

GM Devolution

Forming - the Healthwatch Context

- History of GM Healthwatch working together across the patch
- Established trusting relationships between HW Chairs & senior officers across the area
- Examples of joint working between local HW organisations
- Some joint working protocols in development (e.g. where we work with the same NHS provider)



GM Devolution

Forming - the statutory context

- Healthier Together - NHS/local authority partnership - we already had seat at top table
- Healthier Together - we supported planning and local delivery of formal consultation
- Local integration plans - we were already at the table for discussions in these - but to varying degrees
- Looking forward - need to recognise different things will be GM, sector & local



The Storming



The set up

Year 0 (Feb 2015 – Dec 2015)

11 months strategising and plan writing

a few interim staff appointed

a lot of head scratching

a ton of meetings

10 Locality Plans

1 GM master plan



Chaos in the Camp

Year 0 (Jan – March)

- * Everyone write a local implementation plan.
- * Buy some radio advertising, make a survey monkey and get HW and CVS to talk to some people.
- * Hire Price Waterhouse Cooper to decide what to do about the £450 million transformation fund.
- * Sign off a GM mental health strategy.

- * Deal with HWB Strategies and JSNA's.
- * Sort out how to pay for stuff.
- * Sort out hospital alliances somehow.



It's a delegated process'

"It's more of a movement than a plan'

