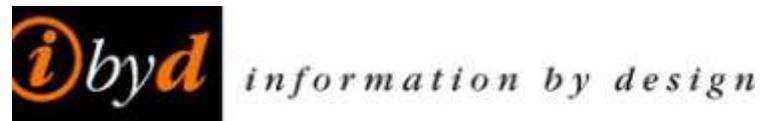




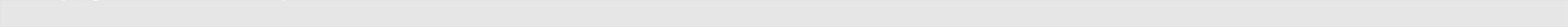
## **The Listening Exercise**

### **Draft Report**

**June 2009**



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## ACKNOWLEDGEMENTS

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**EXECUTIVE SUMMARY**

This document is a summary of the key findings from the two stages of the NSH Hull Listening Exercise – ‘We’re All Ears’. The full results of the first stage of the exercise are contained in a separate document.

# 1 INTRODUCTION AND BACKGROUND

## *Introduction*

This report presents the key findings of the large-scale Listening Exercise – known as ‘We’re all Ears’ conducted on behalf of NHS Hull in 2008-09 by Information by Design (IbyD), an independent research and evaluation company. Separate documents are available including a report from Stage One, and tabular reports of the data from Stage Two.

This report includes the following:

- Section 1 contains the background and methodology to the Listening Exercise (LE)
- Section 2 contains a summary of the key findings and results from Stage One of the LE
- Section 3 contains the key findings and results from Stage Two of the LE
- Section 4 contains a summary of the key insight from the LE
- Section 5 contains conclusions and recommendations.

This report is intended for use within NHS Hull, and is also a public document which will be available on the NHS Hull website and the ‘We’re all Ears’ website (<http://www.nhshullears.net>).

## ***Recruiting Members of NHS Hull***

**The Listening Exercise generated over 3,000 members of NHS Hull.**

## *Aims and Objectives*

The Listening Exercise had an overall aim of consulting with local people and organisations in the city to support progress towards the agreed NHS Hull vision, which is as follows:

*‘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.’*

The engagement had two broad objectives:

- To listen to residents to understand their needs and aspirations for health in the city
- To engage NHS staff in the consultation, to provide greater understanding and an organisational cultural shift into a more patient friendly and public aware organisation.

As part of this work, it was also expected that the exercise would recruit members of NHS Hull

## ***Co-ordinating the Work***

A Project Manager was appointed by NHS Hull to lead the LE work, supported by a Steering Group, which comprised of representatives from all sections of the organisation. Within Information by Design, a Project Manager led the work in each stage and the two Project Managers worked very closely together to ensure the success of the project. The Steering Group played a key part in ensuring that the work of the LE was co-ordinated across the organisation, and that the exercise was supported by staff.

## 2 APPROACH AND METHODOLOGY

### The Approach

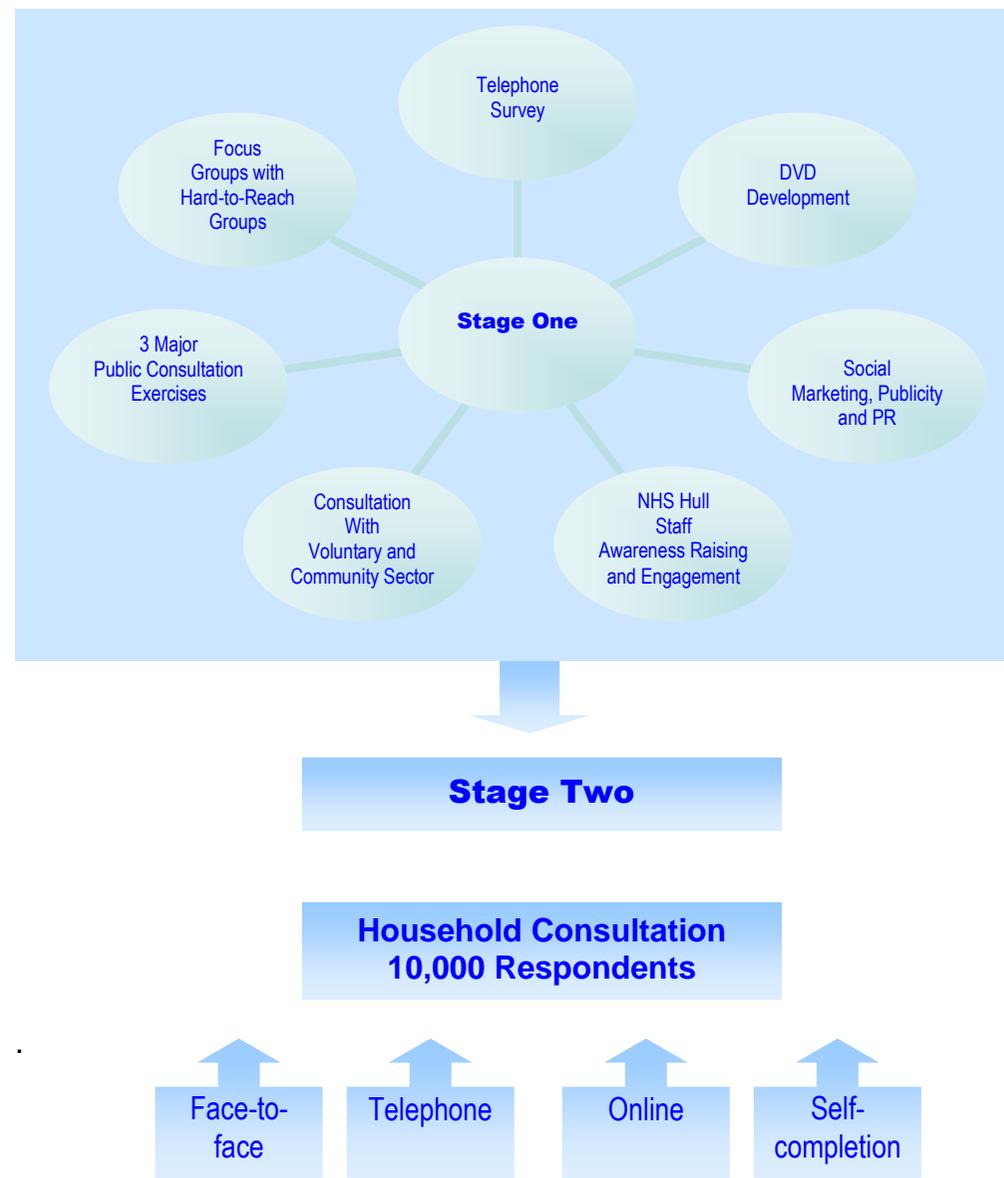
The Listening Exercise adopted a two-stage approach to consulting with local residents and organisations.

**Stage One** was a 'pre-engagement phase' which utilised a number of different methods of consultation, including a telephone survey with 1,500 residents, seventeen public consultation events with 'hard-to-reach' (easy to ignore) groups across the City, and a stakeholder event with the statutory and voluntary sector.

**Stage Two** was a multi-mode survey with 10,000 residents of Hull, with quotas set for age, gender, ethnicity and locality. Appropriate techniques to ensure those from seldom-heard groups were used, supported by the information gained in Stage One.

### Methodology

The methodology was a mixed method quantitative and qualitative approach, which included a number of elements. These were agreed with the Steering Group, which monitored the work through a detailed project plan. They also established the process for engagement with PCT staff and scoped the range of groups to be engaged within the project, and the evaluation criteria by which we would be able to measure the success of the exercise. As well as providing critical feedback from the public, Stage One was also intended to provide a platform for the development of Stage Two. The elements of each Stage are shown in the diagram opposite, and further details are given overleaf.



## Elements Of The Listening Exercise

The LE was conducted using several discrete project elements, which were agreed with the Steering Group. The individual elements were as follows:

<b>Telephone survey</b>	500 in each locality in Hull were interviewed. This collected data on current opinions, priorities and aspirations for health and health care in Hull. The findings from this were used as an element of discussion at the main consultation events.
<b>DVD</b>	A DVD with location shots, and interviews with the Chief Executive of NHS Hull and the public to draw out potential priorities and aspirations for ‘Health in Hull’. The DVD was used in the public consultation events which followed. A short version was also developed, which was made available for showing in GP Surgeries, and on the ‘Big Screen’.
<b>Social Marketing Strategy</b>	Development of a social marketing strategy, which included the development of various images, logos and materials, segmentation, and a ‘strap line’ of “We’re All Ears.” The strategy encompassed various publicity and PR activities, including press releases at key points of the consultation, working closely with the NHS Hull Communications Team.
<b>PCT Staff Involvement</b>	Consultation and awareness raising with PCT staff was a key element. A number of staff were involved in Stage One activities, attending all of the 3 large-scale public consultation events, and many of the focus groups. This element was developed in Stage Two, when staff were trained to take part in face-to-face interviewing.

<b>Statutory, voluntary and community sector involvement</b>	Consultation and awareness raising took place with different agencies and a major consultation event formed part of this work, as well as promoting a partnership with agencies to promote attendance at the events and participation in Stage Two.
<b>Public Consultation Events</b>	Events were held in different community locations across the City. This included 3 large-scale consultation events – one in each locality, and fourteen workshops/focus groups with different hard-to-reach groups: three young people’s workshops with different age groups; evening workshops largely to meet the needs of working people; residents from BME groups; blind and deaf residents; people suffering life limiting illness and disabilities; substance misusers and their carers; Gypsies and Travellers; Eastern European Migrant Workers, and finally staff from organisations working in the mental health arena. In addition, feedback from professionals working with Asylum Seekers and Refugees was sought, as a recent consultation on health issues with these groups had taken place.
<b>Multi-Mode Survey</b>	A large-scale, multi-mode survey was the key element of Stage Two – 10,000 residents were contacted using a variety of methods: <ul style="list-style-type: none"> <li>• face-to-face in shopping malls, on doorsteps, in community centres and voluntary and community organisations</li> <li>• online, via an online campaign and via feeds from the NHS Hull website</li> <li>• telephone</li> <li>• self-completion in schools and where requested by respondents.</li> </ul>

<http://www.nhshullears.net>

### 3 NHS HULL STAFF ENGAGEMENT

The Listening Exercise presented the opportunity for NHS Hull staff to engage with members of the public and to gain direct experience of consultation tools and techniques. Staff across all service areas at NHS Hull and from all grades were encouraged to engage in both Stage One and Stage Two. In Stage One, specific roles were developed for the public consultation events, and in Stage Two, members of staff were trained and participated in the face-to-face interviewing in shopping malls and other public areas.

*“Good attendance and active participants.”*

NHS staff who attended the events and interviews completed a web-based feedback questionnaire, and the majority rated the events as a great or a good success.

*“Helped me to understand the view of others. Both down to earth and innovative ideas shared by the group as a whole.”*

Staff were also asked to give their opinions on various elements of the events, including the information they received, their learning from the events, and their impressions of the arrangements made.

All of the staff involved in the events strongly agreed or agreed that the public they had contact with were friendly. Staff also had high levels of agreement with the statements about finding the events interesting and helpful, and learning a lot about the public view and about the way to talk to the public. Staff feedback from the

*“A good opportunity to meet members of the public who we serve, refreshing and fun.”*

evaluation was used to design staff training and development for Stage Two of the consultation, and for the development of a training pack to support staff to develop skills to engage effectively with the public in the future.

Stage Two feedback was very positive, with staff participating in a training session and then going on to undertake interviews, which the majority found a very positive experience. However, some respondents were less positive about their involvement in Stage Two, finding it more difficult to talk to the public in this type of situation or venue.

NHS Hull staff who participated in any of the events were given certificates to ensure that their work was recognised, and a small-scale ‘awards ceremony’ was held which helped to demonstrate the importance of public engagement, and promote the Listening Exercise.

There are some key lessons to be learnt from the staff engagement in each of the Stages. Clearly, many staff members work with the public in their day-to-day roles, and are confident in their interactions – but others are less so. Training is being developed which needs to take account of these differences in experience and considers carefully how all levels of staff can be encouraged to engage with the public.

*I didn't feel confident in first interview but got better the more I did, I'm really glad I did it*



Some of the NHS Hull Staff who participated in Stage One at the 'Ambassadors Lunch, an awards ceremony which helped to promote the Listening Exercise.

## 4 KEY RESULTS – STAGE ONE

The key results and conclusions from Stage One of the Listening Exercise are shown below.

### **Public Consultation**

The key points from the Stage One survey and the various public consultation events are shown below.

