

# Membership Survey 2018

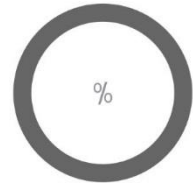
## Results Report November 2018



Received 73  
responses



32 named organisations  
and 41 anonymous



47% response  
rate

In July 2018 VHS sent out a membership survey to its 156 member organisations.

We received 73 completed surveys. 32 member organisations provided their details whilst 41 provided responded anonymously. Assuming that the 73 responses are from separate organisations the response rate is 47%.

The purpose of the survey was to get feedback on VHS's current work programme, as well as to guide our future work and the topics of events that we hold. The survey gathered information regarding:

- VHS's priority health themes
- VHS's other policy areas
- VHS's communications

The survey also sought to help build a profile of our member organisations, their areas of work and interests.

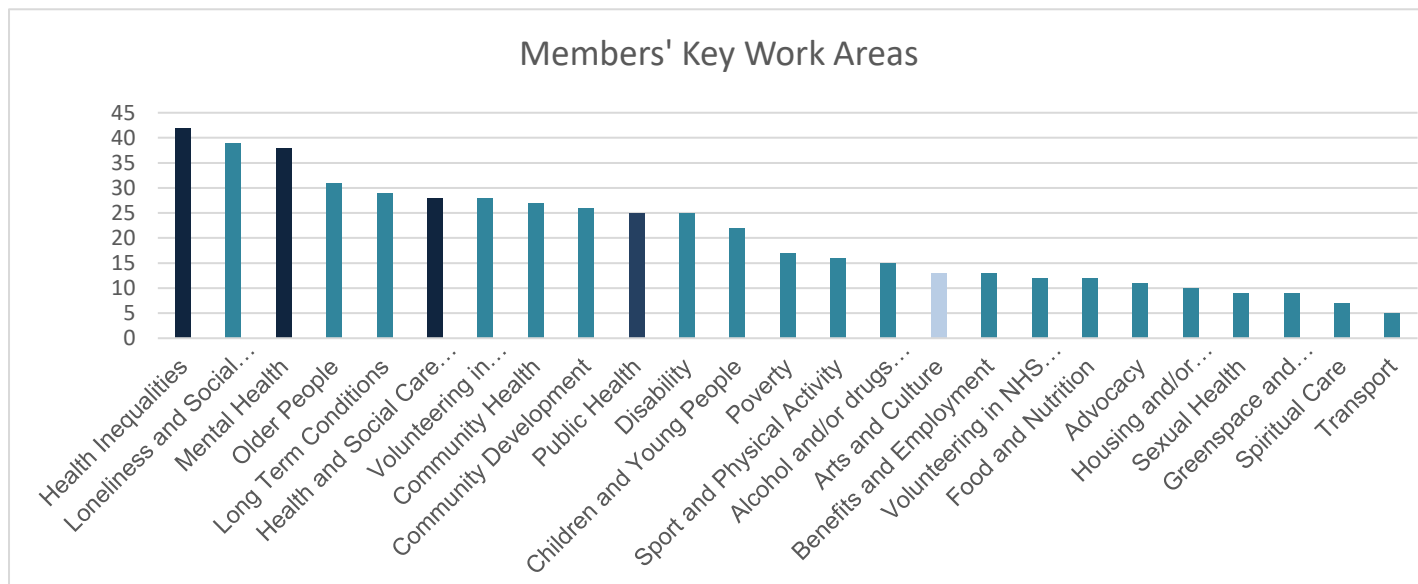
Please note that the comments of respondents have not been altered for content, but spelling errors and typos have been corrected where necessary. In the tables the Y axis represents the number of respondents to that question.

