. Long term relationships are key to gaining trust in Communities*
  - *Regular communication with partners and service users*

## Appendix 6 Working Voices evaluation

Working Voices was set up as part of Leeds Voices to address an identified gap and ensure working people were involved in engagements to feedback on changes to health care services in Leeds. It aimed to create a solution to this by engaging people in the workplace through employers, by offering participation in consultations as ‘micro-volunteering’. This would contribute to the employer’s Corporate Social Responsibilities (CSR), meaning the project is mutually beneficial to all.

Signed up working voices partners were:

Leeds City College	LCC
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Unity Housing Association ASPIRE Home Instead Senior Care Home Group Yorkshire Housing	Waitrose John Lewis John Lewis customer delivery hub The Big Word Logic Park Distribution Remploy
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Working Voices partners engaged with the following engagements

Shakespeare Walk in Centre  
Parenting and Mental Health  
Diabetes  
Primary Care Mental Health  
Urgent Treatment Centre  
Wetherby Community Mental Health  
BSL Contract  
Maternity and Neo Natal Services  
Winter messages

### **Type of engagement**

Organisations and business would use their existing intranet and email communications to inform staff of engagements, however this had limited influence over encouraging people to complete surveys. The use of this form of engagement is that a wide range of working people would be informed of engagements on changes to health care, even if they chose not to participate.

### **Challenges of Working Voices Project**

#### **Initial project**

This was set up with volunteer health ambassadors in work settings who would undergo training to be the point of contact for engagements as well as run workplace focus groups on behalf of the Leeds Voices project.

However, in practice this proved to be resource intensive, as employees moved posts / left the organisation, meaning new employees needed to be identified and trained.

#### **Subsequent engagements**

The requests from the CCG altered over the project period and much more emphasis was placed on engaging communities with specific protected characteristics. The Working Voices project was subsequently used as an information point to send out surveys with limited response rate.

#### **Impact of Covid**



Overall, the Working Voices part of the project was the worst hit by the pandemic, with limited chance of recovery in the subsequent year following the series of lockdowns. Those partners willing to send out surveys on previous engagements no longer responded to requests to engage and we were acutely aware that businesses were stretched as Covid was still dictating businesses priorities. Whilst the health inequalities highlighted by the pandemic meant Engaging Voices remained willing to engage to benefit their service users, businesses were struggling to maintain pre pandemic staffing levels, or managing staff with covid absences meaning their CSR commitments were not a priority.

For example, in the final quarter (October – December 2019) the following organisations were considering signing up to be Working Voices partners:

Asda, Civic and Enterprise, Engie, Home Group Leeds, Yorkshire Dance, Young Entrepreneurs in Property, Systemwork, Sky Digital and Technology Services Campus, Berwick Partners, Shulmans, Lupton Fawcett and Trinity University.

Although contact was made in the latter months of 2020, organisations either stated they were no longer able to take part, or did not respond to enquiries.

### **Future working**

#### Using the Engaging Voices model to Working Voices to bring businesses and 3<sup>rd</sup> sector partners together

Experience with another VAL project Employer Supported Volunteering (ESV) showed that there was appetite from businesses to become actively involved with Leeds based charities. Following discussions with ASDA, John Lewis and Yorkshire Housing, a proposed new model was introduced that would have seen employees taking part in a focus groups, using the same format as Engaging Voices.

The organisation would see staff contributions as 'micro volunteering' We also suggested that £10 per person (up to a max of 10 people) could be donated to a charitable organisations, one of our members. The attendees would learn a bit about this organisation and its work and possibly open up further links with that organisations and opportunities for volunteering and fundraising. This proposal was met with interest by partners.

Unfortunately, for reasons cited above this approach was not put in place. Although it was favourably supported by Working Voices Partners we spoke to. (John Lewis and Yorkshire Housing).

### **Conclusion**

- The Working Voices model requires sustained effort and build up of relationships with key staff for ongoing successful working relationships.
- There is appetite within businesses to make links with the 3<sup>rd</sup> Sector and to use these links to fulfil their charitable objectives. These links can be used to introduce engagement by way of incentives.



- The impact of Covid had a huge impact on the project.
- The project can be an effective distribution method to informing large numbers of working people about changes to health care services in Leeds by using businesses existing newsletters and staff communications
- Maintaining relationships with staff whose work includes generating partnerships for CSR responsibilities or Health and Wellbeing for employees is a key feature of successful Working Voices Partner relationships: for example our long standing partner John Lewis is still willing to be a part of engagement activity details will be passed on to the CCG.

## **Recommendations**

To continue to engage local businesses to allow those to discuss the best ways to engage their employees as there are times in the year certainly in our sector where engagement is low due to peak trading.

## Appendix 7 Staff workshop evaluation

Leeds Voices staff conducted a workshop and a series of meetings to evaluate their experiences of the project.