	<ul style="list-style-type: none"> <li>• Around one-third of the population report having an illness, health problem or disability which affects their daily lives.</li> </ul>
	<ul style="list-style-type: none"> <li>• The public appears to have a good awareness of NHS Hull, although it is likely that this is due to the overall 'brand recognition' of the NHS as a whole.</li> </ul>
	<ul style="list-style-type: none"> <li>• There was strong agreement with statements about service provision, suggesting that the public are generally satisfied with the local NHS.</li> </ul>
	<ul style="list-style-type: none"> <li>• There are some differences in the opinions of those in North locality, and by age and employment status, these groups being less likely to strongly agree with any of the statements.</li> </ul>
	<ul style="list-style-type: none"> <li>• Whilst 65% of local residents thought that NHS Hull listens to the local community a great deal or fair amount, there are clearly just over one-third of the community who think it is not.</li> </ul>
	<ul style="list-style-type: none"> <li>• Those who did not think that NHS Hull was listening to them suggested many ways of improving communication, including more advertising, the provision of funding, and improving satisfaction with services.</li> </ul>
	<ul style="list-style-type: none"> <li>• Almost three-quarters of respondents agreed that local health facilities should be improved.</li> </ul>
	<ul style="list-style-type: none"> <li>• There was less agreement that services could be influenced.</li> </ul>
	<ul style="list-style-type: none"> <li>• Older residents and men in particular are less likely to agree that they can influence services.</li> </ul>
	<ul style="list-style-type: none"> <li>• There was less agreement that NHS services should be provided by other organisations.</li> </ul>
	<ul style="list-style-type: none"> <li>• The community has a good knowledge of how to improve their own health, and it is clear that many of the public health messages around exercise, diet and smoking have reached the community.</li> </ul>
	<ul style="list-style-type: none"> <li>• Around a quarter (24%) of respondents felt that they would be interested in joining NHS Hull – so</li> </ul>

nearly three-quarters are not. .

- Many members of the public recognise that NHS Hull provides a good service.
- The public recognise the constraints to service, in terms of funding issues, and are supportive of enhancements to service, but some are unclear about the ways in which priorities are made and on whether decisions appear to be 'sensible'. .
- There are many important points about accessibility to a GP, in particular the appointments system and the ability to access the same GP within a reasonable waiting time.
- The availability of 'drop-in' centres and some 'out of hours' services was not well known to the public,
- The education of children and young people, and their access to and interactions with NHS Hull are critical, to ensure that they have good health in the future.
- Communication is critical in a number of ways – doctors, doctor's receptionists and administrative staff - interpretation and translation services, blind or hearing impaired, standards of communication, use of 'modern' methods of communication (telephone, text, email, and web-based).
- Continuity of service was raised as a big issue in many ways – from GP to hospital, from consultant to consultant, and from administration to medical staff.
- Public health messages around the major killers, around diet, exercise, smoking and alcohol are known by the public, and the need to improve services for those with issues around obesity, smoking, drug or alcohol misuse were mentioned. However, the 'nanny state' issues need to be considered, and the rights of individuals recognised.
- The role of nurses in providing a good service is seen as important by the public. The return of matrons, nurse run wards and nurse led services was seen as a positive development. The behaviour of nurses, both in terms of them having high standards of conduct, their role in ensuring cleanliness and good care in hospitals, is seen as critical.

## VCS Consultation

The consultation with the statutory, voluntary and community sector demonstrated that the VCS is well placed to support the public consultation in stage 2 and is a significant resource to support the achievement of some of the aims of NHS Hull.

- For the VCS, there are some clear issues with access to services, for example, for those who work with young people.
- The need to ensure that action is taken as a result of the Listening Exercise is key to promoting engagement.
- There is a need to raise aspirations in the City – particularly in terms of the work ethic in some areas.
- The capacity of the VCS needs to be considered, and support for the development of new capacity is key, for example, support to carers. .
- Communication is a key area, and there is a need to communicate effectively with the VCS.
- The VCS has many examples of good practice, which could be taken on board by NHS Hull.
- Costs are a key factor for many in the VCS community – examples of prescriptions and the costs of opticians were mentioned.
- NHS Hull needs to understand more about what each of the VCS groups in Hull does, and how they can be used more effectively.
- Training of NHS Hull staff in the needs of different groups of individuals, such as those suffering from domestic violence or disabled people was raised by many.
- Having appropriate information readily available and accessible to all was necessary, for example a database of contacts and information sharing is critical.
- Funding was seen as critical, and ways of ensuring access to appropriate funding to allow groups to innovate and develop was essential.
- Methods of ensuring that the priorities set through the LSP are shared and supported by local people need to be considered.

- Mental health issues need to be high on the agenda for NHS Hull, and particular consideration given to the ways in which these members of our community can be supported appropriately.
- The need for NHS Hull to have a single point of access information department was seen as critical, possibly linking in to other services such as Humber Mental Health, the Acute Trust and the Council.
- The needs of many different groups, for example, older people, carers, those with mental health issues, BME groups, should be more clearly understood and recognised by NHS Hull.
- The importance of the VCS to encourage self-help and personal responsibility needs to be recognised by NHS Hull.

## ***Aspirations and the Vision for NHS Hull***

In thinking about the future and the vision for NHS Hull, a number of key issues emerged during Stage One. Although it is not possible to list all of the points and suggestions made by the public, some of these issues are given below.

### ***The Political Context***

Setting the context for the future, one of the key areas mentioned was whether it was possible to preserve the core values of the NHS as a system of universal health care which is 'free at the point of access'. Issues were raised about the potential conflict between private work being undertaken within the context of the NHS. However, there was also a recognition that there was a possibility that some health services might be 'privatised' in the future, or have a different 'USA' style of service.

### ***The Global Economy, Environmental and Political Change***

The public raised issues around the effect of a global economy, environmental change and political change on the demands which would be placed on the NHS as a whole. This included issues such as increases in the prevalence of certain diseases such as skin cancer due to global warming, the spread of disease due to immigration and climatic changes, and the loss of family values as the population becomes dispersed across the world.

### ***The Development of Medicine***

Specific development of medical knowledge and ability to treat illnesses such as arthritis, cancer, and aids would impact on the future development of services, creating more demand.

## ***Staffing for the Future***

A critical aspect for the public is the accessibility, role and function of staff including doctors, who are crucial to enabling excellence in NHS Hull. The following were mentioned:

- More health professionals
- Nurses role to be enhanced
- Specialist nurses
- More permanent, less agency staff
- A dentist for every family
- Mentors and health trainers.

### ***The Role of the Doctor***

A key point which was made by the public was how to develop the role and attitudes of both GP's and hospital doctors. For the future, the public felt that the commitment doctors have to patients needed to change - it was felt that GP's needed to have a personal relationship with their 'clients', to have a holistic approach to health, and to deal with whole families. GP's need to be more accessible – and available on the day patients want to see them. The public felt that in the future, the ability of patients to obtain appointments within reasonable times, and the attitudes of receptionists to allow full access to the GP could be improved. For the future, the public also wanted more information from doctors and consultants to be given to the patient.

## ***Prevention and Education***

The future vision contained many suggestions for improvements and development to the service in terms of preventative and educational services. This included:

- More preventative services
- Better education on health
- Improvements to self-management and self-diagnosis
- Improved testing for illness
- Free check ups.

## ***Treatment and Prescribing***

Proactive and prompt treatment on diagnosis would be a necessary consequence of these improved services. Other issues would be around the supply of treatments, and suggestions such as compulsory organ donation, and equity in prescriptions and prescription charges were raised.

## ***Using the Benefits of Technology***

The impact of technology on the services which could and should be provided was mentioned as being important during the Stage One consultation. This included: the likelihood of genetic engineering; improvements to the technology behind the services; an increasing role for internet/web-based services; computerised screening and more machines, such as robot carers, robot cleaners, and robot receptionists. Simple issues, such as the extension of telephone contacts and telephone support such as NHS Direct would be extended. The centralisation of medical records and less paperwork would reduce the administrative burden, and so allow for better follow up and good after care.

## ***Meeting the Needs of a Changing Population***

The way in which the NHS as a whole could be run in the context of a growing, changing and more diverse population need to be considered.

### ***...Elders***

The effect of an ageing population needs to be considered and a clear plan for this ageing population made ready. There were clear points made about the issues which would occur in providing adequate care for elders, such as the issues relating to care at home, social care and free residential care for the elderly. Increased demand for service from the ageing population would have an impact on the demands on the NHS, including more age-related illness and the parallel need for more treatment and for medication – such as an ‘old age pill’ to keep the population young and fit. Issues to be tackled would also include the social isolation of elders, and there was a need to recognise isolation as a core health issue. There were also many points made about the need to make improvement in attitudes to, and ways of dealing with death and dying, including addressing the issues relating to the right to die.

### ***...Young People***

In terms of Young People, there was a need to improve the way that young people were educated to improve their health in the long term. Facilities for young people needed to be provided, with useable spaces for them to engage with health, changes needed to be made to the national curriculum and to education, to provide better educational services. Nurses needed to be back in schools and dealing with issues raised by younger people. Schools should have a key role in health education, and health and education need to work in partnership.

### ***...and Different Cultures***

Cultural Diversity was another challenge which would need to be tackled in the future, with the needs of diverse and potentially changing communities met. The benefits of cultural diversity, such

as the use of extended families in some communities, needed to be recognised. Communities would need to be encouraged to come together in the future, and support provided for them to do this. There was a call for religion and ethics to be removed from the health service, perhaps in recognition of the diverse religious backgrounds of these different communities, although this may be a minority view.

### ***Public Health Issues***

Public Health Messages were clearly being recognised by the population, and in some areas, were having an impact, such as reductions in smoking prevalence in some areas of the City. There was hope that there would be less obesity in the future. There was recognition by the public of the wider determinants of health, and calls for better child care, better housing, and better prevention were made by the public. The need to attract people to live and work in Hull was also mentioned, demonstrating that the public recognise the positive impact of having a strong economic base.

### ***Utilising the VCS***

The contribution which the voluntary and community sector (VCS) can make needed to be recognised. The provision of suitable premises for VCS groups, and better information sharing was requested by those from this sector. Social care partnerships would need to be given greater consideration.

### ***Understanding Mental Health***

A better comprehension of mental health – and the connection between mental and physical health would support the development of the NHS Hull in the future. A focus on well-being, from a young age, is critical to ensuring that mental health issues can be recognised early. The voluntary sector is important in providing

support in this arena, and improvements in mental health assessments in areas such as stress/depression/pressure will impact on the future, with additional demand creating pressure on service. There was a need for improved counselling services to be available.

### ***Improving Physical Resources***

In terms of the physical presence of NHS Hull, it was felt that larger centralised health centres would be needed, and a brand new hospital with more hospital beds should be provided for the City. Once there, these new buildings would be immaculate and clean. Other facilities and services which were mentioned included the provision of High Street, 'walk-in' health centres, and the provision of better transport. Potential moves away from government control, with more localised facilities were mentioned. Better financial management and improved funding were also suggested.

### ***Developing Information and Communication***

Information and communication was seen as key to providing an improved service – more, readily available information was seen as crucial to the future of NHS Hull.

### ***Meeting Simple Aspirations***

During sessions which asked the public to consider what to offer if there was endless money, the key areas mentioned were relatively simple aspirations around affordable and accessible health centres and gyms, education and training, better equipment, expanded GP surgeries, free prescriptions, improved hospital cleanliness and food, more staff, more research and innovation, a revamped HRI, better screening and transport, and walk-in centres, which reflect the observations made above.

## ***Does NHS Hull Listen?***

Overall, the message from the public to NHS Hull is that many do think that NHS Hull listens – but some do not. However, for some of the public, messages about the services which are available or changes to services, have not been received. There are clear issues about the best ways to communicate with the whole City about a very diverse and large organisation, but this report contains some clear indications about the information which is not getting through to the different communities it serves.

## ***Moving on to Stage Two***

From the Stage One pre-engagement activity, a number of issues and suggestions were raised and highlighted from the different areas of work. A number of key themes were identified to be considered in Stage Two, primarily around aspirations for health and communication.

## 5 KEY RESULTS - STAGE TWO

### **Background**

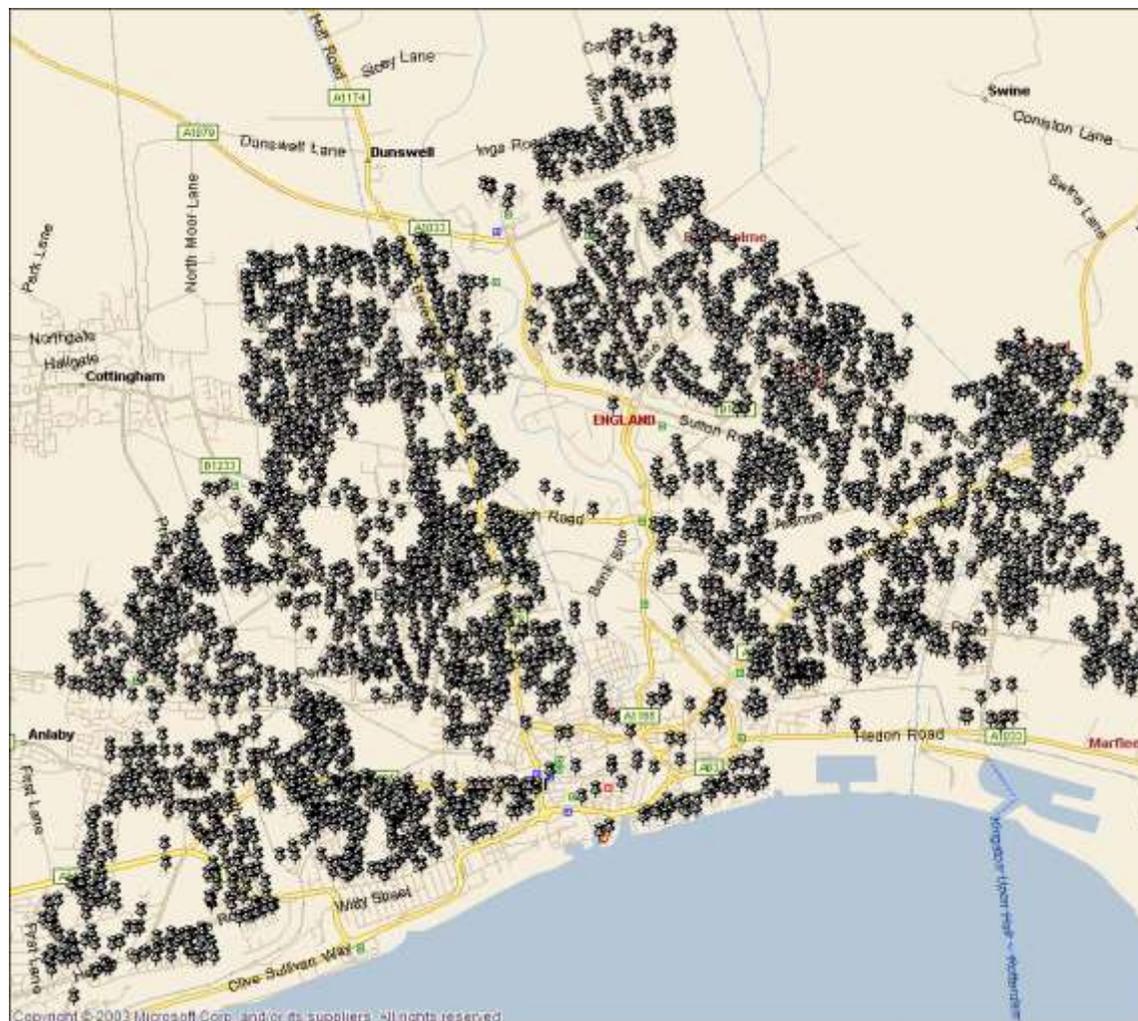
Stage Two was undertaken using a mixed approach of face-to-face, online, self-completion, and telephone methods of completing the questionnaire. Questionnaires were completed by 10,079 respondents from all areas of the City as shown in the map opposite.

