Community Voices in Norfolk and Waveney
Evaluation findings and implications

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1. Key findings

- Community Voices facilitated mutual learning for people and communities, Voluntary Community and Social Enterprise (VCSE) organisations, the Integrated Care Board (ICB) and the Integrated Care System (ICS) on a range of levels (topic-specific, individual and organisation/system).
- There were many impacts resulting from productive conversations and some subsequent actions.
- The trusted communicator model provided a valued means of gathering insights, developing good relationships across the ICS and identifying priorities. However, there were some challenges in effective implementation.
- Some evaluations suggested a need for further work to include those who are more isolated and to consider whether there is a role for the programme in influencing further action.

2. Introduction

This report describes an analysis of findings from Community Voices documents that were written between March 2022 and April 2024. Community Voices works with trusted communicators in Norfolk and Waveney to speak with communities that may not already engage with the NHS and other bodies to hear what is important to them. The programme was established in 2021 and aims to ensure that people who experience disadvantage because of where they live or who they are can be empowered to understand and act on their health, have a place to share their views, and can help shape how health services are designed and delivered.

The aim of the work behind this report was to describe the learning in relation to Community Voices alongside the perceived impact and considerations outlined in key documents. Eight reports were analysed (Appendix 1); these ranged from detailed evaluations to short synopses of insights.

3. Analysis

The analysis was guided by the following three questions and conducted qualitatively:

- What learning was acquired from the insights?
- What was the impact of the projects?
- What were the implications and considerations of the projects' outputs for people and communities, for the VCSE sector, for Community Voices, the ICB and the ICS?

Text that was relevant to these questions was extracted from the reports and analysed thematically in Microsoft Word.

4. Findings

The eight reports varied considerably in content and length. Some addressed specific health topics whereas others focused on broader community issues or on the whole Community Voices programme (Table 1).

Table 1 – Focus of reports reviewed

Topic	Type of report	Scope
Community Voices programme evaluation[1]	Service evaluation	Outcome and process evaluation of the programme
Smoking cessation[2]	PowerPoint presentation of insights presented in COM-B framework	Barriers and enablers to smoking cessation, complex beliefs around smoking cessation, role of personal circumstances important
Refugee and asylum seekers support[3]	PowerPoint presentation of highlights	Barriers and enablers to keeping healthy, importance of motivation, understanding, access, opportunities
Three 'pillars': living and working, lifestyle, health and care services[4,5]	Analysis summary and case studies (two reports)	Components of healthy lifestyles in Norfolk, barriers, what matters to people
Bowel cancer screening[6]	Evaluation report	Barriers and facilitators to bowel cancer screening, knowledge, awareness of symptoms, engagement.
Research engagement[7,8]	Evaluation reports (two reports)	Understanding of health and care research and its role in personal health, participation in research.

4.1 Learning from the insights

A recurrent theme in most of the reports was the facilitation of mutual learning. Most of the projects suggested that knowledge was acquired for different people on a range of different topics and on different levels. Examples include:

- People and communities – learnt about a topic, for example research opportunities, importance of bowel cancer screening, approaches to smoking cessation, how to be healthy physically and mentally.
- VCSE – learnt about a topic, about the communities they support, about the ICB/ICS.
- ICB/ICS – learnt about reasons for community/individual response to a topic, need for improved awareness about a topic, barriers, facilitators and practical ways of moving forward on a topic.
- Most participants – learnt about the role of trust and confidence in conversations and what this can achieve over time.
- Most participants – learnt about and acquired strategies for relationship building/collaboration.

4.2 Impact of the projects

There were many perceived impacts that resulted from the different projects, largely as a consequence of productive conversations and subsequent actions. Examples include:

- Established valued interaction with people and communities - new and productive conversations, solutions to problems, strengthening of relationships. These impacts linked positively to the trusted communicator model and its role in generating insights.
- Raised profile of important health topics.
- Facilitated action such as participation in research, uptake of bowel cancer screening tests, access to services, signposting to services.
- Positive perceived impact on individual confidence in addressing health needs and identifying signs and symptoms (bowel cancer, smoking cessation, health and care research).

Alongside these positive impacts some of the reports suggested potential for more tangible action-oriented outcomes. These included further action around smoking cessation, support for asylum seekers and more focused and widespread research engagement. Some evaluations also suggested a need for further work to include those that are more isolated.

4.3 Implications and considerations

The trusted communicator model provided a valued approach to gathering insights, developing good relationships across the ICS and identifying priorities. There were however some challenges in implementation and some suggested considerations for improving the model going forward. Suggestions in the reports included:

Consider and clarify the value and role of trusted communicator model when developing new projects. The reports suggested that a good, trusted communicator acts as a peer, has empathy, knowledge and enthusiasm and is flexible.

Consider and be transparent about mutual benefits – ensure clarity and synergy with all relevant partners at the outset.

Consider potential implementation challenges. These may include challenges in engaging with specific aspects of the VCSE sector and communities, acting on conversations, measuring impact, working with short timeframes, other potential barriers (funding, language, accessibility) and specific challenges in reaching those that don't usually engage.

Consider further developing a co-ordinated but flexible framework for Community Voices. It may be useful to maintain some co-ordination across projects regarding the trusted communicator model, training, evaluation and measuring impact whilst adapting different approaches to conversations and capturing feedback where relevant. In this respect it may also be helpful to consider fidelity in delivering the trusted communicator model and capacity in planning and implementing projects.

Consider (where appropriate) scope for 'next steps' for communities. Behaviour change techniques might be a helpful tool as used in the smoking cessation project to maximise effectiveness of next steps.

To address these considerations, it would be helpful to spend time at the outset of further projects developing a robust plan. This might usefully include developing a logic model, agreeing aims, objectives, plans, approaches to addressing risk and proposed methods of measuring impact.

Consider the potential for a broader role for Community Voices. There may be a role for Community Voices in monitoring change in the impacts of ICB/ICS work; changes in perceptions, attitudes and action. There may also be further potential for Community Voices to have a role in (informing) prevention.

5. Conclusion

This report summarises an analysis of the content of eight Community Voices reports in the context of learning, impact and considerations for further development of the programme. The evidence suggests that Community Voices works well through the trusted communicator model, embedding mechanisms to build trust and confidence in gaining and acting on insights about health and care.

Community Voices has facilitated mutual learning for people and communities, VCSE organisations, the ICB and ICS on topic-specific, individual and organisation/system levels. It led to many impacts and suggestions for further developing the programme; establishing ways of reaching those that are more isolated for example and developing plans for overcoming challenges in effective implementation.

Appendix 1 - Reports included in the analysis

[1] Community Voices Project Service Evaluation Report – Nikki Garner, Norwich Institute of Health Ageing (NIHA), University of East Anglia, March 2023

[2] Community Voices qualitative presentation (smoking cessation), February 2024

[3] CV4- Refugee and Asylum Seekers Support – Highlight report

[4] ICB Pillars Summary (Round 1), NODA, January 2024

[5] ICB Three Pillars Summary (Rounds 1 and 2), NODA, February 2024

[6] InHIP Community Voices Evaluation, Matthew Whelband, Evidence and Evaluation Hub, Norfolk and Waveney Integrated Care Board, February 2024

[7] Research Engagement Network Development Programme – Evaluation report, Rebecca Owens, Michael Twigg, Evidence and Evaluation Hub, Norfolk and Waveney Integrated Care Board, April 2023

[8] Research Engagement Network (REN) Phase 2 Programme Evaluation Report, Jack Hallworth, Evidence and Evaluation Hub, Norfolk and Waveney Integrated Care Board, April 2024