

Healthwatch Cambridgeshire and Peterborough

Community Research Project



Final Report

Author Karen Igbo Project Manager ICS 11th November 2024

Contents

Introduction	3
Co-production: A Cornerstone of Community-Led Research	4
Volunteers	5
Digital Inclusion	7
Partnering with Local Experts	8
Progressing the Community Researcher Model.....	10
Conclusion	10

About Healthwatch Cambridgeshire and Peterborough

We are your local health and social care champion. We are independent and have the power to make sure NHS leaders and other decision makers listen to local feedback and improve standards of care.

We can also help you to find reliable and trustworthy information and advice.

All feedback has been anonymised so that individuals cannot be identified.

Introduction

This report presents the findings of a two-year community research project undertaken in Peterborough and North Cambridgeshire. The project was inspired by a similar initiative in South Cambridgeshire and aimed to explore and address local community needs and aspirations.

Over the course of the project, significant adaptations were made to the original methodology to better suit the specific context of Peterborough and North Cambridgeshire.

The initial project concept envisioned a collaborative effort between Healthwatch Cambridgeshire and Peterborough, the North Place Integrated Neighbourhood Team, and volunteer Community Researchers recruited by Healthwatch from these neighbourhoods. The original proposal outlined conducting three research projects focused on health topics identified through local intelligence and the specific needs of the North Place team.

Following the completion of the initial research project, the North Place team opted for a more informal approach to collaboration with volunteer Community Researchers. This shift was to involve a closer working relationship between the volunteers and their Integrated Neighbourhood Manager, empowering them to act as 'eyes and ears' for their neighbourhood and to provide valuable insights into local issues and concerns.

This report will delve into both phases of the project, examining the methodologies employed, key highlights, significant challenges, and valuable lessons learned. Additionally, it will provide recommendations for future community research projects and conclude with a reflection on the overall impact of the initiative.

Co-production: A Cornerstone of Community-Led Research

Co-production, a collaborative approach involving diverse stakeholders, was central to the success of this project. By working closely with the North Place Integrated Neighbourhood Team and Community Research Volunteers, we were able to:

- Empower Local Voices: Co-production enabled local residents to actively participate in shaping the research agenda and contribute their unique perspectives.
- Build Trust and Relationships: Collaborative working fostered strong relationships between Researchers, community members, and local organisations, enhancing trust and understanding.
- Increase Relevance and Impact: By involving stakeholders from the outset, the research ensured that it addressed real-world issues and had a tangible impact on the community.

Key Stakeholders in the Co-production Process

- North Place Integrated Neighbourhood Team: This team played a crucial role in identifying local needs, providing logistical support, and facilitating connections with community members.
- Volunteer Community Researchers: These dedicated individuals, recruited from the local community, were instrumental in data collection, analysis, and dissemination.
- Local Residents: The residents of Peterborough and North Cambridgeshire provided invaluable insights and experiences, shaping the direction and outcomes of the research.

Through this collaborative approach, we were able to generate rich, nuanced data and develop actionable recommendations that truly reflect the needs and aspirations of the community.

To further enrich the quantitative data gathered through the Digital Inclusion survey, we conducted Appreciative Inquiry (AI) research in partnership with colleagues from Cambridgeshire County Council, Integrated Neighbourhood Managers and our Community Researchers. AI enabled us to delve deeper into the lived experiences of individuals in St. Ives, and St. Neots, capturing their stories and perspectives on digital inclusion and healthcare access. We spoke to people in public places such as libraries and community centres to gather 20 stories that humanised the data and provided a more nuanced understanding of the challenges and opportunities. These stories offer a powerful complement to the quantitative findings, enhancing the overall impact and relevance of the research. This report can be viewed in the appendix of the Digital Inclusion report ([link in appendix](#)).

Following the publication of the Digital Inclusion report, the project transitioned into a more individualised approach to co-production. The North Place Team sought to further empower Community Researchers by encouraging them to work closely with

Integrated Neighbourhood Managers to gather localised insights and act as the 'eyes and ears' of their respective communities. While this innovative approach presented unique challenges, it also yielded valuable insights and demonstrated the potential for deeper community engagement. This aspect of the project will be explored in more detail later in this report.