### **The Questionnaire**

The questionnaire was split into two main sections, with demographic and health status collected primarily for the purposes of analysis:

- aspirations for health for the community and self
- communication preferences.

This report covers each of the two key areas, with analysis by the key demographics. Further analysis is provided in separate tables of data which have been supplied to NHS Hull.

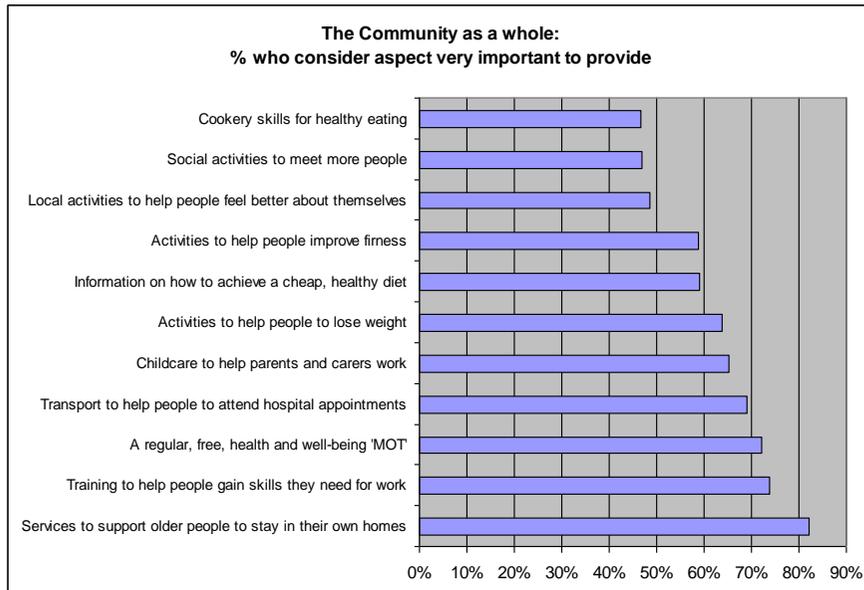


## ASPIRATIONS FOR HEALTH

Respondents were asked about their aspirations for health, by asking them to say how important eleven different statements were for the community as a whole, and which of these they personally would use.

### Importance of different services to the community as a whole

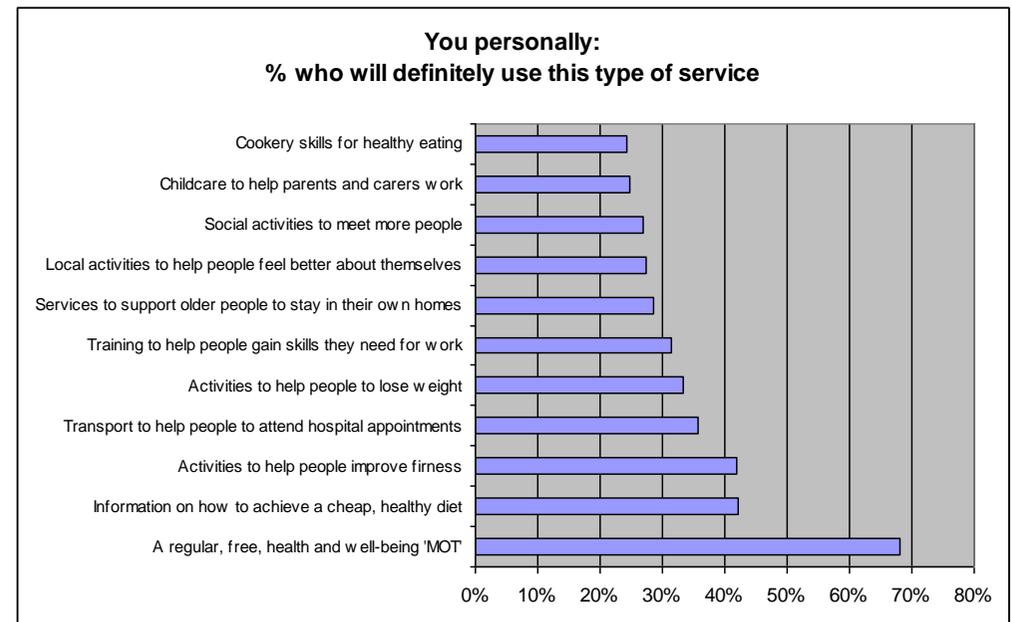
Thinking about the community as a whole, residents ranked 'services to support older people to stay in their own homes' the most important – 82% scored this as very important. Training also scored highly, as did providing a 'regular, free health and well-being MOT'. Providing services to support 'cooking skills for health eating' or 'social activities to meet more people' were ranked lowest by residents.



### Likelihood of residents using the service

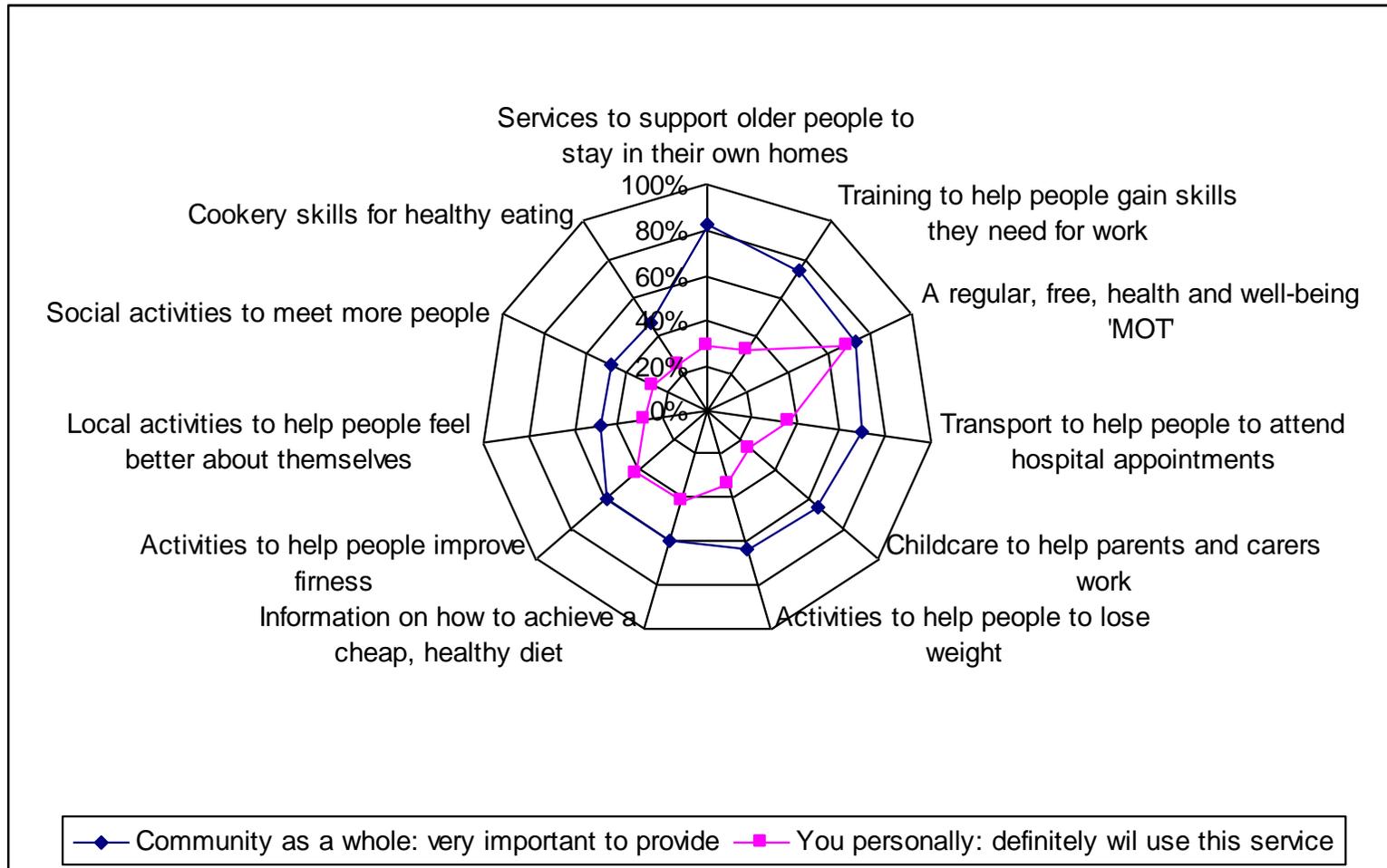
Respondents were asked to score whether they personally would use the service. A regular, free health and well-being MOT scored most highly in terms of potential usage, which is in line with the findings from Stage One. 68% of residents indicated that they would definitely use such a service in the next five years.

Amongst this representative sample of residents from across the city, a regular, free health and well-being MOT scored much higher in potential usage terms than the other 10 potential services listed.



## Importance to the Community vs Potential Use

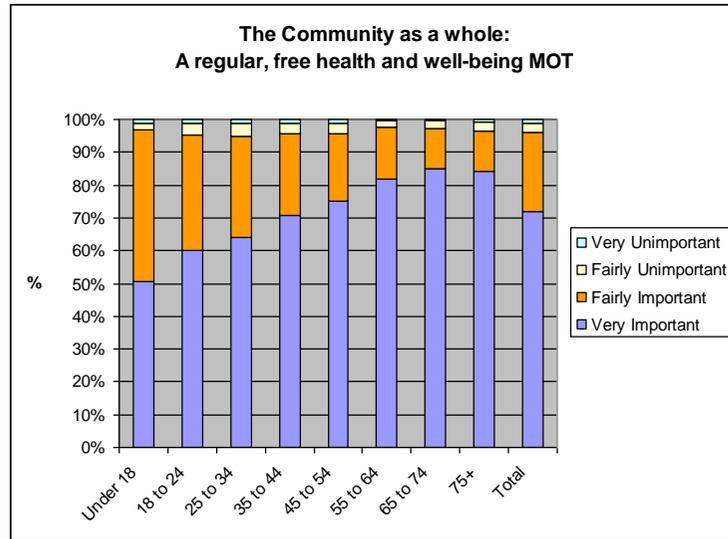
The comparison of which services residents think are very important and which ones they will definitely use provides useful insight. For just one of the 11 services listed ('a regular, free health and well-being MOT'), a similar proportion of residents thought that they would definitely use the service if provided as thought it was very important to provide. For all other services, the proportion of residents who thought that they would definitely use the service is lower than the proportion who thought it was very important to provide the service.



## Aspiration for Health 1 - A regular, free health and well-being 'MOT'

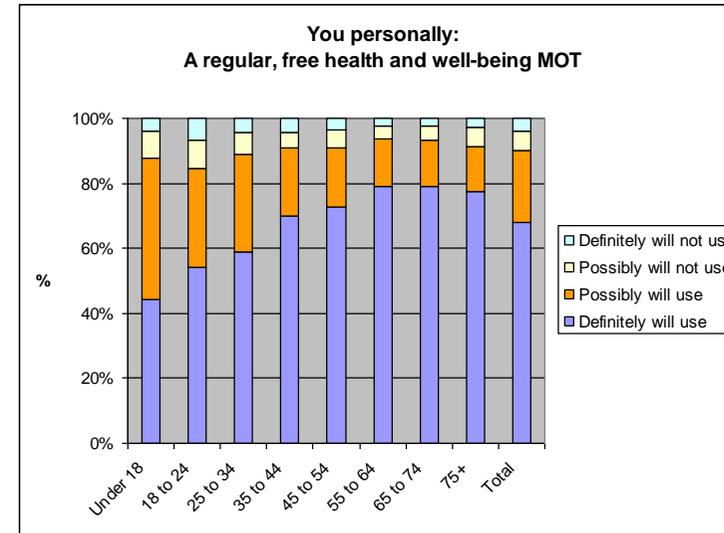
### How important to the community as a whole?