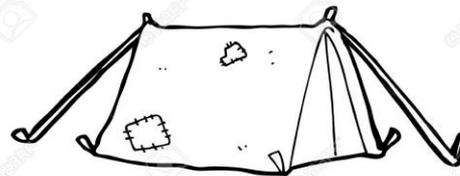
Who's on who's side



Private providers and enablers



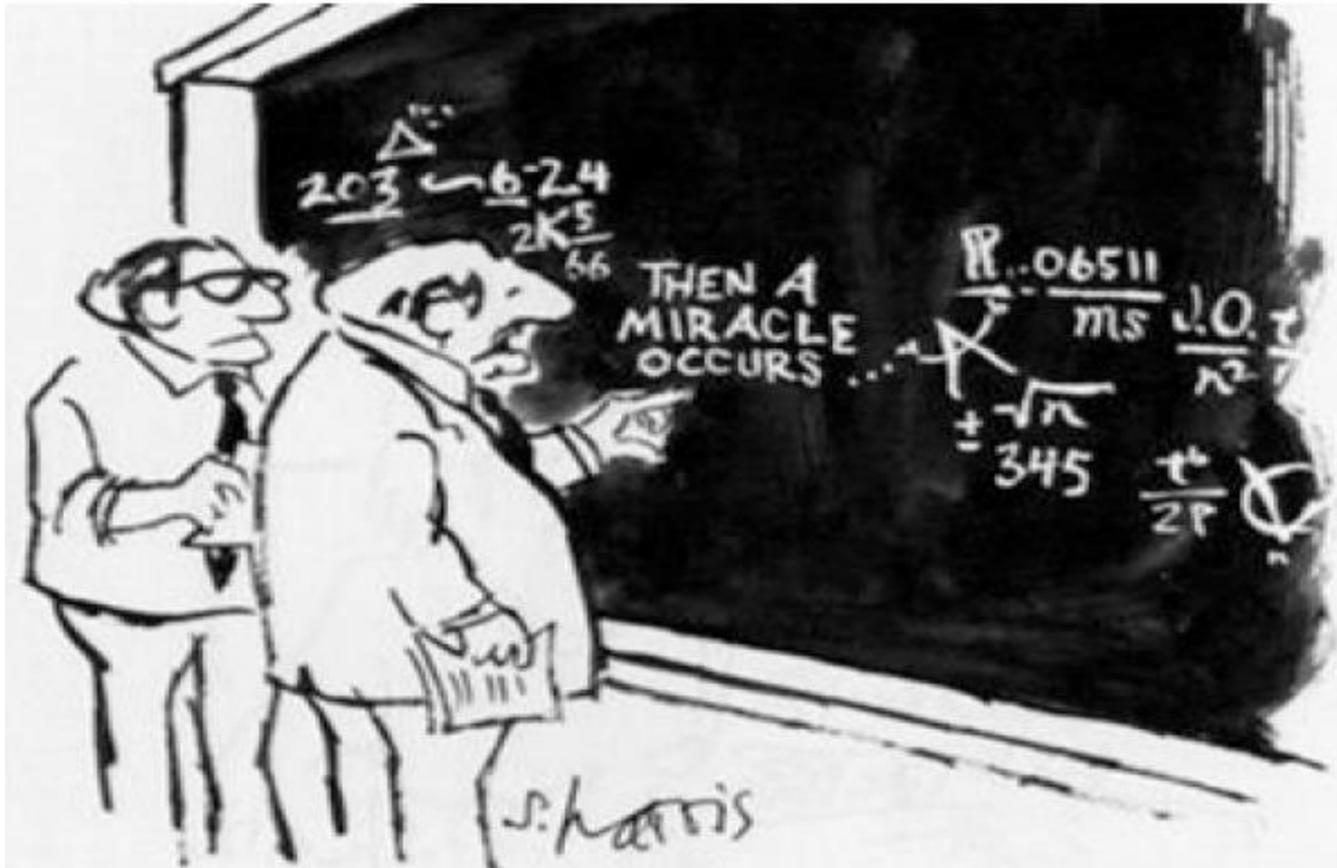
Patients



Frontline Staff



Fighting the Bear



Chaos

All Kinds of Jeopardy

Paralysis

- Loosing staff, keeping up the day job, lack of headspace
- The weight of suits
- Frontline staff have no voice

- Accountability
- Public interest, trust, confidence, belief

- Adoption gap of 15 years for new innovations
- Market Failure
- Digital backwater

- Wider determinants of health



GM Devolution

Norming - the citizens' experience

- Healthier Together - improvement or mitigation?
- Devo Vision - translation into Local Integration/Locality Plan
- Engagement - how are local people involved and included?
- What does success look like? Can the system accommodate change?



Healthwatch England: GM Service Change Deliberative Engagement

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healthwatch

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The logo for djs research, featuring the lowercase letters 'djs' in a dark grey font with a pink dot above the 'j', and the word 'research' in a pink font below it. The logo is set against a white circular background.



Aims and Objectives



This project aimed to involve local Healthwatch in Greater Manchester in collecting the public's views on how they would like to receive services in the future, and share this with the network.

Engage the public in discussing how they would like their health and social care needs to be met in the future.

Enable local Healthwatch to deliver deliberative engagement events.

Support local Healthwatch to learn about deliberative event engagement by taking part in deliberative events and through a presentation and discussion of the event at a service change roundtable.

Enable local Healthwatch to produce evidence from deliberative events to influence a programme of service change.



Overview of Approach

3 deliberative events with a total of c.60 people selected according to a range of criteria to reflect the broader population.

Chosen GM as first area of devolution - involves 10 LHW;
Trial of this engagement method.

Scoping with local Healthwatch and HWE to co-design and develop topics and research materials.

Agree the format of the events and appropriate locations and venues.

Selecting and recruiting members of the public to take part to reflect a wide range of the population.

Facilitating the event/s and providing active learning for local Healthwatch.

Logistics

- ✓ We agreed a profile for each group to ensure representation from a range of demographic groups.
- ✓ DJS recruited participants face-to-face, screening to ensure they met certain agreed (demographic) criteria.
- ✓ All participants received a cash incentive.
- ✓ We arranged venues using recommendations by local HW.
- ✓ Participants sat on three tables with others of same life-stage.
- ✓ Extended 2 ½ hour discussions – break out sessions and re-convened discussion to share and compare views.
- ✓ Audio recorded for analysis.