### **Survey Analysis**

#### ***Tell us about your organisation's areas of work***

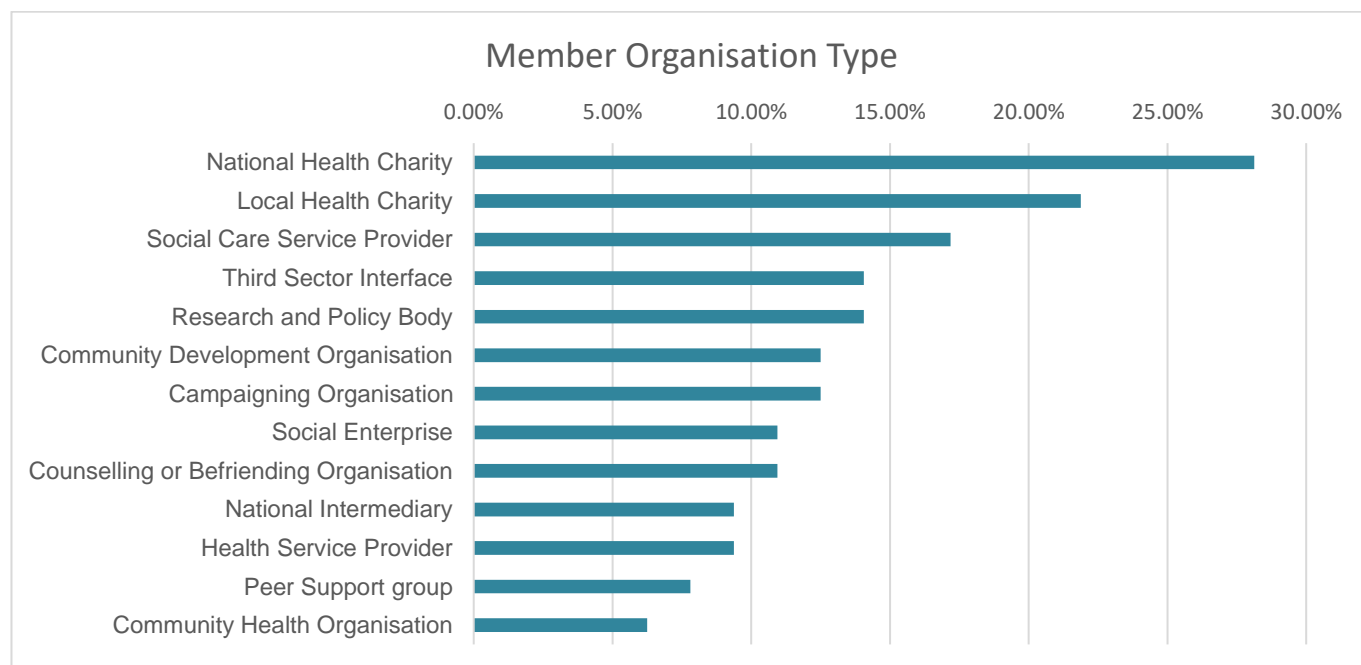
Alongside VHS's four priority health themes: health inequalities, mental health, health and social care integration and public health, we provided 21 additional options for organisations to choose as areas reflecting their own work, compared to the 17 we provided the year before. This was in response to some of the comments organisations provided last year regarding their areas of

work. We wanted to be as inclusive as possible in the survey and to reflect our membership as accurately as possible.



- VHS 4 priority health themes
  - VHS's other policy areas
  - VHS Annual Conference 2018

### *What kind of organisation are you?*



The single largest cohort of respondents was national health charities, followed closely by local health charities and social care service providers, but the wide range of types of organisations responding illustrates the breadth and richness of VHS's membership base.

***Please tell us why you are a member of VHS?***

The top three answers to this question were: wanting to develop solutions to Scotland's health challenges, being inspired by new learning, ideas and connections and wanting to be a part of a powerful network.

Want to develop solutions to Scotland's health challenges

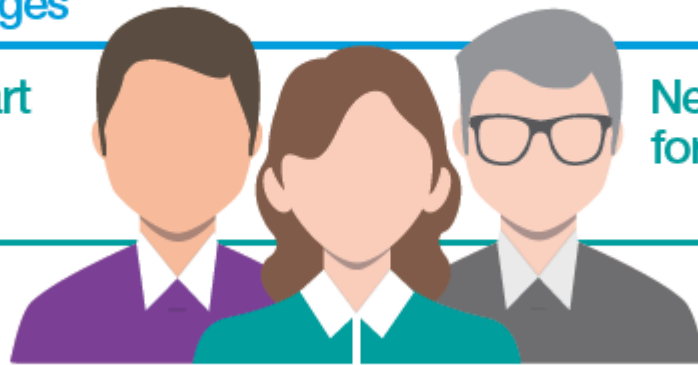
Are inspired by new learning, ideas and connections