72% of residents think that providing a regular, free health and well-being MOT to the community as a whole is very important. Only 4% think it is very or fairly unimportant.



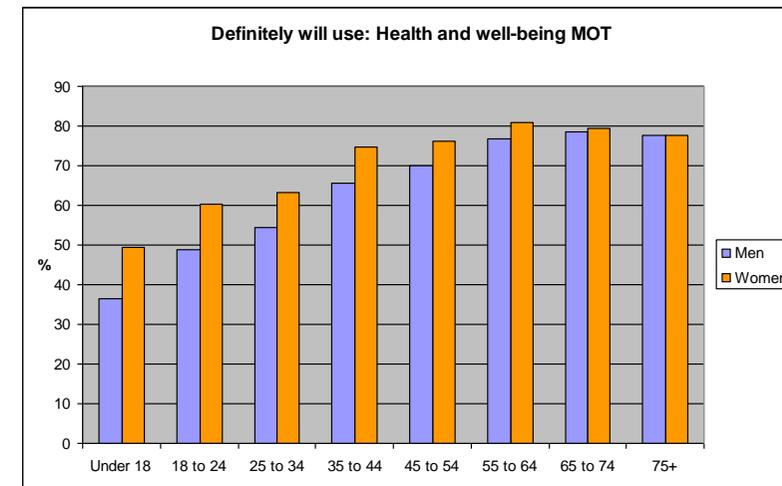
### How likely are you personally to use this type of service?

68% of residents indicated that they would definitely use a regular, free health and well-being MOT in the next five years. One-in ten would possibly or definitely not use this type of service.



Those most likely to definitely use a regular, free health and well-being MOT were more likely to be:

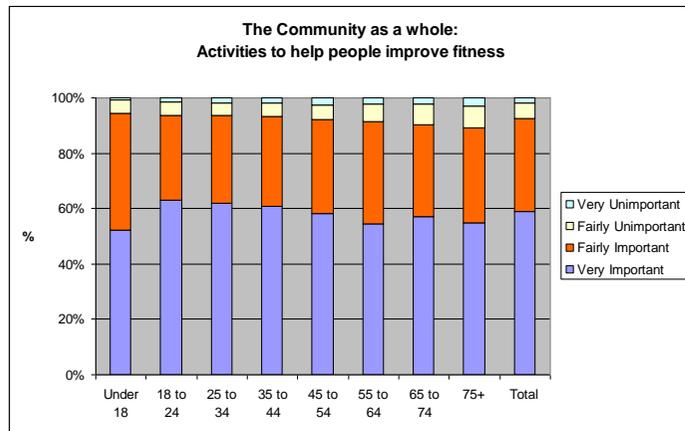
- ✓ Women (71%)
- ✓ Older residents (78% of those aged 65+, 44% of the under 18s)
- ✓ Residents with an illness or disability which has lasted for longer than a month which limits their activities in any way (75%)
- ✗ Men are consistently less likely to indicate that would definitely use a regular, free health and well-being MOT than women for age groups. However, the gap between men and women narrows as residents get older. In Hull, a key target group is men aged 40-64. The results show a large proportion of this group would welcome regular 'MOTs'.



## Aspiration for Health 2: Activities to help people improve fitness

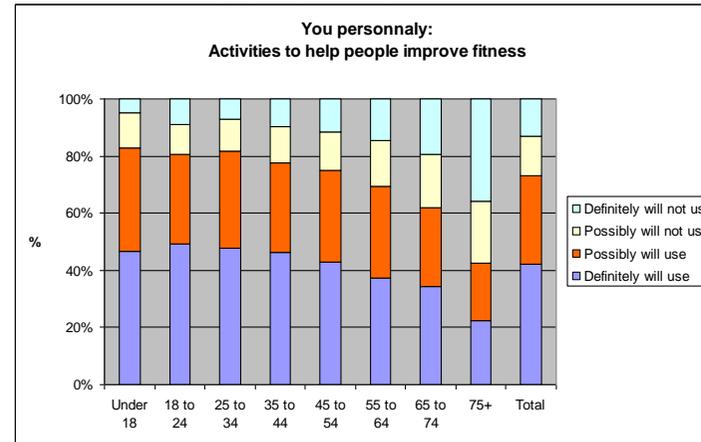
### How important to the community as a whole?

59% of residents think that providing activities to the community as a whole to help people improve their fitness is very important.



### How likely are you personally to use this type of service?

42% of residents said they would definitely use a service providing activities to help people improve their fitness in the next 5 years.



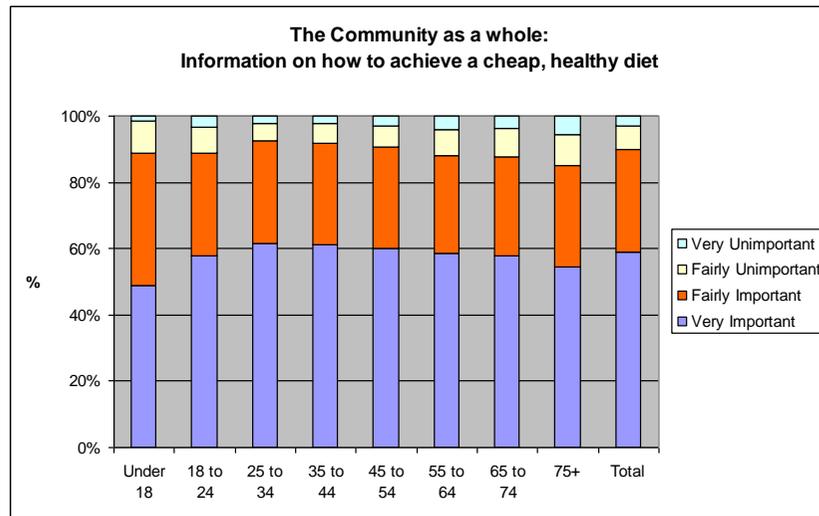
This proportion reduces with age. Those most likely to definitely use this type of service are:

- ✓ Women
- ✓ Without an illness or disability which has lasted for longer than a month which limits activities in any way
- ✓ Residents who are unemployed and looking for work, and those looking after family or home
- ✓ Residents from non-white ethnic groups, for example, 51% of residents from Asian ethnic groups.

### Aspiration for Health 3: Information on how to achieve a cheap, healthy diet

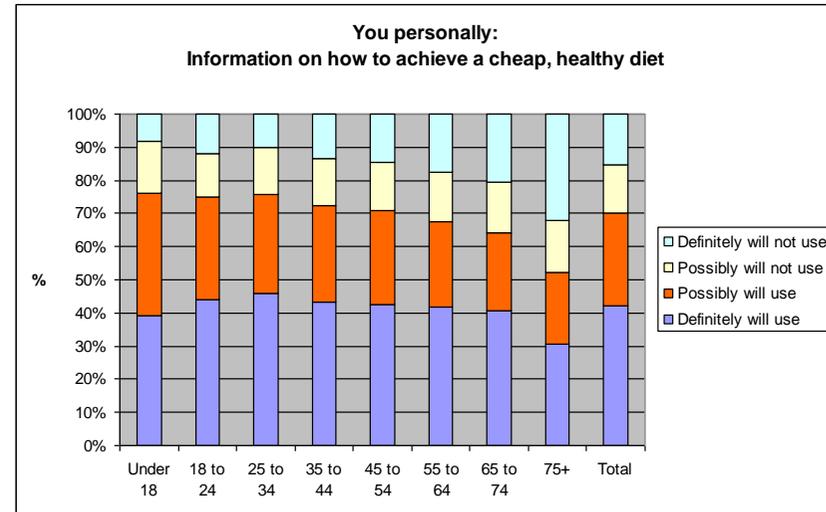
#### How important to the community as a whole?

59% of residents think that providing information on how to achieve a cheap, healthy diet is very important.



#### How likely are you personally to use this type of service?

42% of residents said they would definitely use a service providing information on how to achieve a cheap, healthy diet.



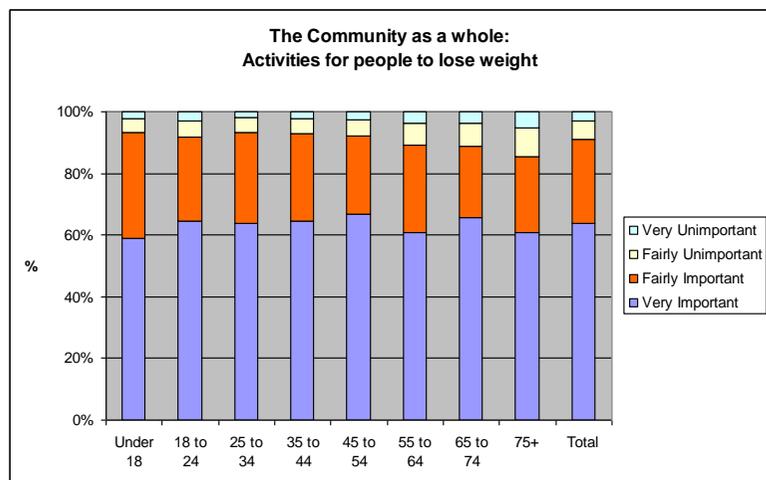
The sub-groups of residents most likely to indicate that they will definitely use information on how to achieve a cheap, healthy diet are:

- ✓ Aged 25-34
- ✓ Women (46%)
- ✓ Women aged 18-34 (51% of this group)
- ✓ Looking after family or home.

## Aspiration for Health 4: Activities to help people lose weight

### How important to the community as a whole?

64% of residents think that providing activities for people to lose weight is very important. This proportion is similar across all age groups, although there is a slight increase in the proportion thinking that this service is unimportant amongst older age groups. Women are more likely to think that this service is very important – 68% of women, compared to 60% of men.

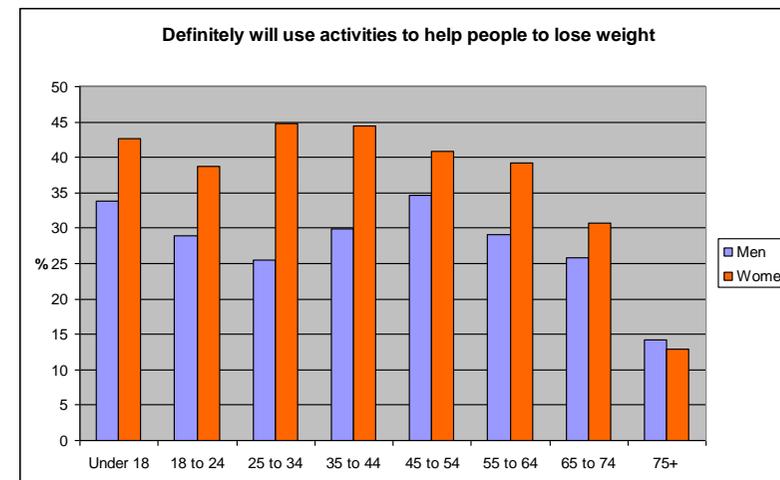
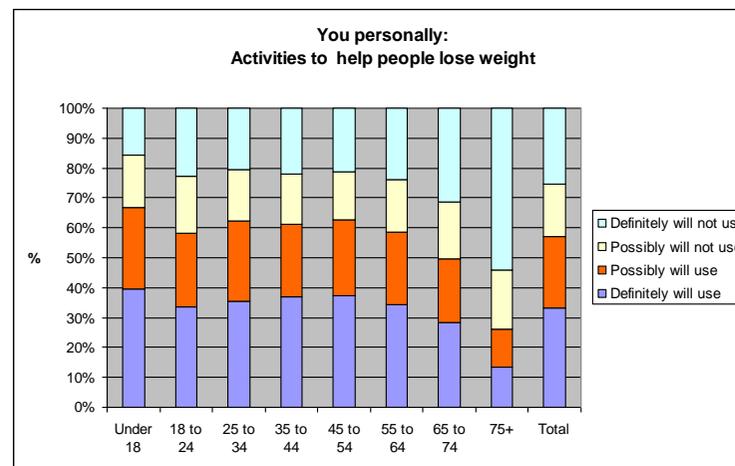


Those most likely to indicate they will definitely use a service providing activities to lose weight (if it were provided in over the next 5 years) were:

- ✓ Women (38%, compared to 28% of men)
- ✓ Be working part-time, looking after family or home, or unemployed and looking for work (39%, 44% and 39% respectively)
- ✓ Asian (44%, compared to 33% for the white ethnic group).
- ✓ Amongst men, the two age groups most likely to indicate that they would definitely use a service providing activities to help people lose weight are under 18s and the 45-54 year olds. For women, the pattern is different – women aged 25-44 are most likely to say that they will use such a service.