Volunteers

Introduction

The project's success was due to the invaluable contributions of our volunteer Community Researchers. Initially named Community Champions, their title was later changed to more accurately reflect their expanded role in co-producing the research and directly engaging with the community. By recruiting volunteers directly from local communities, we ensured a deep understanding of local needs and priorities. This section of the report discusses the recruitment, training and induction procedures as well as their management, retainment and incentives.

It is noteworthy that three of our volunteers subsequently secured paid positions. They attribute this success to the confidence gained through their involvement in the project, as well as the mentorship and support provided by the project manager.

Volunteer recruitment

A key factor in the success of this project was the recruitment of volunteer Community Researchers. A detailed volunteer role description was developed and disseminated according to the recruitment plan. While traditional recruitment methods, such as online postings and social media, were utilised, the most effective approach involved direct engagement within the communities themselves. By collaborating with neighbourhood and practice managers, we were able to establish recruitment stalls at GP surgeries, allowing us to connect directly with potential volunteers. This method not only ensured a high level of local engagement but also fostered a strong sense of ownership and commitment among the recruited individuals.

Successful applicants were interviewed by the project manager and a colleague from Healthwatch. Standardised interview questions were used to ensure consistency in the assessment process. However, the interviews, conducted online, were designed to be informal and friendly, creating a relaxed atmosphere to facilitate open dialogue and a genuine understanding of the applicant's skills and motivations.

Volunteer training

All successful candidates underwent a comprehensive induction process, including Healthwatch's standard induction, Safeguarding training, and training in Equality, Equity, and Inclusion (EDI). They also received training in Appreciative Inquiry methods and Make Every Contact Count (MECC). Additionally, they were offered opportunities to participate in further training sessions provided by Healthwatch England and other organisations, such as the Council for Voluntary Services (CVS).

Finally, it was crucial that Community Researchers gained a thorough understanding of the Integrated Neighbourhood system and their way of working. To this end, the North Place team provided dedicated training sessions.

Volunteer retention and incentives

At the conclusion of the project, we had 16 active volunteers distributed across various neighbourhoods. Seven of these volunteers expressed keen interest in continuing their involvement with Healthwatch, participating in Integrated Neighbourhood meetings and working groups, and providing ongoing support to their respective Neighbourhood Managers. Four volunteers have expressed their desire to continue their involvement with Healthwatch by becoming Community Listeners. Of the volunteers who have resigned, various reasons were cited, including a desire for continued project manager support, a preference for alternative volunteer activities, and competing personal commitments.

The project secured NHS volunteer payments of up to £150 per day, excluding training time. While this incentive undoubtedly facilitated recruitment, it was observed that some volunteers, motivated primarily by civic duty, were less diligent in submitting timesheets and claiming payments. Consequently, accurately calculating the total volunteer hours involved in the project is challenging. However, based on the submitted timesheets by ten of the Community Researchers 239 record hours were contributed by volunteers plus a significant number by those who have not submitted timesheets. This does not include induction or training time.

Volunteer management

Managing a team of volunteers, while incredibly rewarding, presents inherent challenges. Ensuring consistent engagement and timely completion of tasks can sometimes prove difficult. Issues such as incomplete timesheets, varying levels of commitment, and unexpected life events can impact volunteer productivity. Despite the inherent challenges of managing volunteers, the contributions of our volunteers were invaluable to the success of this project. Their dedication and commitment were instrumental in co-producing the research and ensuring its impact. Beyond their direct contributions to data collection and analysis, volunteers played a crucial role in recruiting new volunteers and adapting to evolving project requirements, demonstrating flexibility and resilience. It is evident that the project would not have been possible without their unwavering support.

The volunteer team convened monthly online meetings to discuss project progress, challenges, and successes. These meetings were designed to be open and inclusive, empowering volunteers to set the agenda and share experiences. Occasional guest appearances from the North Place team provided valuable updates and support. Additionally, a group WhatsApp group facilitated informal communication and fostered a sense of camaraderie among team members.