Want to be part of a powerful network

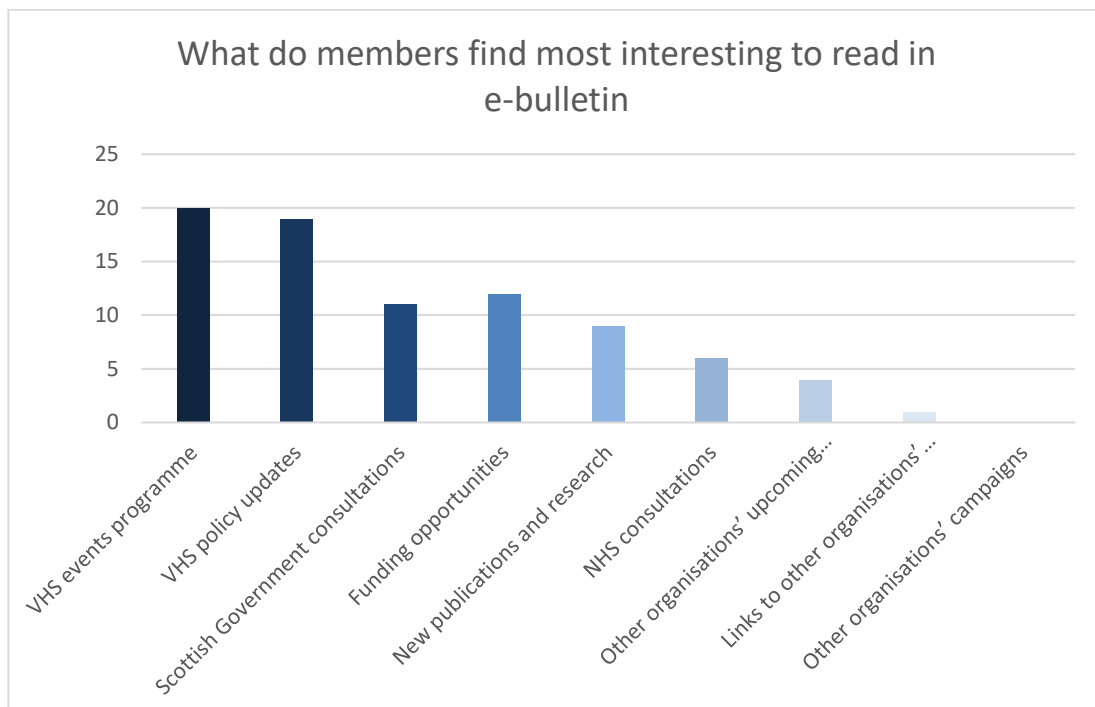
Need a platform for their voice to be heard