### How likely are you personally to use this type of service?

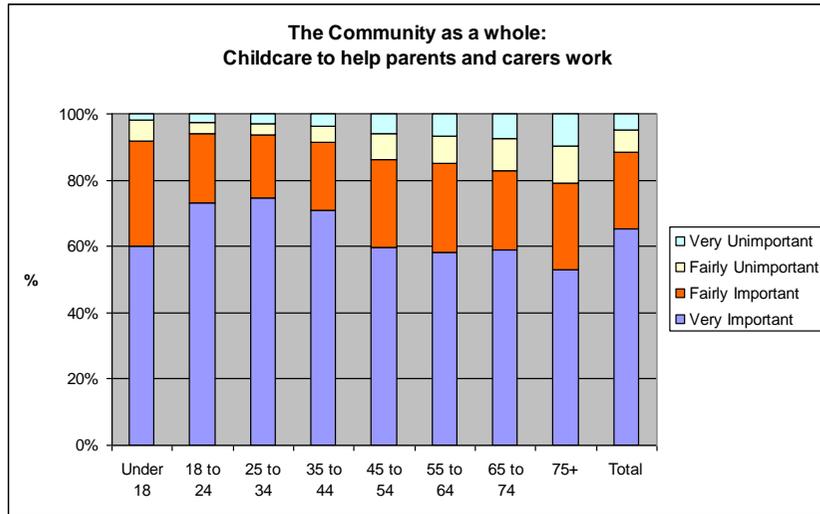
A third of residents (33%) indicated that they would definitely use a service providing activities to help people to lose weight (in the next 5 years). The proportion indicating they would use such a service is consistently at this level across the 18 to 64 year age groups.



## Aspiration for Health 5: Childcare to help parents and carers to work

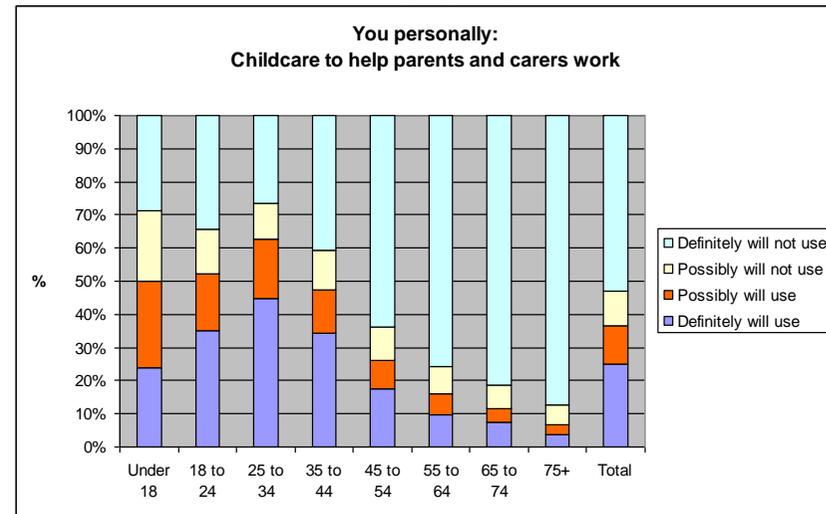
### How important to the community as a whole?

Almost two-thirds of residents (65%) think that providing childcare services to help parents and carers to work is very important. The proportion thinking that childcare is very important is highest in the 18-34 age groups, as might be expected.



### How likely are you personally to use this type of service?

A quarter (25%) indicated that they would definitely use childcare services to help them work in the next 5 years. This figure increases to over 40% for the 25-34 age group.

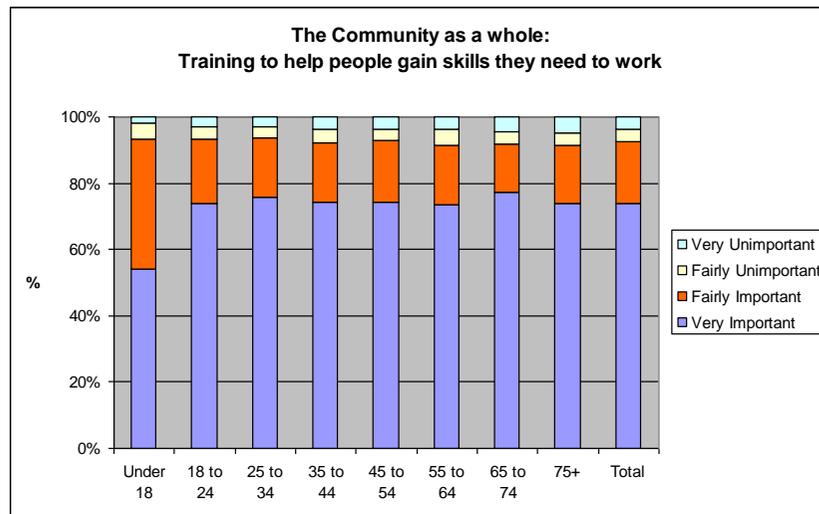


- ✓ Amongst women aged 18-24 and 25-34 the proportion indicating that they will definitely use childcare services increases to 46% and 53% respectively.
- ✓ Amongst residents who are unemployed and looking for work, 36% said that they would definitely use childcare services.
- ✓ The sub-group with the highest proportion indicating that they would use childcare to help them work were those looking after family or home – 54% of this group will definitely use childcare services in the next five years.

## Aspiration for Health 6: Training to help people gain skills they need for work

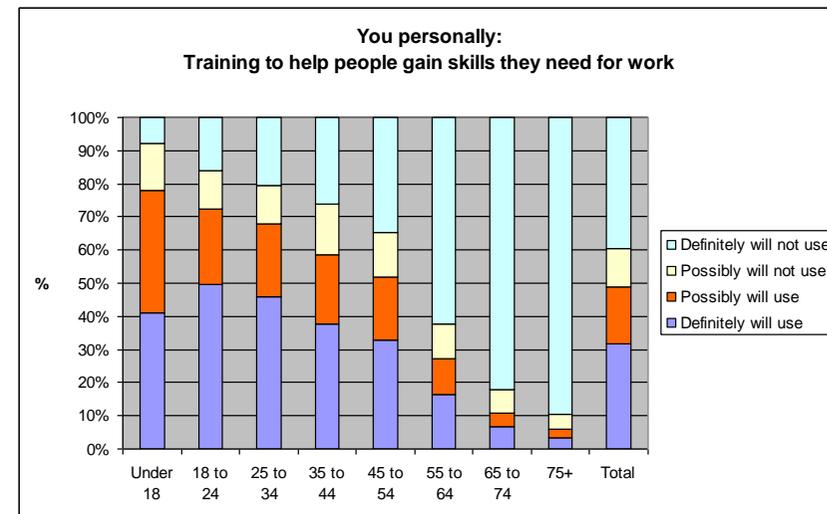
### How important to the community as a whole?

Almost three-quarters (74%) of residents felt that training to help people gain skills they need to work was very important. With the exception of the under 18 group, there was a consistently high proportion of residents in all age groups who thought that training was very important.



### How likely are you personally to use this type of service?

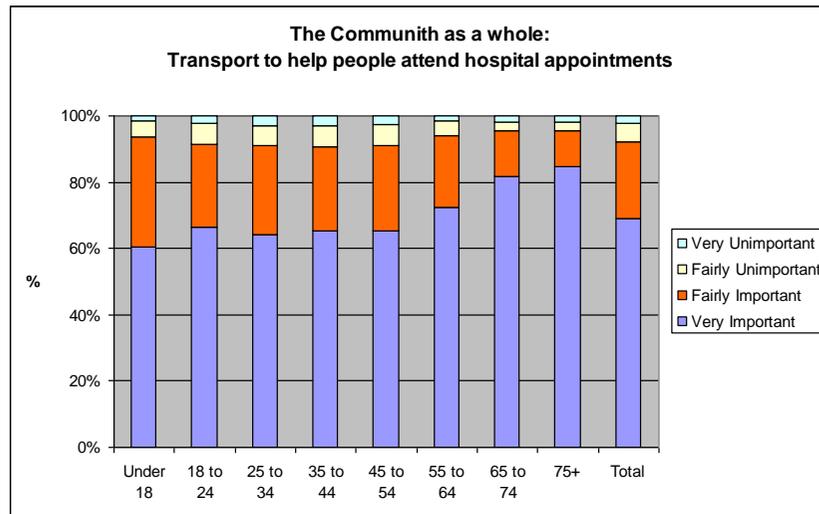
32% of residents indicated that they will definitely use training to gain skills to work in the next five years. This proportion is highest amongst the 18-24 and 24-34 age groups (with 50% and 46% respectively saying they will personally use training services in the next five years).



## Aspiration for Health 7: Transport to help people attend hospital appointments

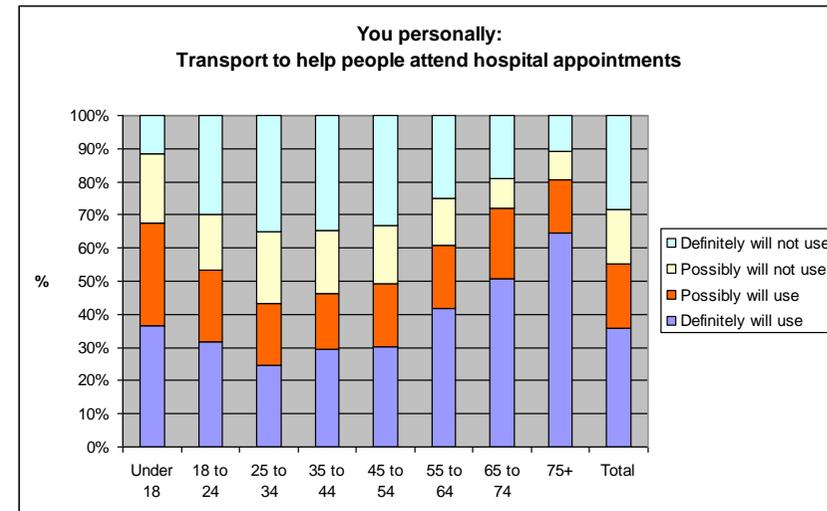
### How important to the community as a whole?

69% of residents thought that providing transport to help people to attend hospital appointments was very important. This figure increases amongst the 65+ age groups to over 80%.



### How likely are you personally to use this type of service?

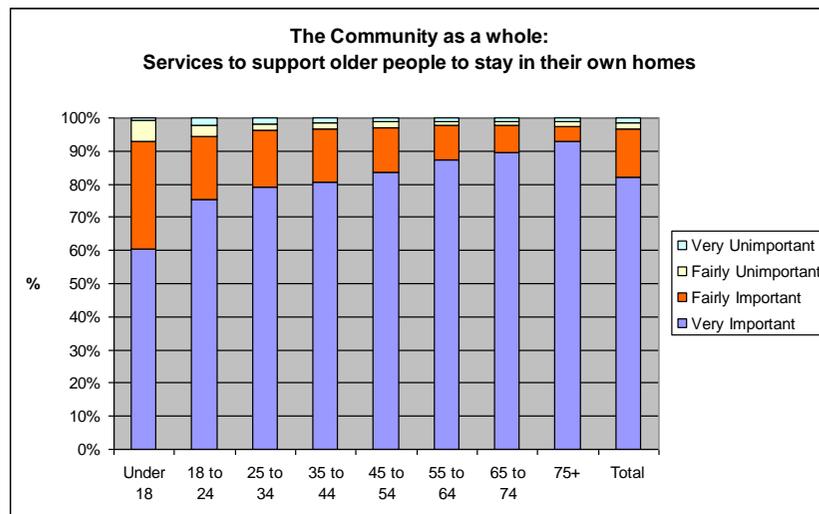
36% of residents indicated that they would definitely use transport to attend hospital appointments if it were provided in the next five years. Again age is a discriminatory variable – those aged 65+ are more likely to use this type of service. Younger groups were also more likely to use transport services (than those in the 25-44 age group).



## Aspiration for Health 8: Services to support older people to stay in their own homes

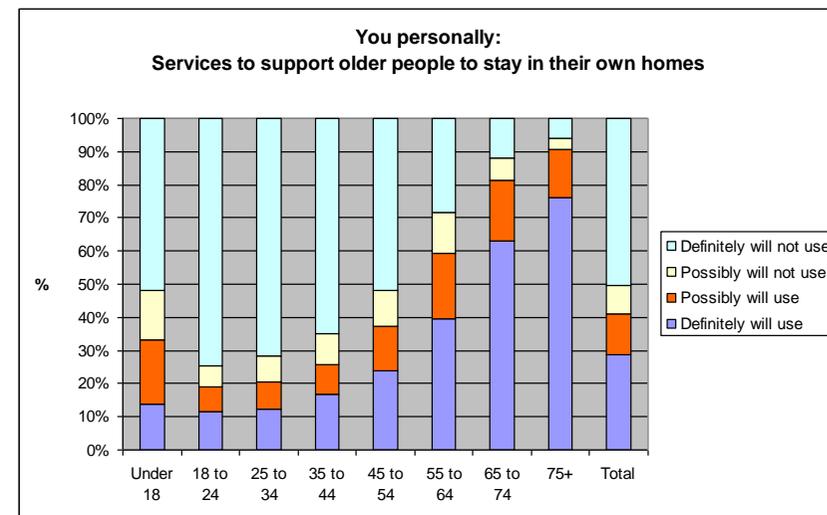
### How important to the community as a whole?

A very high proportion (82% of residents) indicated that providing services to support older people to stay in their own homes was very important. The proportion with this view is high across all 18+ age groups, with a gradual increase as age increases.