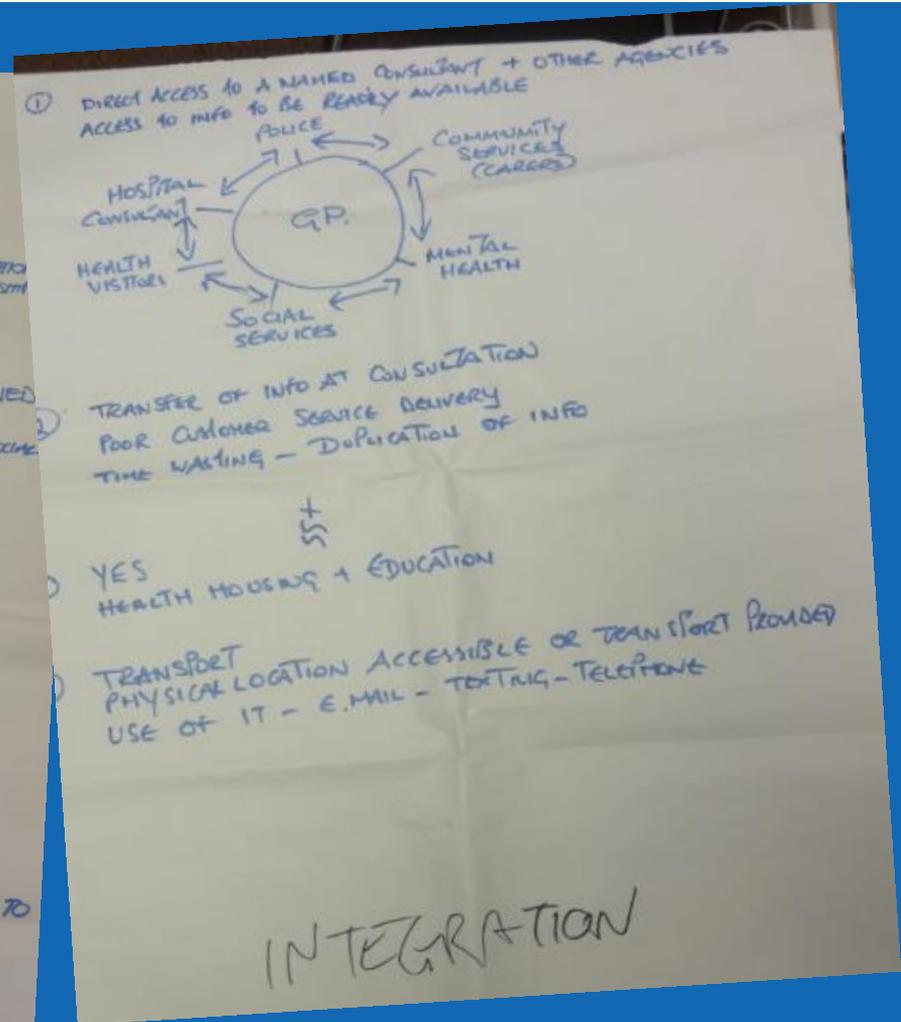
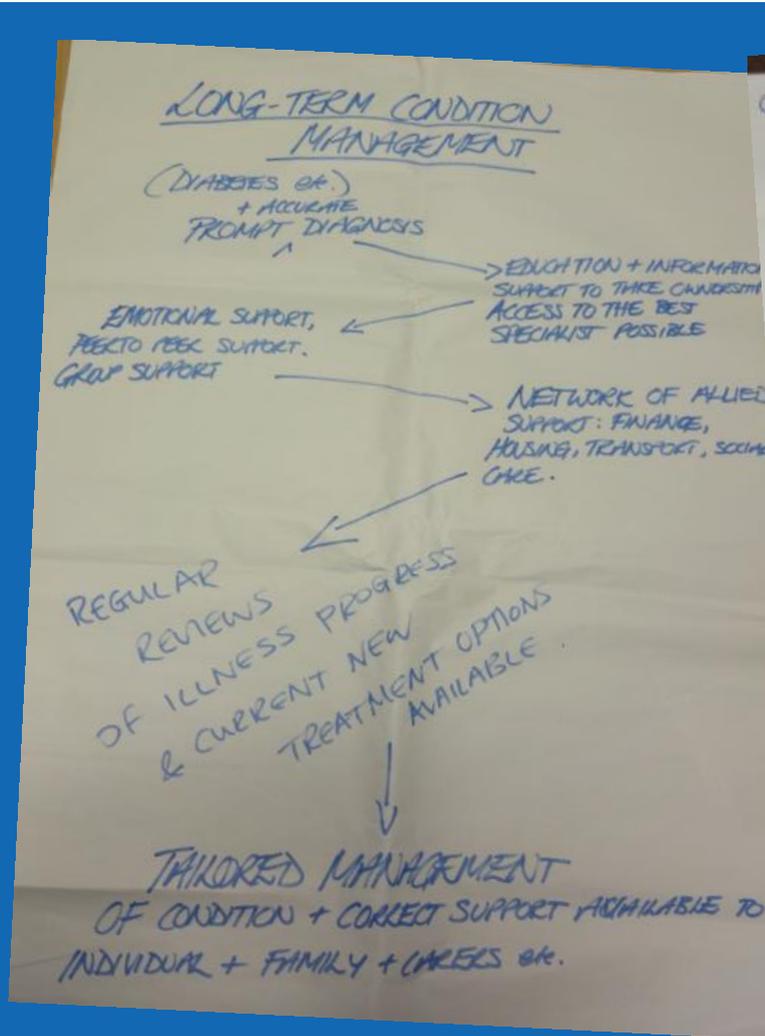