Recognising and celebrating the contributions of volunteers is essential. Our volunteers had the opportunity to participate in both a Healthwatch volunteer celebration during Volunteer Week and a celebratory end-of-project meal. These events provided opportunities for appreciation, networking, and reflection.

The success of our volunteer recruitment and retention efforts led to an invitation for the project manager to speak at a Healthwatch England volunteer managers' meeting. This presentation highlighted our achievements, particularly in recruiting and engaging volunteers from diverse backgrounds, including young people, individuals with health conditions, and people from ethnic minority groups. This accomplishment was particularly significant given the broader challenges faced by organisations in recruiting and retaining volunteers.

"Being a community researcher has really boosted my confidence. I've learned new skills, like interviewing and organising events, and I've become more comfortable speaking up and sharing my ideas. It's been a great experience."

Digital Inclusion

Introduction

The digital revolution offers immense potential to improve health and social care, from enhancing access to services to empowering individuals to take control of their own health. However, it is crucial to ensure that no one is left behind in this digital age. By addressing digital inequalities and providing support to those who may be digitally excluded, it is possible to harness the power of technology to create a more equitable and inclusive healthcare system.

Following a presentation of potential research topics, the North Place team identified digital inclusion as a key area of focus. This topic was subsequently selected as the subject of the initial research project to be undertaken by the Community researchers.

A comprehensive report detailing the initial research project on digital inclusion, titled "Digital Inclusion Report: Using Technology to Access Services," has been published by Healthwatch Peterborough and is available at:

<https://www.healthwatchpeterborough.co.uk/report/2024-06-28/digital-inclusion-report-using-technology-access-services>

This final report will delve into specific aspects of the methodology employed during this research phase and highlight key findings and recommendations.

Methodology

The project's methodology was informed by a collaborative approach involving Healthwatch Cambridgeshire and Peterborough, the North Care Integrated Neighbourhood Team, and volunteer community researchers. A comprehensive communications plan, developed by Healthwatch's communications team, ensured wide dissemination of information through various channels.

A rigorous survey was designed and tested to gather data on digital inclusion barriers and their impact on healthcare access. Volunteer Community researchers played a crucial role in distributing and collecting surveys within their communities,

ensuring a diverse range of perspectives. Ethical considerations were paramount throughout the data collection process.

To complement the quantitative survey data, Appreciative Inquiry stories were collected from individuals in Huntingdon, St. Ives, and St. Neots. These narratives provide valuable qualitative insights into the lived experiences of individuals in relation to digital inclusion and healthcare services. A detailed report of these stories can be found in the full report.

Impact and dissemination

The digital inclusion report was submitted in February 2024 and shared with the North Place team for feedback. It was also presented at the North Partnership and Development meetings. Since its publication, the report has garnered significant interest from the Integrated Care Board (ICB) and Cambridgeshire County Council (CCC). It has been featured in various events and webinars, including the Professional & Clinical Leadership Assembly ICS Forum, the CCC's CDP webinar on "Building Healthier Communities: A Conversation on the Role of Digital Inclusion," and the ICB's New Care Model - Digital Engagement Stakeholder/Market Engagement Event.

Conclusion: A foundation for action

The exploration of digital inclusion in this initial phase has laid a strong foundation for further action. By employing a collaborative methodology and engaging directly with the community, we gathered valuable insights into the challenges and opportunities surrounding digital access in healthcare. The widespread recognition and utilisation of the digital inclusion report by relevant stakeholders demonstrate its impact and the growing emphasis on tackling this critical issue. This project serves as a springboard for future efforts aimed at bridging the digital divide and ensuring everyone has equitable access to the benefits of technology in health and social care.

"Working on this project has allowed me to connect with people from all walks of life. I've met some amazing individuals and built lasting friendships. It's been a truly rewarding experience."

Partnering with Local Experts

The second phase of the project commenced in June 2024, following a pause to accommodate the North Place Team's request for a revised approach. This shift involved transitioning from the original model of three co-produced research projects to a more personalised approach, empowering Community researchers to act as 'eyes and ears' within their neighbourhoods. This significant departure from the initial project concept necessitated a period of collaborative discussion and refinement between Healthwatch and the North Place Team. While this innovative approach presented unique challenges and varying degrees of success, it offered valuable insights into alternative models of community engagement.