### How likely are you personally to use this type of service?

29% of residents thought that they would definitely use services to support people to stay in their own homes within the next 5 years. The proportion rises from around one-in-ten for younger age groups (presumably people considering the needs of relatives etc.) up to over three-quarters for those aged 75+



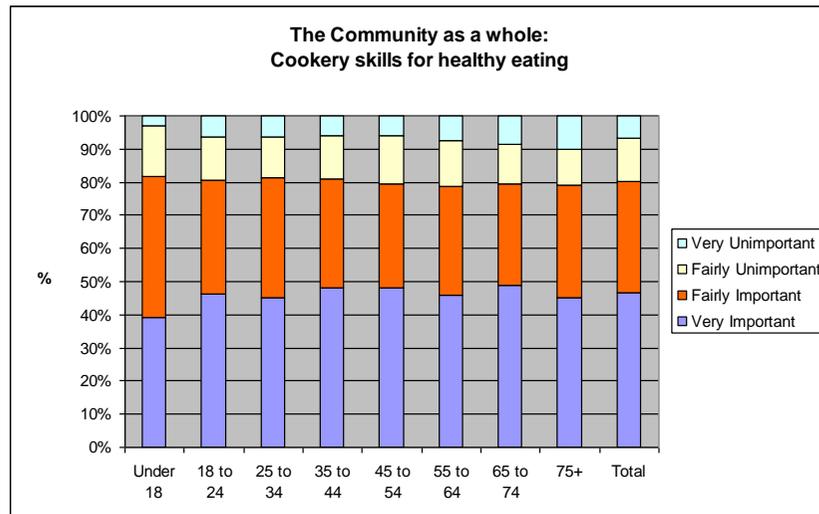
Women were more likely to think services to support older people to stay in their own homes are very important:

✓ Women – 86% compared with men – 78%

## Aspiration for Health 9: Cookery skills for healthy eating

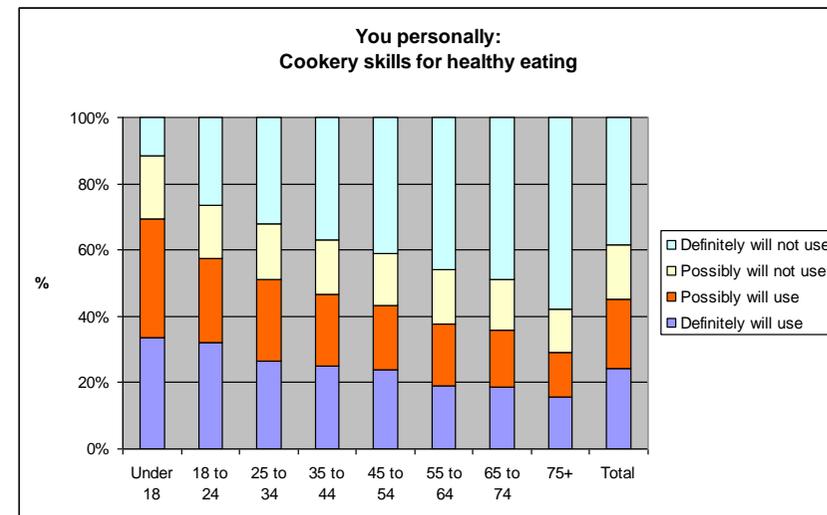
### How important to the community as a whole?

Almost a half of residents (47%) thought that providing cookery skills for healthy eating was very important. This proportion is fairly constant across the 18+ age groups.



### How likely are you personally to use this type of service?

24% of residents indicated that they would definitely use cookery skills for healthy eating if provided (in the next five years). This proportion declines with age – younger age groups are more likely to say they will use such a service. For the under 25 year olds, over a half indicated that they would definitely or possibly use such a service.

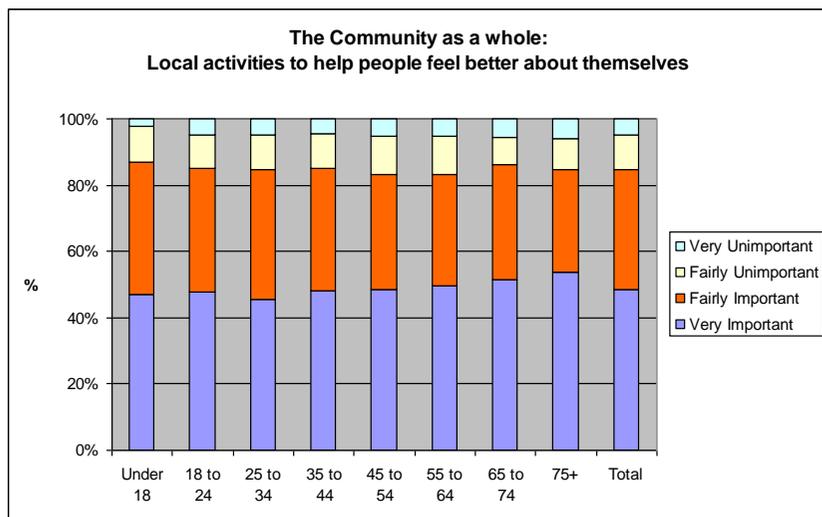


- ✓ Women were slightly more likely than men to expect to use a service giving cookery skills for healthy eating.
- ✓ Younger women were slightly more likely than younger men to definitely want to use such a service (for example, 36% of 18-24 year old women; 29% of 18-24 year old men).

## Aspiration for Health 10: Local activities to help people feel better about themselves

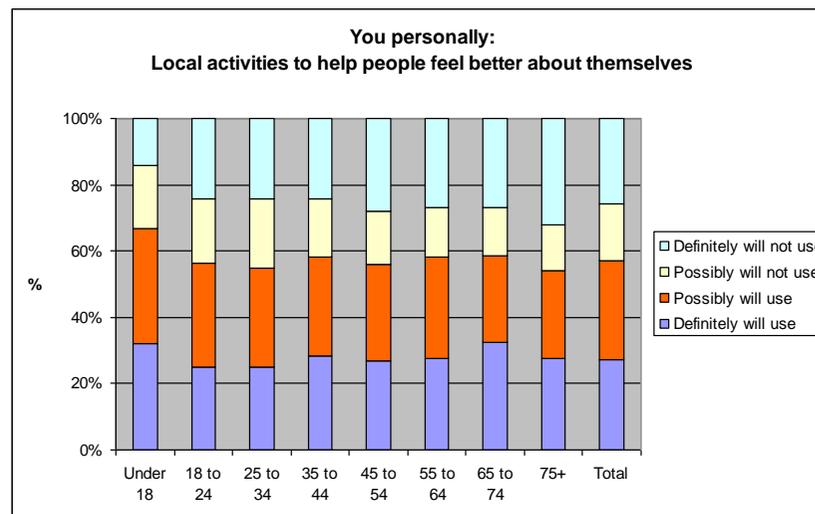
### How important to the community as a whole?

Almost a half of residents (49%) think that providing local activities to help people feel better about themselves were very important. Again, there are small differences across the age groups.



### How likely are you personally to use this type of service?

27% of residents indicated that they would definitely use local activities to help people to feel better about themselves – 29% of women, 25% of men. Younger people (aged under 18) and those in the 65-74 age group were more likely to definitely use such a service.



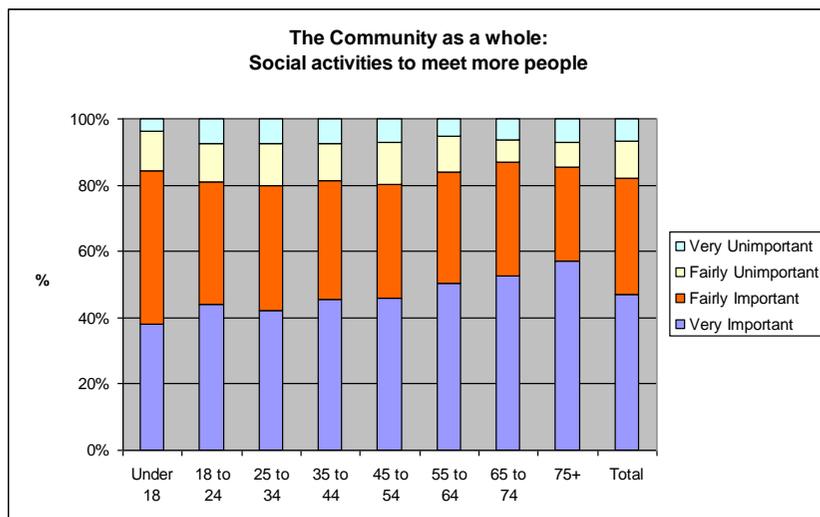
Groups most likely to think they would definitely use this type of service were:

- ✓ Young men (32% of under 18 men)
- ✓ Men aged 65-74 (30%)
- ✓ Women aged 65-74 (35%)

## Aspiration for Health 11: Social activities to meet more people

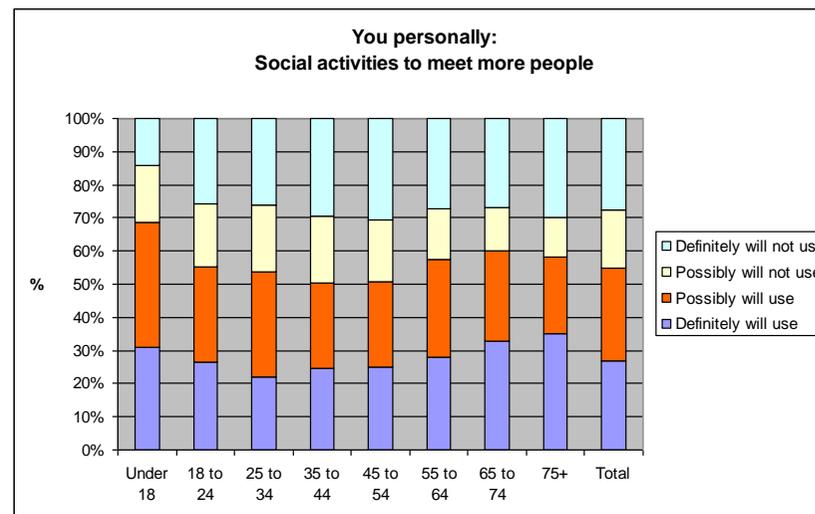
### How important to the community as a whole?

Almost a half of residents (47%) thought that social activities to meet more people was very important. This proportion increases as age increases – 57% of those aged 75+ thought it very important.



### How likely are you personally to use this type of service?

27% of residents indicated that they would definitely use a service providing social activities to meet more people. Again, the proportion increases with age – 35% of those aged 75+ would definitely use such a service.



Those most likely to definitely use a service providing social activities to meet more people include:

- ✓ Women – 29%
- ✓ Those with an illness or disability (32%)
- ✓ Those looking after family and home (34%)
- ✓ Those unemployed and looking for work (34%).
- ✓ Those not working due to a disability of illness (36%)

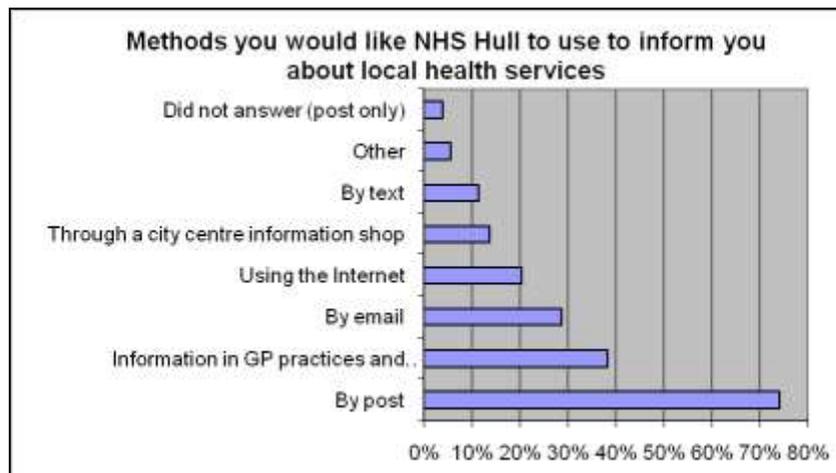
There is some evidence that those from BME groups are slightly more likely to indicate that they would definitely use such a service.

## Communicating With Residents

This section considers aspects of communicating with residents.

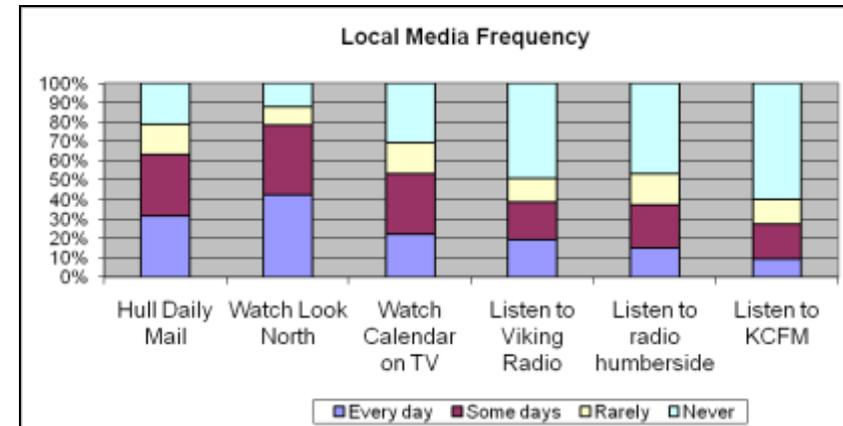
### Preferred Information Methods

Almost three-quarters of the respondents (74%) indicated that they would like NHS Hull to inform them about local health services by post. 38% highlighted 'information in GP practices and health centres' as a method they would wish to be used. Almost 30% selected email as a method and 20% chose Using the Internet.