**Three events in
Oldham, Stockport
and Bolton, each
with c. 20
participants**

	Male	Female
Pre/early-family (aged 18 to 30)	4-5 (including at least 1 from BME ethnic group)	4-5 (including at least 1 from BME ethnic group)
Family (with kids at home, aged 30 to 55)	4-5 (including at least 1 from BME ethnic group)	4-5 (including at least 1 from BME ethnic group)
Empty nesters (no kids/kids left home, aged 55+)	4-5 (including at least 1 from BME ethnic group)	4-5 (including at least 1 from BME ethnic group)

Deliberative Discussions

Deliberative discussion can lead to more considered and thought-out answers.



Deliberative Discussions



Interactive exercises can also encourage ideas and creative thinking



The 'Ugly Veg Scheme'



“It’s cheaper to eat unhealthily so getting back to education and the importance of eating a balanced diet...something in the media at the minute – ugly vegetables... supermarkets could donate them to local charities like Sure Start...who could run healthy cooking classes in community centres like this...and people could receive vouchers for healthy food for attending...we think that if your supermarket was doing more to help the environment and to help health I think a lot of people would shop there.”



Deliberative Discussions



Tailored local engagement

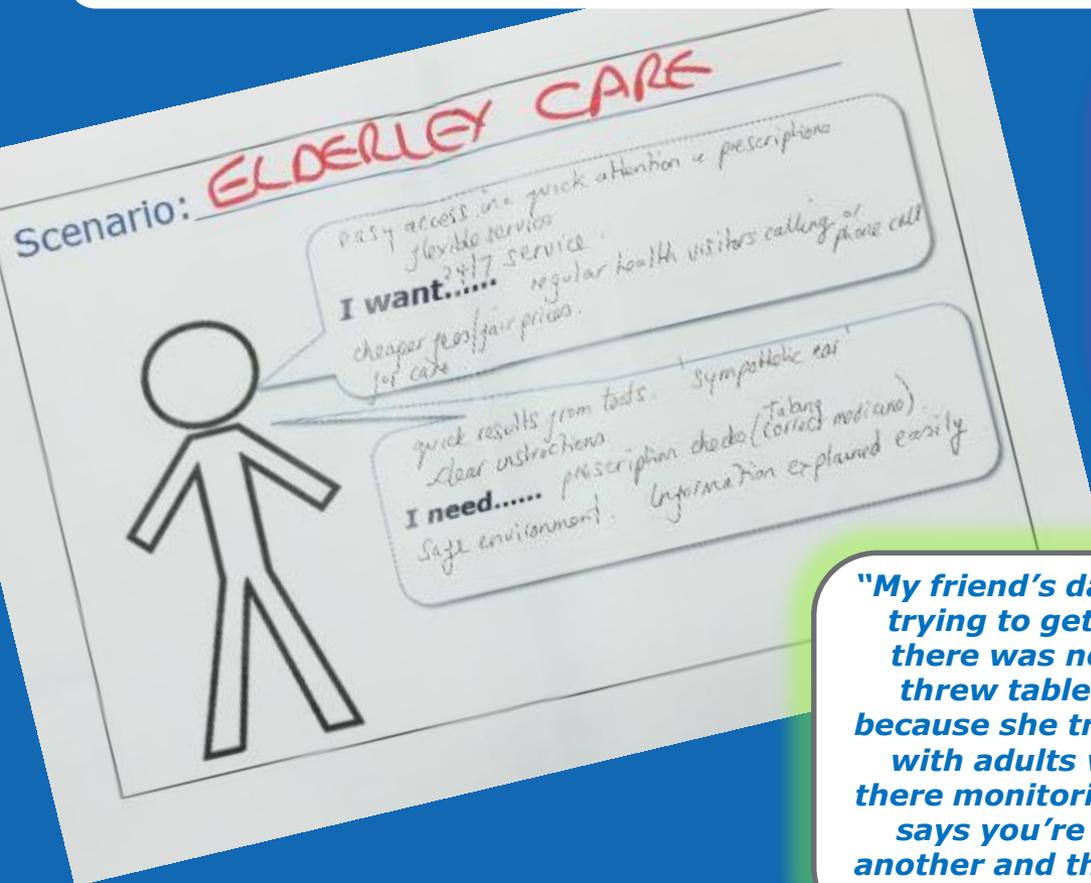
“We talked about educating young people and about the ‘red-button’ effect...if you just have negative messages, ‘don’t do that’, they will do it. It needs to be positive messages...A useful thing as well from a regional perspective is to have regional people telling you this message.”