Thrive on collaboration

For policy support

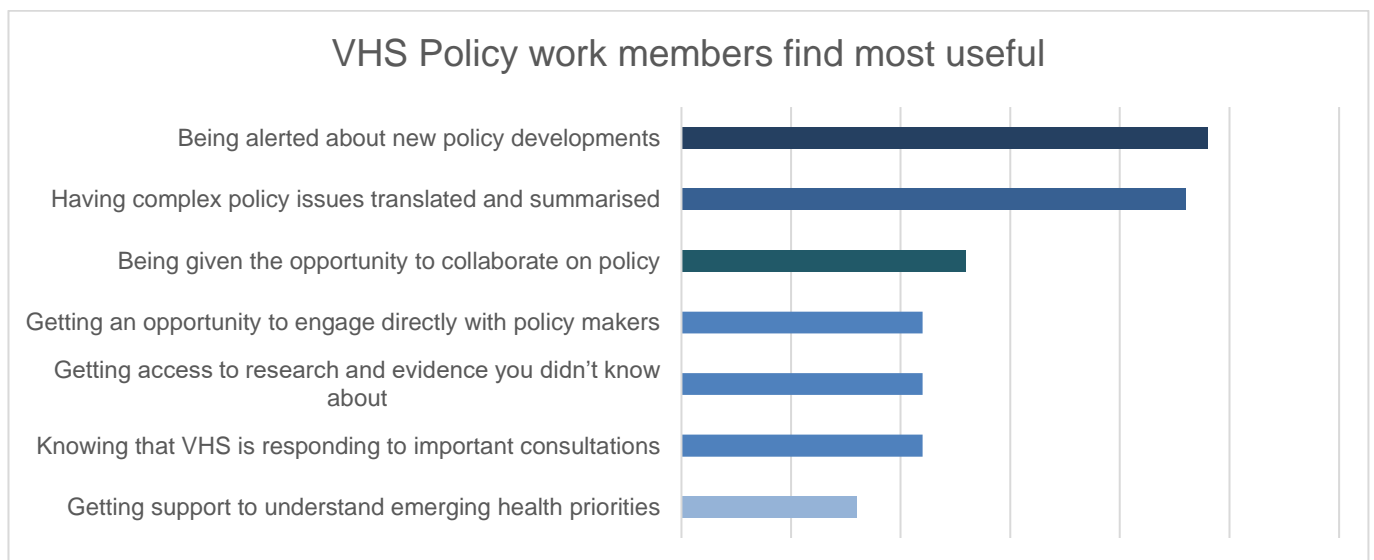
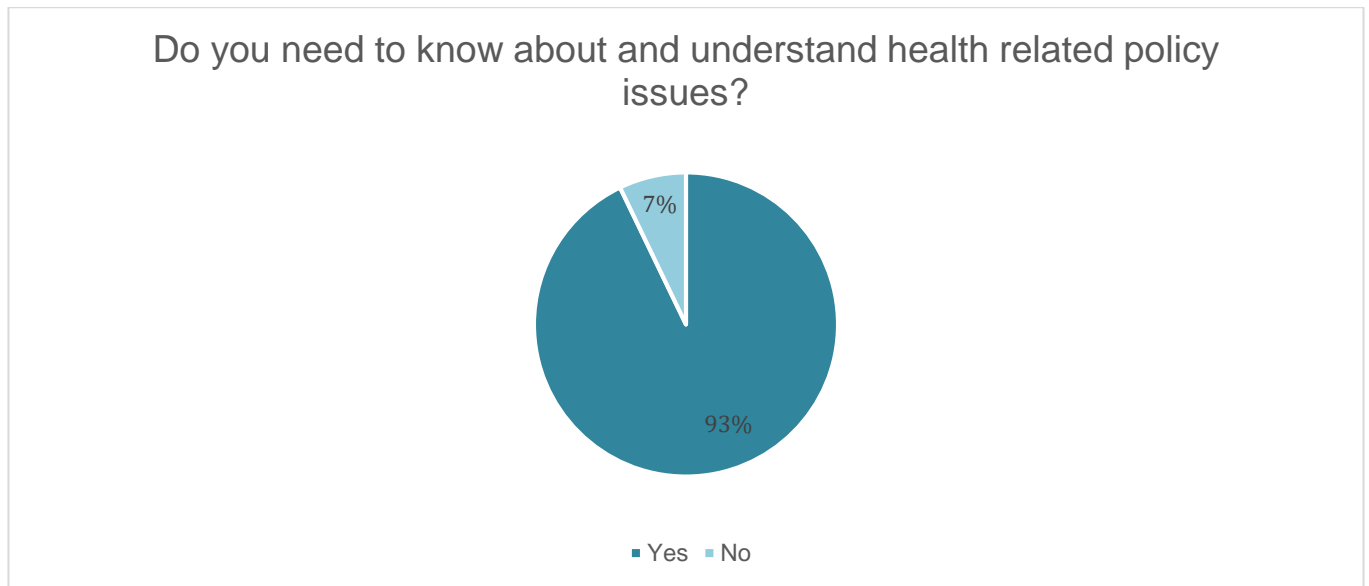