### Communication: Local media used

Almost a third of the respondents completing the survey (31%) read the Hull Daily Mail every day. A higher proportion (42%) indicated that they watch Look North every day. A lower proportion listen to the local radio stations daily, with 19% listening to Viking radio every day, 15% listening to radio Humberside and less than 10% listening to KCFM daily.

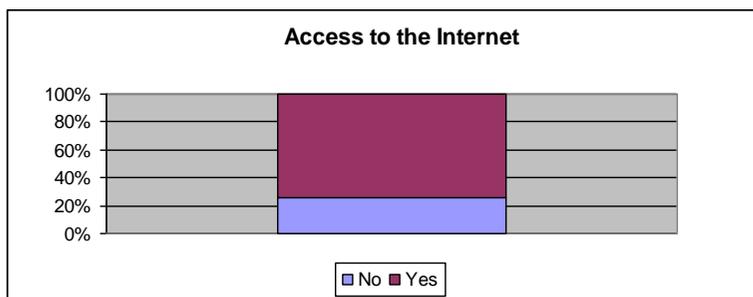


There are differences in the preferred methods of obtaining information between ethnic groups.

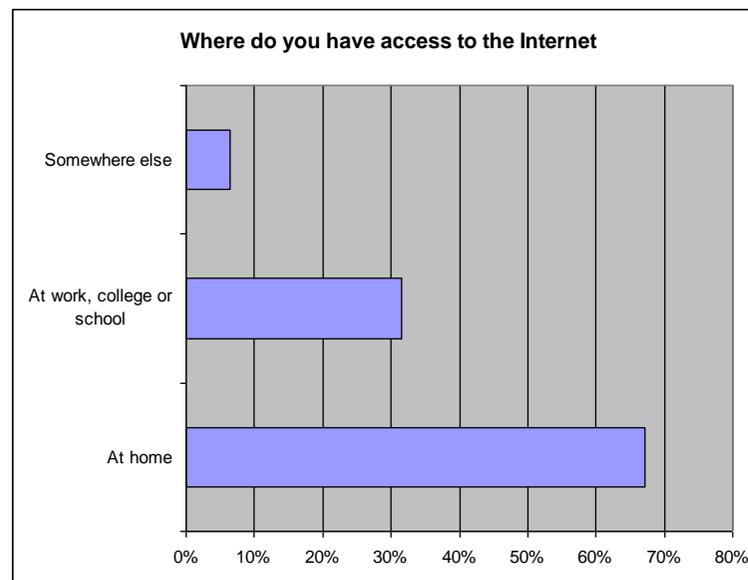
- Residents from the Asian ethnic group are less likely to prefer 'by post' as a method, and more likely to prefer 'by email'. Note that the Asian group is younger and potentially more likely to be internet users.
- The White ethnic group are more likely than the Asian group to want NHS Hull to provide information about local health services through information in GP practices and health centres.

## Internet Access

Nearly three-quarters of residents (74%) have access to the Internet. Whilst this figure may appear high, National Statistics suggest that in 2008, 65% of households in Great Britain had internet access. This is an increase of 7% on the previous year, and 46% since 2002.<sup>1</sup> In Yorkshire and Humberside, 62% of households had access to the internet – this is an increase of 10% on the previous year.



Over 60% have access to the Internet at home and just over 30% have access at work, college or school.



<sup>1</sup> National Statistics. Internet Access 2008. Office for National Statistics, 26 August 2008.

## Key Points from Stage Two

The top 3 priorities for service provision to the community as a whole are:

- Services to support older people to stay in their own homes
- Training to help people gain skills they need to work
- A regular, free health and well-being MOT

These, and the other results, provide direction in terms of general aspirations for residents in the city and provide a clear steer to NHS Hull in developing and commissioning services.

The Stage Two survey data also provides a means of examining 'the gap' between aspirations and potential usage of services or newly commissioned services. For example, whilst supporting older people to stay in their own homes is the top priority for residents in the City, with over 80% classing this as very important, less than 30% said that they would use this service over the next 5 years. This very wide gap between aspirations and usage is obviously not present amongst older residents. For the service 'providing a free health and well-being MOT', the aspirations/usage gap is much smaller. A large proportion of residents both thought that providing a health and well-being MOT service to community was very important and said that they would use such a service in the next five years. In terms of a universal service, this could be provided within budget constraints.

The sample size achieved in the Stage Two survey allows valuable analysis to be conducted on the aspirations and potential usage of services for different sub-sections of the community. This report has only had the opportunity to present a small amount of this analysis (by age, gender, ethnic group, disability etc.). Further analysis should examine the aspirations of local communities and hard-to-reach groups in some greater detail.

For some of the services included in the Stage Two consultation, a relatively small proportion of residents indicated that they would use them. For example, only around 40% said that they would use 'information on how to achieve a cheap, healthy diet'. This does not mean that these services are universally a lower priority. There are some sub-groups of residents who indicated that they would be much more likely to use them. This data provides an opportunity to NHS Hull to develop targeted activity on some of these services.

The results from the Stage Two survey on information and communication are extremely valuable to NHS Hull in two respects:

- For developing clear communication channels as a 'listening local NHS'. This will include keeping residents and sub-groups of residents information about NHS Hull services through appropriate channels.
- For developing appropriate marketing communication channels for the range of social marketing activity that NHS Hull is engaged in. The Stage Two survey gives direction in terms of the media used and preferred communication methods for the many different segments of residents in the City.

## 7 KEY INSIGHT FROM THE LISTENING EXERCISE

### SWOT Analysis

There are many findings from the Listening Exercise and there is much insight to be had from the information gained during both Stage One and Two of this consultation. In the table below, we draw together the key insight from the different elements, and the evidence source for the information. This is considered in terms of a 'SWOT' analysis of the PCT, based on the public view. We also draw together the key evidence for the public's aspirations for their health in this section.

STRENGTHS	Evidence Source	WEAKNESSES	Evidence Source
Staff willing to become involved in activities relating to consultation and some staff are highly skilled in consultation and engagement.	Staff engagement	Some staff are reluctant to become involved in consultation and engagement and some admit to low levels of skill.	Staff Engagement
Public have good awareness of NHS Brand/NHS Hull	Stage One	Public less likely to consider that NHS listens to the views of local people. – one third of the community think NHS Hull does not listen.	Stage One
Public are generally satisfied with the local NHS, feel that they provide a good service, and recognise the constraints to service	Stage One Survey, Public Events	¾ of respondents agreed that local health facilities should be improved – the physical presence of NHS Hull, including a new hospital and walk-in centres needs to be tackled.	Stage One and Aspirations
Public are generally aware of the public health messages around diet, exercise, smoking and alcohol and know how to improve their health.	Public Events/Survey	Older residents and men less likely to agree they can influence services	Stage One
Role of nurses is positive generally, and nurses are seen as important. Return of matrons/nurse run wards/nurse led services seen as positive.	Public Events	VCS raised issues about access to services for different groups e.g. young people	VCS
Good information from Stage Two which can be used to build services.	Stage Two	Accessibility to a GP – appointments/same GP	Public Events
65% of local residents thought that NHS Hull listens	Stage One	Availability of drop-in/out of hours services not well known	Public Events
There is good capacity in the VCS which could be utilised by NHS Hull, and examples of good practice within the VCS that could be taken on board by NHS Hull.	VCS Consultation	Communication is critical – skills of doctors, receptionists, administrative staff, translation, sensitive to sight and hearing impaired, and old-fashioned.	Public Events
New physical resources which are being built will improve the image of NHS Hull and these improvements can be communicated to the public.	Aspirations	Continuity of service – GP to hospital, consultant to consultant, administration to medical.	Public Events/Survey
		Differences in the views of those in different localities, by employment status and age	Stage One

		Just over one-third of the community think that NHS Hull does not listen.	Stage One
		Three-quarters of respondents felt that local health services should be improved.	Stage One
		Respondents felt that services could not be influenced	Stage One
		Although public health messages are getting through, issues about motivating individuals to take action on their own health.	Stage One
		Communication with the VCS needs to be improved	VCS
		Implication of low awareness of NHS Staff of the needs of different groups such as those suffering from domestic violence.	Vcs
<b>OPPORTUNITIES</b>	<b>Evidence Source</b>	<b>THREATS</b>	<b>Evidence Source</b>
Members of the public willing to become members and become involved in consultation.	+3,000 members recruited all Stages	Onethird of the population report having an illness, health problem or disability, higher than census data.	Stage One Survey
Public responsive to a range of consultation methods	Stage One and Two	Costs are a key factor for VCS – e.g. prescription charges	VCS
Positive response of some staff to LE activities	Staff Engagement	Low aspirations in Hull - raising aspirations is important	VCS
Public have suggested many ways of improving communication and satisfaction	Stage One	Mental health issues – need to be high on agenda.	VCS
Community has good knowledge of how to improve their own health	Stage One	Traditional methods of communication are still preferred by the public	Stage Two
Taking action as a result of the LE is crucial to demonstrate that the public view is important to support service developments	VCS	Differences in service preferences for different segments of community needs to be carefully considered.	Stage Two
Ensure that LSP priorities are shared by local people.	VCS	Respondents felt that NHS services should not be provided by other organisations – issues for commissioning services outside the NHS.	Stage One
Supporting the VCS to build current and new capacity, communicating effectively with them, sharing information, ensuring access to appropriate funding, understanding what they do and utilising good practice from the VCS would give NHS Hull benefits.	VCS	Three quarters of respondents were not interested in membership	Stage One and Two

Education of children and young people – and improving their access to and interactions with NHS Hull would bring future benefits.	Public Events	Costs are a key factor for many in the VCS community	VCS
Education of nurses to understand and utilise their important role in society.		Behaviour of nurses 'in public'	
Many ways of Improving communication suggested – for all service users	Stage One, Public Events	Mental Health issues are not high enough on the agenda, and a greater comprehension of mental health issues is needed.	VCS and Aspirations
Utilising the positive perceptions of the public about nursing staff and educating nurses to 'set an example' to the public..	Public Events	The political context of health – preservation of core values of the NHS, potential privatisation of services.	Aspirations
Utilising web-based communication methods	Stage Two	Environmental change – global economy, global warming.	Aspirations
Strong information on priorities for services from Stage Two	Stage Two	Medical Improvements such as development of treatments creating more demand	Aspirations
Community has relatively simple aspirations for improving health in the future – some of which are already being addressed.	Stage One	Being able to meet the needs of the changing population, including elders, young people and different cultures.	Aspirations
A quarter of respondents were interested in joining NHS Hull	Stage One and Two		
Understanding what the VCS provides, utilising the capacity of the VCS, and utilising the VCS to encourage self-help and personal responsibility, perhaps by strategic funding of services, could bring value-added services.	VCS Consultation and Aspirations		
Improving the way that doctors interact with patients, improving access to appointments, holistic care for patients.	Aspirations		
Enhancing the role of nursing staff.	Aspirations		
Improving accessibility of services e.g. dentists	Aspirations		
Improving preventative and education services	Aspirations		
Improving treatment and prescribing	Aspirations		
Utilising technology	Aspirations		
Connecting with the public to engage them on public health issues	Aspirations		

## ***Aspirations and the Vision for Health in Hull***

In Stage One, many areas were raised which set the context for the future. A growing population, preservation of the core values of the NHS, the conflict between public and private work and the recognition of the possibility of future privatisation were all raised. The effects of a global economy, environmental and political change would place demands on the NHS as a whole. Demand for services would increase due to these changes and the development of new treatments. An ageing population and cultural diversity would bring challenges, as would young people, who needed to be educated to improve their health. Mental health would also be important.

A vision for the future would involve challenging the attitudes of doctors, and other staff – doctors needed to have a more personal, and holistic approach to health. They needed to be accessible, and give more information. The future would need to bring a better physical presence for NHS Hull. These new buildings needed to be outstanding in their standards of cleanliness. The need for better information was also raised. A 'wish list' would include affordable and accessible health centres and gyms, education and training, better equipment, expanded GP surgeries, free prescriptions, improved hospital cleanliness and food, more staff, more research and innovation, a revamped HRI, better screening and transport, and walk-in centres, which reflect the observations made above.

In Stage Two, members of the public were asked to prioritise potential services. Thinking about the community as a whole, residents ranked 'services to support older people to stay in their own homes' the most important – 82% scored this as very important. Training also scored highly, as did providing a 'regular, free health and well-being MOT'. Providing services to support 'cooking skills for health eating' or 'social activities to meet more people' were ranked lowest by residents. Respondents were asked to score whether they personally would use the service. A regular, free health and well-being MOT scored most highly in terms of potential usage, which is in line with the findings from Stage One. 68% of residents indicated that they would definitely use such a service in the next five years. Amongst this representative sample of residents from across the city, a regular, free health and well-being MOT scored much higher in potential usage terms than the other 10 potential services listed.

