

Findings from facilitated discussions at Healthwatch annual meeting 2017

1.0 Introduction

There were 67 attendees at the meeting; 14 said they were female; 26 said they were male and the rest did not answer. 20 said they were White British and 4 from other ethnic groups and 43 did not answer. 46 attendees were Healthwatch members; 11 were VCS organisations and 10 were from external NHS or social care organisations.

7 facilitated group discussions were held.

2.0 Summary of findings

2.1) The following points were themes across the 7 table discussions about the principles to drive change:

- Participants thinking that the principles were not necessarily understandable to them: comments about a need for Plain English; questions about what different elements meant eg what does 'we' mean
- A sense that some felt that they had heard similar things before
- There were significant discussions about 'community'; what communities are; that they are changing and not necessarily geographically placed; that it is not necessarily easy to recognise what a community is; community groups are representative of everyone
- Concerns that the principles did not indicate a partnerships between organisations and communities
- There was a suggestion that transparency and accountability was missing
- There was an idea that joint education and training across different services and disciplines help build common principles and multi-disciplinary work, and of a need to bring patients and service users into this
- Some participants thought that the principles represented a top down model (building on a medical model of care/ NHS attitude of 'we know best' making it difficult to work together
- Some participants saw a class divide whereby middle class people (professionals) don't always understand where working class people are coming from or situations in life

- It is unclear who is making decisions and if there is any community involvement in decision making
- Many were unclear how it would be possible to know if the principles were put into practice suggested evidence included improved outcomes in health; access to information; transparency; streamlined and more seamless services
- Importance of outcomes, outputs for communities, but awareness that it can be difficult to pin down/measures and evidence and this needs specific work

2.2) The following points were highlighted across the discussions related to healthier choices:

- Generally the tips for healthier choices seemed the right things to our participants
- There were concerns about it being insulting and difficulties in telling people what to do
- Issues were raised about getting assistance and support to take forward these elements
- Issues discussed about the deprivation that some people experience and how this makes it hard for them to follow these
- Differences between communities were also discussed

Suggestions for support to make healthier choices:

- Access to information so that informed choice can be made
- Flip the message - make it positive eg need to hear positive stories about ‘stop smoking’... positive advertising
- Education from early years key
- Nudge factors - draw people toward a better life
- Getting people out of isolation and giving them something to live for
- Direct payments - how they can be used to engage the community in meaningful activities (individual service funds)
- Social media - creativity and accessible content (the right advice)
- There was concern about the suggested emphasis on using online services/resources

Examples of good practice:

- Generally participants found it hard to identify good practice examples which worked; however there are some details can be found in the appendix
- There was recognition of the need for a holistic approach to wellbeing and important of active and fulfilled lives on health and wellbeing
- There were suggestions about the role of pharmacists and community hubs to support this

3) Headlines from table feedback

Key points fed back from the groups:

Table 1

- The principles are too corporate
- A feeling that it is bottom up approach but not convincing
- Plain English needs to be used - no jargon i.e. mental wellbeing - what does this mean?

Table 2

- With regards to the principles, there is nothing that we would disagree with and they are happening on some scale. The role of a community is not a simple concept and people don't easily recognise what a community is.
- The list of making healthier choices are areas which we are encouraged to follow from school age. It is difficult to get people to make a change.

Table 3

- There will be financial implications on delivery. Great ideas but how in practice would this happen.
- The list of making healthier choices is good and people recognise them. What is important is how the messages are put across - the feeling of being 'nagged' does not impact well.

Table 4

- Questions were asked about what is meant by the term community?
- Pressure being put on family members who are carers
- Piece of work called Cov Mind the Gap - positive
- Accessible information is needed - no jargon

Table 5

- Principles are not broad enough
- Government intervention is needed i.e sugar tax
- Face to face contact is needed

Table 6

- We have seen this before and short term decisions effect long term health i.e closure of children centres
- It needs to be recognised that you can also live well with a long term health conditions as well as prevention
- There does not seem to be any empathy

Table 7

- Questions were asked about what is meant by community?
- It is important that there is transparency and accountability
- What has happened with stop smoking campaign is fantastic

Appendix - complete notes of flip chart records from group discussions

A) Discussion 1

Table 1

Q1 Are these the right principles

- How have the principles been developed? Who has had input into the development?
- How are the principles going to be tested? For which audiences is the document intended?
- It seems to be about getting volunteers to do it
- Through the language used it is pigeon holing people
- Each heading should not need any more words than 10. It's not clear enough, it's too vague and is using 'in phrases'. It needs less gobbledegook!
- We live in a 24/7 world, this speaks 9-5. We need to plan for this.
- It's poorly presented - too corporate.
- Who is accountable...what does 'We' mean

Q2 Would you add anything else

- What is a service pathway? Who knows this? The document needs some diagrams to support it, for people who interpret information pictorially
- What evidence will be used to develop service pathways? - How will this meet the needs of diverse communities?
- Use plain English
- There should be equity of access to services wherever you live