***What do you find most interesting to read in the e-bulletin***



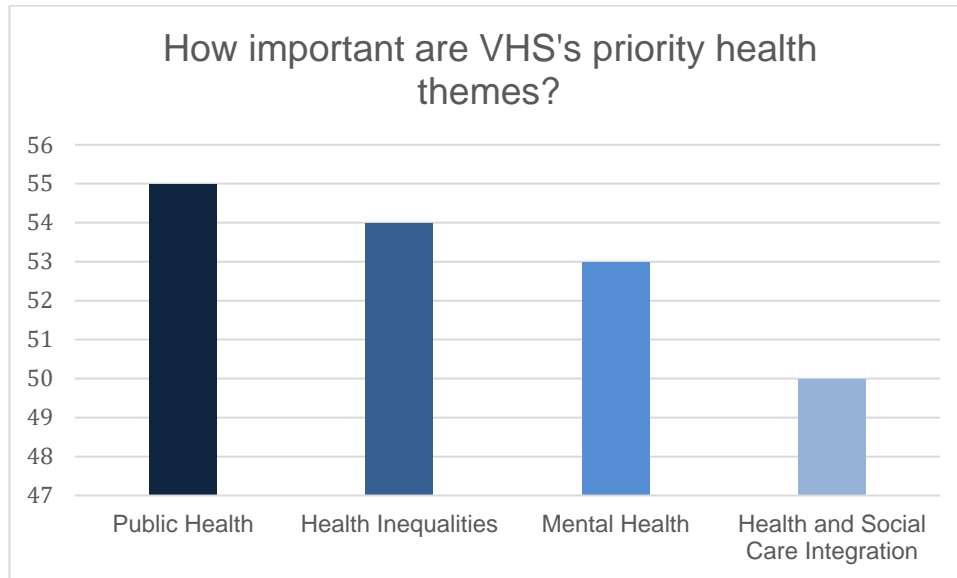
VHS has been reviewing the design and content of the e-bulletin as we move to a new mailing distribution platform. Respondents' answers about the content they most value will inform this continued work, as it is clear that some types of content are much more valued than others – our events programme and policy updates score highly, but information about other organisations' events and links to other organisations' campaigns and work scored very lowly.

*Do you need to know about and understand health related policy issues? The type of policy work members find most useful.*



93% of respondents said that they need to know about health related policy issues. Respondents value our alerts about new policy developments and almost equally value having complex policy issues translated and summarised. Collaboration on policy is also useful, respondents said. These answers give us an important steer for the future.