## 8 RECOMMENDATIONS

- ⇒ Full conclusions and recommendations from Stage One need to be considered by the relevant departments and appropriate action taken. Using this report and the information the public has given is critical to ensuring that NHS Hull is listening to the public.
- ⇒ The SWOT analysis provided in the Insight section of this final report provides a simple summary of areas which have been identified by the Listening Exercise as being important by the public, and action on many of these points would be simple to implement.
- ⇒ Further analysis of the data from Stage One and Two needs to be considered in the light of the needs of different sections of NHS Hull.
- ⇒ The key recommendations are as follows:
- ⇒ Use the Listening Exercise:
  - Use the evidence from the Listening Exercise, and demonstrate that there have been outcomes as a result of listening to the public in this exercise by ensuring that there are formal reviews of the impact that the Listening Exercise has had on the organisation in the future.
  - Use this report as a launchpad to extend and enhance the way that NHS Hull listens to the public and acts on the information given. Train staff in consultation skills, and ensure that each department is accountable for their actions, and reports in a timely manner and at an appropriate level on the ways that they have listened to the public during the course of their work.
  - Publicise the work undertaken on this Listening Exercise to ensure that the message that NHS Hull is Listening is delivered to the public.
  - The need to ensure that action is taken as a result of the Listening Exercise is key to promoting engagement. Change needs to come as a result of the process.
- ⇒ Improve Communication and Marketing
  - Utilise the overall brand recognition of the NHS to support communications in the Hull area, ensuring that the public is aware of the role of NHS Hull, and monitor this awareness through regular 'brand awareness' research.
  - Consider the responses given by the public on improving communication carefully to ensure that the channels of communication are open and utilised effectively.
  - When improvements and access to services are made consideration needs to be given to the communication of the availability of these services to the public. Clear plans for marketing and communication of service improvements need to be included in any service enhancement.
  - Communication is critical in a number of ways – the communication skills of doctors, both at GP surgeries and hospitals – the role of doctor's receptionists and administrative staff - the need for effective interpretation and translation services for our many different communities – the need for appropriate communication with those who are blind or hearing impaired – and the need to consider the standards of communication and the different 'modern' methods of communication (telephone, text, email, and web-based) are vital. Communication is a major part of the questionnaire in Stage Two and further analysis of this will be needed.

- Stage Two provides a large amount of useful data which can be analysed to provide clear communication strategies for sub-groups of the population of Hull.
  
- ⇒ Use Available Research and Monitor in the Future
  - Monitor customer satisfaction on a regular basis, ensuring that attitudes of the public to engagement are included to give regular indicators about the public's view of NHS Hull listening.
  - Consider carefully the views of those in different localities, ages and employment to understand why they are different, using evidence from Stage One and Two surveys. Conduct further research if necessary to explain the variation, and take appropriate positive action to reduce the variation. Monitor this at appropriate intervals during regular research activities.
  
- ⇒ Improve the Physical Presence and Communicate Improvements
  - Improve the physical presence of NHS Hull – even without extensive capital funding, some improvements to buildings which are 'public-facing' could be made. Also, new buildings and improvements to existing facilities need to be clearly communicated to residents. Further analysis of the areas of dissatisfaction should be considered, and careful consideration needs to be given to the ways in which service commissioning is driven forward in the most appropriate way for the public.
  
- ⇒ Engage with and empower harder-to-reach groups
  - Older residents and men in particular are less likely to agree that they can influence services. The engagement of men in health services is known to be a difficult area, and further work is needed to determine what actions can be taken to influence these 'harder to reach' group. Ways of encouraging and empowering elders and men to improve their perceptions of their influence, and their ability to influence services need to be considered.
  
- ⇒ Encourage self-help
  - The community has a good knowledge of how to improve their own health, and it is clear that many of the public health messages around exercise, diet and smoking have reached the community. However, there is also a clear issue about motivating these individuals to take action on their own health. The largest proportions of respondents said 'nothing', or 'time' stopped them – and motivation, laziness and apathy were mentioned, along with financial issues. The vast majority know that they can have a lot of influence on their own health by the way they choose to live their lives. Just over two-thirds said that there was something they could do to make their own lives healthier. There is a need to consider further how the community can be influenced to take action on their own health, and how to improve their motivation, leading to changing their behaviour.
  - Public health messages around the major killers, around diet, exercise, smoking and alcohol are known by the public, and the need to improve services for those with issues around obesity, smoking, drug or alcohol misuse were mentioned. However, the 'nanny state' issues need to be considered, and the rights of individuals recognised. Again, it may be that communication of the services which are already available in these areas needs to be improved.
  - The public were keen to have improvements to self-management and self-diagnosis, including having better information available on and offline.

⇒ Deliver 'Quick Wins'

- Recognise and deliver the simple priorities of the public for NHS Hull - 'free' access to services, reduced waiting lists, more nurses and staff.
- For the VCS, there are some clear issues with access to services, for example, for those who work with young people. It was suggested that extended opening times would provide better access for some harder to reach groups, which is perhaps a simple matter to deliver for some services.

⇒ Utilise membership

- In the surveys, around a quarter of respondents joined NHS Hull. Whilst this is positive, there are clear issues about why three-quarters of the population are not interested in joining, and how those who are not interested might be persuaded to join. Ways of engaging the community in the membership initiative need to be given consideration, in particular, communication of the benefits of being a member. Further research with those who are, and are not interested in membership to discover the reasons for their position.
- There is a need to raise aspirations in the City – particularly in terms of the work ethic in some areas. Ways of raising aspirations need to be considered, and work on the measurement of aspirations would be helpful.

⇒ Utilise the VCS

- The capacity of the VCS needs to be considered, and support for the development of new capacity is key, for example, support to carers. There is a need for NHS Hull to work with the VCS to improve skills in commissioning and meeting LAA (Local Area agreement) targets.
- Communication is a key area, and there is a need to communicate effectively with the VCS.
- The VCS has many examples of good practice, which could be taken on board by NHS Hull. For example in terms of continuity of care, the Samaritans ensure that the individual speaks to the same counsellor on contact. Ways of sharing good practice between the NHS Hull and the VCS need to be considered.
- Costs are a key factor for many in the VCS community – examples of prescriptions and the costs of opticians were mentioned. Consideration needs to be given to the ways in which the costs might be ameliorated for certain communities.
- NHS Hull needs to understand more about what each of the VCS groups in Hull does, and how they can be used more effectively. Ways in which NHS Hull staff can be given a greater understanding of this sector need to be considered.
- Funding was seen as critical, and ways of ensuring access to appropriate funding to allow groups to innovate and develop was essential. Ways of ensuring access to available funding by the VCS sector need to be considered.
- The importance of the VCS to encourage self-help and personal responsibility needs to be recognised by NHS Hull. Ways of NHS Hull championing the activities of the VCS need to be considered.

⇒ Recognise the needs of different groups in the City

- Training of NHS Hull staff in the needs of different groups of individuals, such as those suffering from domestic violence or disabled people was raised by many. Consideration should be given to provision of an effective training programme on the needs of different groups.
- The needs of many different groups, for example, older people, carers, those with mental health issues, BME groups, should be more clearly understood and recognised by NHS Hull. Hard-to-reach groups experience difficulties accessing health services and want to support NHS Hull to develop appropriate services

#### ⇒ Share Information

- Having appropriate information readily available and accessible to all was necessary, for example a database of contacts and information sharing is critical. Information sharing, such as the provision of databases, possibly accessible via the internet, needs to be considered.
- The need for NHS Hull to have a single point of access information department was seen as critical, possibly linking in to other services such as Humber Mental Health, the Acute Trust and the Council.
- Continuity of service was raised as a big issue in many ways – teachers and NHS staff, from GP to hospital, from consultant to consultant, and from administration to medical staff. Ways of improving perceptions and of addressing issues in this area need to be considered.

#### ⇒ Ensure Joint Working within the LSP

- Methods of ensuring that the priorities set through the LSP are shared and supported by local people need to be considered.

#### ⇒ Recognise the environment is changing

- Consider the needs of a growing and changing and more diverse population, in particular, meeting the needs of elders, the young and different cultures.
- Mental health issues need to be high on the agenda for NHS Hull, and particular consideration given to the ways in which these members of our community can be supported appropriately.
- The public recognises and is keen that account is taken of the political context within which NHS Hull has to operate and there is awareness that the system of universal health care may be under threat. They are concerned about the balance of NHS funded, and private work being undertaken. They warn of the impact of the global economy, and of the challenges which will be brought about by environmental and political change, and the development of medicine. Due recognition needs to be given to these by NHS Hull.

#### ⇒ Use the positives

- Many members of the public recognise that NHS Hull provides a good service, and different strategies for communicating the positive messages about the NHS may therefore need to be considered.
- The public recognise the constraints to service, in terms of funding issues, and are supportive of enhancements to service, but some are unclear about the ways in which priorities are made and on whether decisions appear to be 'sensible'. An example

would be the discussions which took place about the 'yacht' (training vessel), and whether the reasons for such decisions are communicated effectively to the public.

- The role of nurses in providing a good service is seen as important by the public. The return of matrons, nurse run wards and nurse led services was seen as a positive development. The behaviour of nurses, both in terms of them having high standards of conduct, their role in ensuring cleanliness and good care in hospitals, is seen as critical. How can nurses be educated to recognise their role in society and the way in which their behaviour can be changed to 'set the example' to the public?

#### ⇒ Improve accessibility

- There are many important points about accessibility to a GP, in particular the appointments system and the ability to access the same GP within a reasonable waiting time. Consideration needs to be given to the ways in which the systems operate, and whether there are methods of resource management which would allow this type of access.
- The availability of 'drop-in' centres and some 'out of hours' services was not well known to the public, and better publicity around their availability should be considered.

#### ⇒ Educate and Prevent

- The education of children and young people, and their access to and interactions with NHS Hull are critical, to ensure that they have good health in the future. Ways of interacting positively with children and young people to give them a positive experience of NHS Hull services need to be considered.
- Preventative services, including health and well-being check ups, were seen as important by the public in the development of services. The potential subsequent demand for services following these will clearly need to be considered.

#### ⇒ Consider ways of improving the service given by doctors

- The attitude and accessibility of GP's and hospital doctors, the behaviour of doctors receptionists, and the information given by doctors were mentioned at almost all of the stages of this consultation. There are clear issues which need to be addressed in improving the service given, and the attitudes of doctors in this public service.

#### ⇒ Use the benefits of Technology

- Increased internet access and mobile phones should allow the benefits of technology to be utilised to improve communication, for example by using email campaigns and text message reminders

#### ⇒ Prioritise

- From Stage Two, the top 3 priorities for service provision to the community as a whole are
  - Services to support older people to stay in their own homes
  - Training to help people gain skills they need to work
  - A regular, free health and well-being MOT
- These, and the other results, provide direction in terms of general aspirations for residents in the city and provide a clear steer to NHS Hull in developing and commissioning services.

- The Stage Two survey data also provides a means of examining 'the gap' between aspirations and potential usage of services or newly commissioned services. For example, whilst supporting older people to stay in their own homes is the top priority for residents in the City, with over 80% classing this as very important, less than 30% said that they would use this service over the next 5 years. This very wide gap between aspirations and usage is obviously not present amongst older residents. For the service 'providing a free health and well-being MOT', the aspirations/usage gap is much smaller.

## APPENDIX 1 – THE SAMPLE - UNWEIGHTED

		Count	Column N %
q1 Gender	Male	4,669	46.3%
	Female	5,405	53.7%
	Total	10,074	100.0%

		Count	Column N %
q2 Age band	Under 18	574	5.7%
	18 to 24	1,267	12.6%
	25 to 34	1,379	13.7%
	35 to 44	1,673	16.6%
	45 to 54	1,767	17.5%
	55 to 64	1,388	13.8%
	65 to 74	1,117	11.1%
	75+	877	8.7%
	Did not disclose	28	0.3%
Total	10,070	100.0%	

		Count	Column N %
Area2	North Carr Branshome	753	7.5%
	North Carr Kings Park	292	2.9%
	Northern	1,436	14.2%
	East	1,499	14.9%
	Park	1,574	15.6%
	Riverside East	497	4.9%
	Riverside West	1,271	12.6%
	West	1,282	12.7%
	Wyke	1,358	13.5%
	Unknown	117	1.2%
	outside Hull	0	0.0%
Total	10,079	100.0%	

		Count	Column N %
ward	AVENUE	512	5.1%
	BEVERLEY	385	3.8%
	BOOTHFERRY	487	4.8%
	BRANSHOLME EAST	401	4.0%
	BRANSHOLME WEST	352	3.5%
	BRICKNELL	436	4.3%
	DERRINGHAM	397	3.9%
	DRYPOOL	497	4.9%
	HOLDERNESS	618	6.1%
	INGS	528	5.2%
	KINGS PARK	292	2.9%
	LONGHILL	393	3.9%
	MARFLEET	420	4.2%
	MYTON	499	5.0%
	NEWINGTON	497	4.9%
	NEWLAND	411	4.1%
	ORCHARD PARK and GREENWOOD	633	6.3%
	PICKERING	398	3.9%
	SOUTHCOATES EAST	296	2.9%
	SOUTHCOATES WEST	240	2.4%
	ST ANDREWS	275	2.7%
	SUTTON	578	5.7%
	UNIVERSITY	418	4.1%
UNKNOWN	117	1.2%	
outside Hull	0	0.0%	
Total	10,080	100.0%	