“Say for example, Amir Khan, he’s from Bolton. If he was speaking to a group of young Asians about health, they’re more likely to listen to him than some white professor in his 60’s. Target the education being given by relevant people.”

Deliberative Discussions



Interactive and projective techniques can make people more comfortable in opening up about their views and experiences.



"My mum can't cook – she's 79 and can't cook. When I was a kid, we had mashed potato, boiled potato some kind of meat and peas and carrots and that was it. And when I decided to go vegetarian at 11 and then vegan at 19 I literally ate boiled carrots! So I had to teach myself how to cook! It's a massive issue."

"My friend's daughter was 15 and she has had a nightmare trying to get help. She'd go to school and ask them and there was no help, she'd go to the doctor and they just threw tablets at her. She's been to hospital on a ward because she tried to commit suicide but she goes to a ward with adults who are worse than her and there's no one there monitoring it properly. She's been to one person who says you're not in the right department so she goes to another and that's not right and now she's 21 and it's been going on since she was 15!"

Local HW Views on the Approach (1)

Local HW representatives inputted into the design, observed and participated in events, and were asked to provide thoughts on the process and findings...

"I felt most of the people participated in the discussions and were certainly not 'the usual suspects'. Although they were discussing many of the issues we hear on a daily basis, I felt they had a few more creative suggestions than we would normally hear from the usual focus groups!"

"Had the opportunity to ask the twenty-somethings about transition from childhood to independence – I thought this quite interesting as well as we rarely have a chance to speak to twenty somethings who aren't ill."



"There is an appetite for engagement outside normal working hours in our area – we need to think about how we get beyond 'the usual suspects' to get into this audience – particularly people of working age who can be a seldom heard group."

"Persuade our statutory partners who have a legal duty to consult and engage that they need to organise activities at times and in places that are accessible to the whole community rather than at times that suit the senior officers in the organisations that have a duty to engage."

Local HW Views on the Approach (2)

"Although the participants were people we hadn't engaged with before I don't recall that they mentioned anything that we haven't heard from local people before. As such it was a useful exercise to verify things we already thought we knew."

"There didn't appear to be any knowledge about the integration of social care and health care and again the participants didn't understand about the connect between the two and how they are very much part of the integration within GM."



"The process and approach didn't feel significantly different from the way we would have run an event like that."

"People did appear to be willing to talk within their groups and join in the feedback sessions."

Local HW Views on the Findings (1)

"Integration came first on our agenda – there was some experience in the room (and a great deal of frustration) about how un-integrated things are and how this meant the family were doing a lot of the work (as well as paying the tax)."

"Good discussion about technologies and records, younger people especially seemed to think that services were in the dark ages technologically – there was a palpable sense of frustration about this from them I thought."

healthwatch

Bolton Bury Oldham Rochdale Salford Stockport Tameside Trafford Wigan
A Greater Manchester Healthwatch Collaboration

"All groups seemed to agree that shared records were a prerequisite to improving things – no dissenting voices on this at all and various suggestions ranging from bar codes to self-accessed online records."

"The comments from participants focused on the importance of educating children and young people and noted secondary schools often gave a poor example by offering unhealthy meal options."

Local HW Views on the Findings (2)

"Communication came out as a key theme – people wanted to be better informed about their options and what to expect (depending on the context of the conversation)."

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"Communication between statutory organisations and local people probably is as ineffective as we already thought it was and we need to find sensitive ways to communicate this repeatedly until it improves."

"Inconsistency in primary care was also raised – different GP practices offering different ways to access and also have different services available on site."



Next Steps

We will analyse findings in detail and produce a full report

Findings will be published on the HWE website

HWE and DJS will work with GM network to share findings with DevoGM team



Questions?

If you have
any questions
or would like
to hear more...

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