Q3 What would you expect to see as evidence of these principles in action

- Improved outcomes in health
- Access to information
- Transparency
- Monitoring and supporting self evidence
- What evidence can they draw on to evidence action?
- Would like to know how funds/savings are reinvested

Table 2

Q1 Are these the right principles

- Community - word is bugbear because overused in Big society - people not thinking about what community is - extended families don't really exist
- Idea of community has been hijacked - something that people can subscribe to - some people feel that they do not belong to the community (of area)

- People don't fit into boxes and often have many different areas in their lives (professionals)
- Working across sectors the same issues have come up again and again - therefore hasn't been done effectively - but very difficult to make it change (idea that the principles wouldn't make change)
- "Integrated working" - seems to work well on a small scale -but very difficult to scale up - how to do this?
- Issues of egos and personalities that prevent partnership working
- Medical model of care/being used
- NHS attitude of 'we know best' makes it difficult to work together
- Middle class don't always understand where working class is coming from or situations in life
- Who makes decisions?
- Negative beliefs - GPs and other services have been intervening early for years
- 'Stronger, self sufficient' - what does this mean?
- Impact of social media and internet - how do you get a virtual community to provide physical help/ assistance
- Big discussion around how consultations have changed - telephone, skype - where will go in the future
- Lot of things work well - we can learn a lot from each other
- It has scope to be helpful

Q2 Would you add anything else

No notes on this

Q3 What would you expect to see as evidence of these principles in action

Outcomes, outputs for communities difficult to pin down/measure and evidence
Coventry is a diverse City - in Earlsdon - population disperses in day time to return and do its own thing at night. Nuclear families different interests - different types of community.

Table 3

Q1 Are these the right principles

Community first

- People can be sceptical of engaging because of past experiences
- Communities are disjointed
- How to engage with communities if no shops or common organisations in place
- Some groups - but not representative of everyone
- How to bring community together anymore?

Good in principle but how do you go about it?

Q2 Would you add anything else

Work across sectors

- How will this happen
- Number of partnership in Coventry
- More fragmented society - hard to engage with people through organisations
- Reverse all of closures that have taken place - children's centres and library closures
- Prevention - educating people is important

Q3 What would you expect to see as evidence of these principles in action

- Streamlined and more seamless services

Table 4

Q1 Are these the right principles

- What does this mean?
- Communities first not organisations
- What is the definition of 'community' A person's community can be different families, carers, voluntary organisations, charities, local issues
- Do you mean providers rather than organisations - clarify?
- Sharing of information between organisations and community
- Partnerships between organisations and communities
- Who are 'we'?

Q2 Would you add anything else

- Co-production of services should be a principle
- Families as carers - recognition of carers and their role; health of carers. Engagement with carers
- Need services local so there is a reduction of pressure on carers
- Change culture

Q3 What would you expect to see as evidence of these principles in action

Table 5

Q1 Are these the right principles

- Not broad enough
- What is a community? Geographical? If no community how do you put it first
- Talking to people rather than organisations
- Virtual communities

Q2 Would you add anything else

- Learn from others- public service announcements - carrot & stick used to change behaviour
- New principle - focus on education & changing attitudes throughout society.
- Hit the pocket & through legislation

Q3 What would you expect to see as evidence of these principles in action

- Reduction in preventable diseases eg. Type 2 diabetes
- Healthier communities
- National government changes eg sugar tax

Table 6

Q1 Are these the right principles

- The balance between now: health issues and “lifetime/cradle to grave” issues - actions can focus on a short-term issue/saving which can in the longer term health, eg. closure of children’s centres
- These principles reflect a lot of what we’ve seen before
- Communities don’t talk to each other as much as they used to so tapping into communities is much harder - “self-sufficient communities” evokes a picture from the 1950’s

Q2 Would you add anything else

- Joint education and training across different services and disciplines help build common principles and multi-disciplinary work, but bring patients and service users into this

Q3 What would you expect to see as evidence of these principles in action

No notes on this

Table 7

Q1 Are these the right principles

- Great in principle - what about in practise
- How will they be used?
- How long will we wait until these come out?
- What is a community? Is this a meaningful phrase, communities first- by location
- Characteristics: BME; Disabled.
- Patient focused
- Too vague - not measurable - in principle sounds fine - how does it work?
- Great expectations - but how will this happen?
- Yes if duplications avoided - but people still need to access services

Q2 Would you add anything else

- Transparency
- Accountability

Q3 What would you expect to see as evidence of these principles in action

- Another 5 year plan - with assessments - no poverty

B) Discussion 2

Table 1

Q Do these tips for healthier choices sound like the right things. Anything else to add?

- Should be common sense, it's insulting and degrading for some
- Some people don't understand certain statements, phraseology. E.g. Look after your mental well being' how can someone do this if they don't know what it is? Language needs to be in plain English - No jargon please
- The group sensed that the document was aiming at a bottom up approach but felt it was not convincing

Q What do you need to support you to make healthier choices yourselves or support others to do so?