Staff involved had been part of the project between 1 and 4 years.

### Methodology of engagements

We observed how the project has changed over the 4 years, with less time spend on survey work and more time facilitating focus groups. Staff felt that better qualitative information can be gained from focus groups and that recommendations came from this method of engagements. It was recognised that a broad range of engagement methods is key to maximise a broad range of audience including stalls at events, surveys, both online and paper based and offer '121' interviews to people with access needs.

Staff who had previously used 'street survey' approach were not in favour of this method, *There are limitations of street work, it feels like you are trying to sell something; people rushing, demotivating have to ask 10 people before get 1. The development of Leeds Voices towards a more qualitative, in depth, approach means we have better quality information for the CCG*

### **Recommendation**

Use wide range of methods taking into consideration digital poverty, literacy, language, culture and the assets within communities.

### Communication



Our experience of delivering the Leeds Voices contract highlighted cultural differences in working practices and language between the CCG and Voluntary Sector, both with their own strengths and plenty of common ground in the middle.

Staff sometimes felt that they acted as a 'translator' between the CCG and communities, not because groups don't have the skills to engage directly with the CCG, but because the way in which the Leeds Voices project approaches engagements is viewed as more accessible. This is particularly an issue in terms of language and acronyms used by the NHS.

### **Recommendation**

#### Simplify language

Be aware of acronyms, community groups are experts in their community, shouldn't have to understand complexities of NHS to work in partnership.

Assets within CCG include staff who have previous experience of working in the voluntary sector.

Flexibility around delivery should be factored into future work, recognising that there is no 'one size fits all' approach to engagement.

#### Co-produced

A recent engagement for Community Neurological Service Engagement involved Leeds Voices from the start, it allowed us to be part of the design of the survey, developed materials with members of the Neuro team and gain an important understanding of how the service works and the changes that were proposed.

Having a more in-depth understanding of a service like this meant that we were better equipped to deliver focus group discussions with people who had used the service and were therefore experts by experience. This approach was valued by the team and added credibility to the engagement process, although additional time needed for this level of co-production would need to be factored in.

*Learn from our experiences of particular engagements where Leeds Voices have been involved from the start, the materials for our partners are more accessible and yields better quality material*

### **Recommendation**

Ensure co-produced questions and allow time for piloting of questions and materials.

#### Feedback

A common discussion point in focus groups was a sense that '*we told you this last time and nothing happened*'. The sense in the staff team, informed by this feedback, was that many of the groups we work with have had many experiences of being





consulted without receiving subsequent feedback. This suggests, that particular care is needed to demonstrate the difference that people giving their time has made.

Staff felt that the CCG could commit to a time and date at the beginning of any engagement to feed back to participants – recognising that it takes time for feedback to be absorbed by commissioners and make changes to services. We suggest the following approach in future:

*It would be great to give out the date to focus group participants at the time, it would make sure people got good feedback.*

### **Recommendation**

Build into the timeline of an engagement two dates where feedback is going to be provided.

- a key decision maker/ service lead to commit to 2 x 1 hour, to a blended on line (and recorded) feedback session
  - The first session few months after+- the engagement would focus on ‘*you said, we heard*’
  - The second session, a year after the engagement would focus on ‘*you said, we did*’ and should include feedback on changes that couldn’t be made and the reasons for this.

All participants in surveys or focus groups could be told about the dates and could be asked if they want a reminder email. This could be communicated through community groups.

The sessions would involve a short presentation in the ‘you said we heard / you said we did’ format, then time for QandA’s

This practice could be embedded into all CCG engagements using section 9 - Ongoing Patient Assurance section - of the Engagement Plan Template, (used by NHS when changes are being proposed to any service).

To ensure that the widest number of people receive accessible feedback we would also suggest that a ‘*on one page*’ and an easy read version of reports are prepared for circulation alongside the main report.

### **What we already know**

There is a drive within the CCG currently to consolidate learning and use a ‘*grey literature library*<sup>1</sup>’ or insight repository to keep data from previous research. This links

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<sup>1</sup> The term Grey Literature **describes documents and information sources of good quality, which are published for non-commercial reasons.** Leeds NHS are currently in the process of setting something up from city wide engagements



into what communities fed back to us, asking not to start from the beginning every time.

*‘Communities told us, if you ask the same questions again it feels like they were not listened to the first time.’*

Again, using the Engagement Plan Template (Section 1 – Background), services could lay out what has already been heard and learnt from previous research or engagements (maybe even from specific communities or groups who share protected characteristics). This then lays the foundations of any engagement on previous research and established knowledge, rather than starting from a ‘blank sheet of paper’.

### **Recommendation**

Begin all engagements by looking at what you already know, what communities have already told you and what desk top research is available. This is a good place to start a focus group.