### How important are VHS's priority health themes?

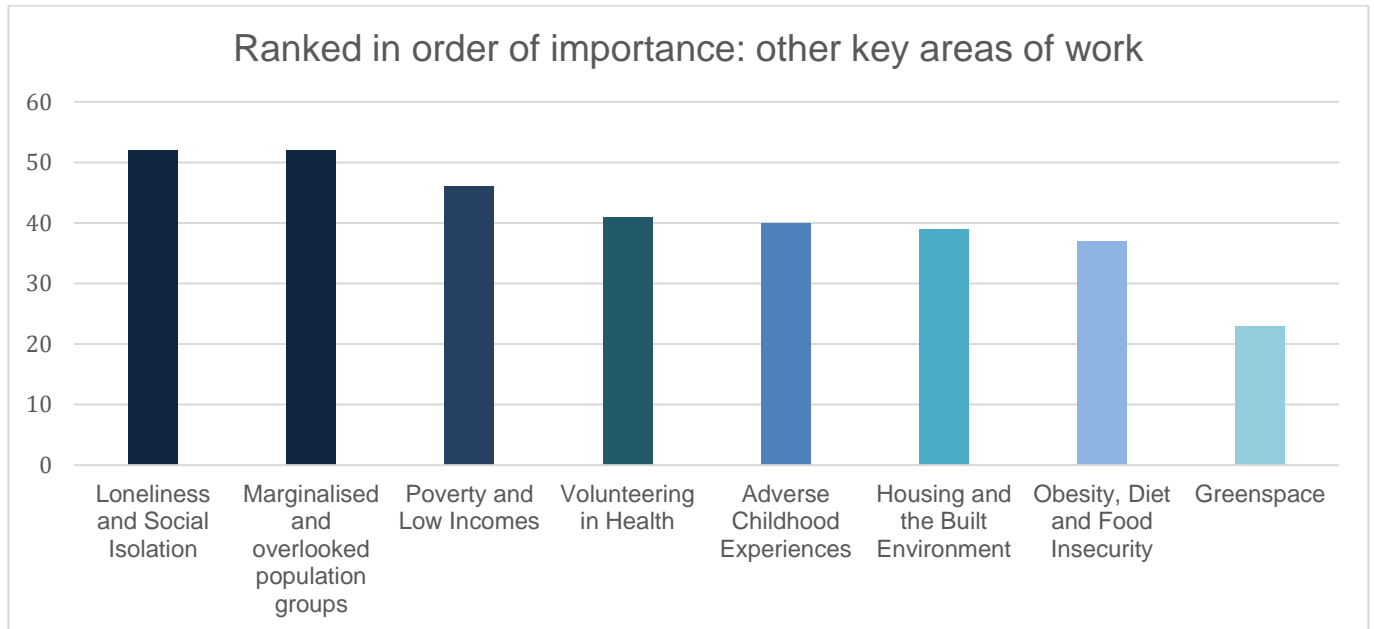


We asked our membership how important our four priority health themes are to them. All of the respondents felt that Public Health was very important or important to them, 97% felt that Health Inequalities were very important or important, 95% thought that Mental Health was very important or important and 91% saw Health and Social Care Integration as important or very important.

In previous years the other three priority health themes have been seen to be more important to our members than Public Health. However, this year it is the most important key policy area and we hope that this result reflects the extensive work VHS has done over the last couple of years to highlight the Public Health Reform that is taking place and its importance to the voluntary health sector.

We continue to be involved in range of activity across all of our key policy areas. VHS joined the Public Health Oversight Board that is overseeing the reform of public health including the new Public Health Body, Public Health Scotland, and have been involved in a number of Public Health Commissions to help shape different aspects of the new body. We also held our 2017 Annual Conference on Public Health. Health Inequalities underpins all of our work and was a major focus in a number of our consultation responses as well as our research into the impact of loneliness and social isolation. We held a number of events on Mental Health with our partners in the Open University and Support in Mind which culminated in a conference called Tomorrows World Today which aimed to examine what mental health might look like 20 years from now. VHS supported Audit Scotland with their audit of Health and Social Care Integration and organised 2 roundtable events for them to engage with third sector organisations regarding their experience of integration.

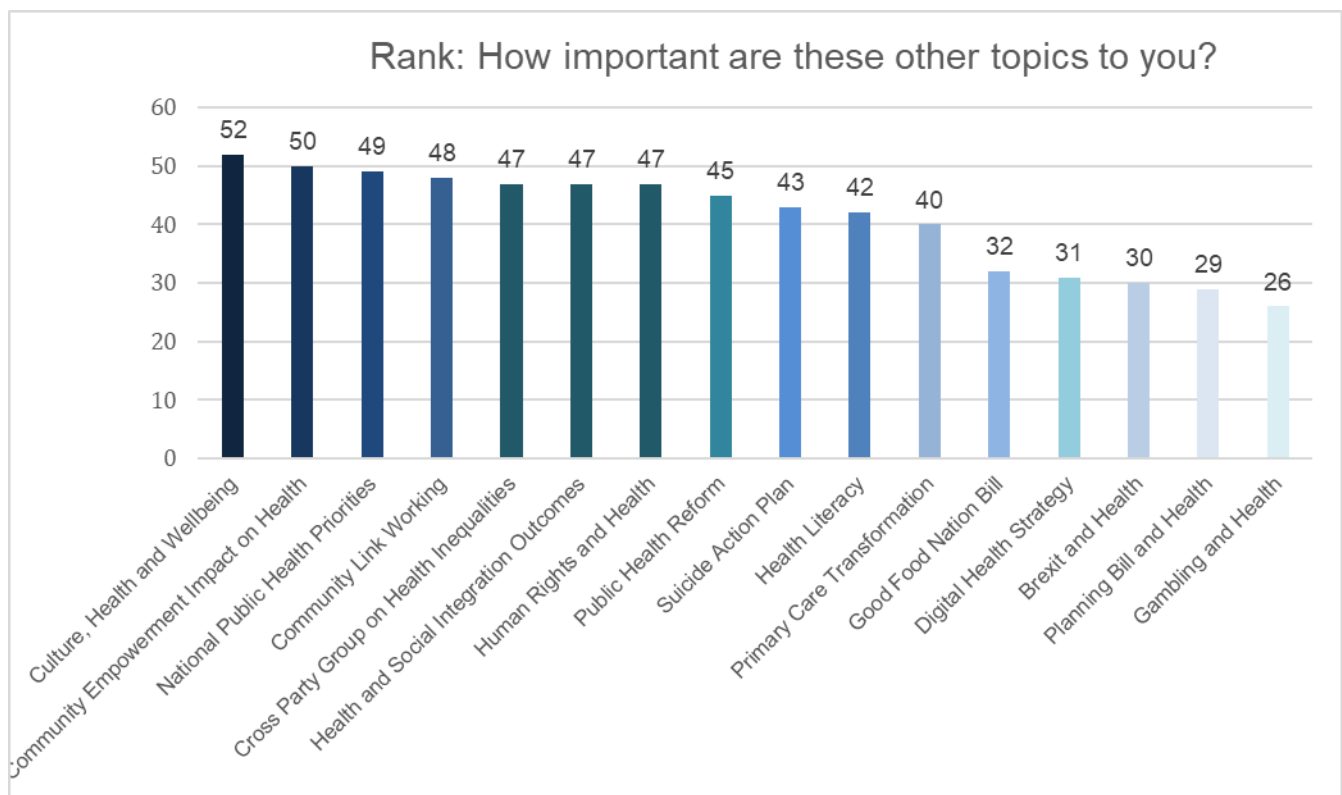
### How important are these other key areas of work?