The transition to the new project model began with a consultation with existing Community researchers to gauge their interest and willingness to participate in the

revised approach. Encouragingly, all existing volunteers expressed enthusiasm for the new direction. Additionally, five new Community Researchers were recruited and inducted during this phase. Alongside some existing researchers, these new recruits underwent training to become Healthwatch Representatives. Individual meetings were scheduled between Community researchers and their respective Neighbourhood Managers to establish rapport and clarify expectations. For those researchers who already had existing relationships within their neighbourhoods, this step was not required.

Community researchers engaged in a variety of activities, including attending Board and Partnership meetings, participating in working groups, mapping local resources and key individuals, assisting with survey development, recruitment, and event organisation.

Given the voluntary nature of their involvement, Community researchers exhibited varying levels of commitment and availability. This is a common challenge in volunteer-based projects, as participants often balance multiple responsibilities, including family, work, and health challenges. Overall, the dedicated volunteers who actively participated made significant contributions to the project. Strong relationships were forged, and valuable work was accomplished. However, challenges arose due to varying levels of volunteer engagement, particularly in certain areas where limited resources and time constraints hindered recruitment and support efforts.

At the conclusion of the project, six volunteers expressed a desire to continue their involvement with Healthwatch, representing the organisation at the neighbourhood level.

The second phase of the project represents a significant shift from the original plan, demonstrating flexibility and adaptability in response to evolving community needs. The transition to a more individualised, community-led approach, while innovative, presented unique challenges in terms of managing volunteer engagement and ensuring consistent project outcomes.

The project successfully leveraged the strengths of its volunteer Community Researchers, who played a crucial role in gathering local insights and building relationships within their neighbourhoods. However, the challenges associated with volunteer management, particularly in maintaining engagement and ensuring consistent effort, highlight the importance of providing adequate support and resources.

The project's emphasis on co-production and community engagement has laid a strong foundation for future initiatives. By empowering local volunteers and fostering strong partnerships with community organisations, the project has demonstrated the potential for sustainable and impactful community-led research.

Progressing the Community Researcher Model

Building upon the successes of this project, we envision a future where community-led research plays an even more pivotal role in shaping local policies and services. To develop this model, we could:

- **Deepen Community Engagement:** Empower Community Researchers to take ownership of local issues and lead initiatives that address their priorities.
- **Enhance Volunteer Support:** Continue to provide comprehensive training, mentorship, and ongoing support to ensure the long-term sustainability of volunteer involvement.
- **Refine Research Methodology:** Continuously refine our research methodologies, combining qualitative and quantitative approaches to gain a comprehensive understanding of community needs.
- **Strengthen Partnerships:** Foster strong partnerships with local organisations, policymakers, and other stakeholders to amplify the impact of our research.
- **Advocate for Community-Led Research:** Promote the value of community-led research and advocate for increased funding and support.

By investing in community-led research, we can create a more equitable and responsive healthcare system that truly reflects the needs and aspirations of the people we serve.

"I'm proud to be part of a project that's making a real difference in our community. By sharing our experiences and insights, we're helping to improve healthcare access and support for local residents. It feels good to know that my work is making a positive impact."

Conclusion

This report has explored the journey of a community-led research project, highlighting the significant impact of co-production and volunteer engagement. By empowering local residents to actively participate in shaping the research agenda, we were able to gain valuable insights into the challenges and opportunities facing the community.

The project's success was underpinned by a collaborative approach, with the key stakeholders Healthwatch Cambridgeshire and Peterborough, the North Place Integrated Neighbourhood Team, and dedicated volunteer Community Researchers. This collaborative spirit fostered a sense of ownership and accountability, ensuring the relevance and impact of the research findings.

As we look to the future, we envision a continued commitment to community-led research. By building on the lessons learned from this project, we can further empower communities, improve health and social care outcomes, and create a more equitable and inclusive society.