- There should be equity of access regardless; people should have access to this support in their own homes if needs be
- There should also be access to information so that informed choice can be made
- Need to hear positive stories about 'stop smoking'...positive advertising.

Q Examples of self help approaches that work

- An example of good practice is in Tower Hamlets GP practices. Lottery funding has secured community co-ordination
- Health checks in GP practices
- Visits to community settings
- It was shared by one group member that currently people between the ages of 40-74 are entitled to a health check every 2 years.

Table 2

Q Do these tips for healthier choices sound like the right things. Anything else to add?

Agreed good ideas but:

- Issue around people's personal lifestyle choices
- Difficult to tell people what to do - what are the sanctions - obesity and smoking sanctions around some types of operations
- Issue getting the assistance and support you need to be able to do something from your GP surgery
- Issues of deprivation
- We know what we should do ... impact of media, television - you can't make people change
- Different areas of the City and members within communities have different communities and experiences and levels of education

Issues

- Unemployment government figures
- Gig economy
- Stress, austerity, mental health, increasing inequalities - health crisis
- Start in life - years of healthy living - cultural factors, school,
- People tend to ignore instructions
- Food franchises - marketing sugar and salt - poverty processed foods - crisps in NHS WH Smiths!

Q What do you need to support you to make healthier choices yourselves or support others to do so?

- GPs could play a bigger part in prevention - key to the community knowledge and support around health - losing GPs
- Whole life choices - from birth to death
- Education from early years key
- Nudge factors - draw people toward a better life

Q Examples of self help approaches that work

- Smoking in pubs - legislation to ban smoking in public places - this seems to have worked?

Table 3

Q Do these tips for healthier choices sound like the right things. Anything else to add?

- All look good on paper
- It is important that people take responsibility - but careful balance that people aren't made to feel it's their fault
- Plunging people into poverty has a negative impact on their health
- People need to realise responsibilities as well as rights
- Don't find it helpful if 'nagged' to behave in a certain way
- If live in poor housing - some things are beyond control
- Dental services are expensive
- Pushing people to go online doesn't work

Q What do you need to support you to make healthier choices yourselves or support others to do so?

- Accessible, reliable information
- Better access to appointments
- Losing weight and stop smoking techniques
- Various things to keep mind occupied
- Social activities (for some cost prohibitive)

Q Examples of self help approaches that work

- Yoga and mindfulness

Table 4

Q Do these tips for healthier choices sound like the right things. Anything else to add?

- Social engagement
- Social prescribing - good for mental and physical wellbeing
- Think about health all the time not just when you are ill
- Drink sensibly - it can be more than just this as some people are self medicating for other problems
- Loneliness is a big problem

To add

- Stroke aware
- Diabetes
- Self care
- BME communities

Q What do you need to support you to make healthier choices yourselves or support others to do so?

- Flip the message - make it positive
- Services available longer term - planning for the next 5 years
- Prevention messages via schools
- Direct payments - how they can be used to engage the community in meaningful activities (individual service funds)

Q Examples of self help approaches that work

- Coventry mind the gap - walk and talk
- Social media - creativity and accessible content (the right advice)

Table 5

Q Do these tips for healthier choices sound like the right things. Anything else to add?

No notes

Q What do you need to support you to make healthier choices yourselves or support others to do so?

- MONEY
- Businesses to get on board - cheaper healthy food
- Control
- Making it “cool”
- Signposting to services
- Motivation
- Government initiatives- sugar tax

Q Examples of self help approaches that work

- Only work if want to change
- Need face to face contact

Table 6

Q Do these tips for healthier choices sound like the right things. Anything else to add?

- Targeting support at those conditions with earliest death/ill health rates, i.e. the most disadvantaged areas
- Recognising our mortality and enabling people to recognise this and looking at their well being in the light of this
- Those of the middle classes who are blessed with their health and lack of empathy with those who smoke, drink etc and what has really made a difference to people stopping smoking - health messages - the smoking ban

Q What do you need to support you to make healthier choices yourselves or support others to do so?

- Getting people out of isolation and giving them something to live for
- Primary and secondary prevention, i.e. important to prevent conditions in the first place, but also important to know what to do to stop existing conditions (eg diabetes) from getting worse or developing further health conditions as complications)

Q Examples of self help approaches that work

- Community hubs as a route for health services to build links with those people who most need that support

- Role of pharmacists in challenging and providing support to people with these “public health” issues as pharmacies often seeing people more often as people but how to engage with people is more of an issue than understanding the message

Table 7

Q Do these tips for healthier choices sound like the right things. Anything else to add?

- Healthy diet/exercise can be expensive (puts people off)
- Willing to do healthy things but determined by expense, availability and not doing the “normal thing”
- Screening services? Not without full information

Q What do you need to support you to make healthier choices yourselves or support others to do so?

- More money? Re-distribution problem
- Active community clubs - youth clubs, social clubs, sports clubs
- Better social engineering

Q Examples of self help approaches that work

- Self rewards
- Will power
- Better self image