In our 2018-21 strategy we state our intention to undertake work in these key areas of work, all of them sub-sets of our four main themes (public health, health inequalities, mental health and health and social care integration). There was a good spread of endorsement for most of these, although members expressed lower interest in the issues concerning greenspace and health. The Zubairi Report, published by VHS in November 2018, explores the lived experience of loneliness and social isolation amongst marginalised and overlooked population groups and was a response to our existing awareness that these are very important issues for our members.

### *How important are these others policy areas included within the VHS work plan?*

Our annual work plan sets out a number of additional areas that we are currently involved in or likely to get involved in. Survey respondents endorsed most of these very evenly, reassuring us that our work plan is mirroring our membership's interests overall. But we also recognise that our role as an intermediary is to show leadership - horizon scanning and supporting members to engage with emerging health issues such as gambling, although members' interest is currently lower.



### *As a VHS member, how often do you take advantage of the following opportunities?*

The top three ways in which our members engage with us was by means of our monthly e-bulletin, by email or through attending one of our events. In 2018 VHS held around 10 events including our conference on culture, health and wellbeing events on Brexit and health and digital health as well as a conference exploring the future of mental health.

We already collect information about our events separately so this year we decided not to have specific questions about our events but focus more on the topics and issues that were most important for our members and the top priorities in the coming year.

***Thinking about your organisation's involvement in health, what is the biggest issue for you right now?***

For many organisations they commented that “funding and a lack of resources” was the main issue for them right now, whilst for others it included:

*“Joining up with healthcare professionals”*

*“Health and social care integration. Making sure this makes a positive difference for people and communities.”*

*“Food. Loss of community meals, care packages having meal visits cut, meal visits not long enough for cooking or adequate nutrition/hydration, members coming to us frailer than before, malnutrition on the increase”*

*“Empowerment, community ownership and public health implications”*

*“A culture of 'firefighting' - opportunities to inspire new thinking, new approaches, and early-intervention and prevention strategies remain few.”*

*“Access to, and knowledge of, health services by ethnic minorities”*

*“Delivery at local level of national ambitions”*

*“Health inequalities and the need to stop tinkering at the edges of it and instead start tackling the difficult, long-term root causes”.*

*“AI, Automation and future of society”*

As you can see from this snapshot of some of the responses that we have a diverse membership with very different priorities. We have however, been able to identify some themes emerging from these responses. Firstly, underlying a majority of the responses was a real desire to see real change on the ground to support people to have better health outcomes, whether this is through existing structures such as IJB's and Primary Care working more effectively or whether that is through using data and information to better understand issues or technology to self-manage conditions. Secondly, members highlighted the need for the third sector to be able to work more effectively with health and care professional services, many members noted the complex structures of the NHS and even primary care and how difficult it is to get a way in. Whilst others noted the importance of health and care professionals to recognise the third sector as a legitimate equal. Finally, a thread of tackling inequalities ran throughout most of the responses, with members highlighting a range of different issues and groups such as ethnic minorities, people in the criminal justice system and also the fact that more needed to be done to implement policies that reduce inequalities.



