



#### in Greater Manchester

## Taking charge of our Health and Social Care

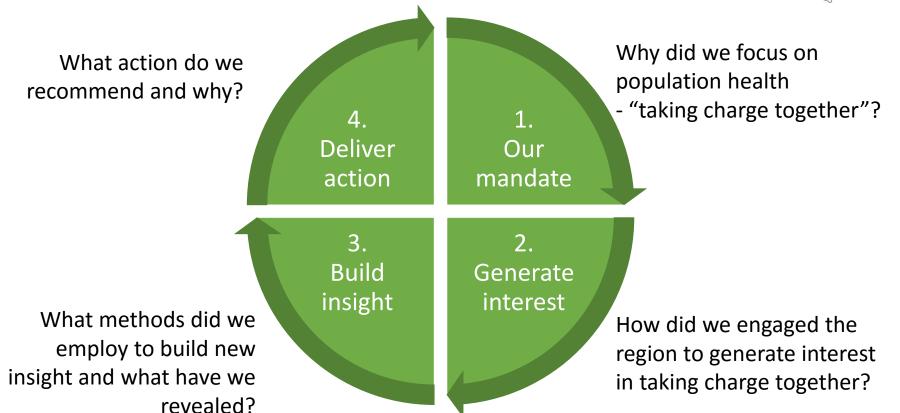
in Greater Manchester

**Summary Findings** 



### **Contents**





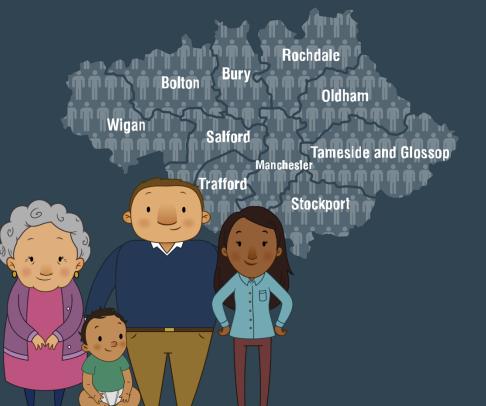


#### Taking charge of our Health and Social Care

Our mandate
2,800,000

people in Greater Manchester

## CHALLENGE

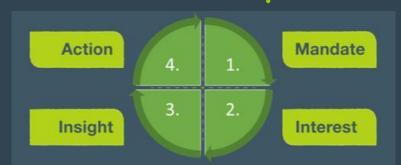


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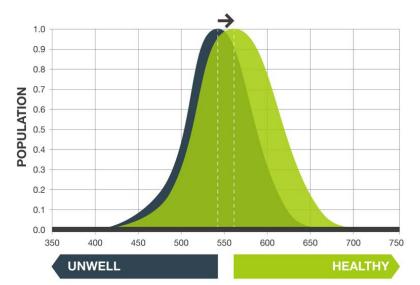
## HOW?

Deep understanding of the people of Greater Manchester

## **METHOD:**



#### A small shift =







Moving the population from the blue to the green curve

Improving health and wellbeing only happens, with interest insight and action

Greater Manchester

**Social Care** 

Mandate

Interest

Insights

Actions

## How we generated interest

- online, on air, on the road, in print, face-to-face









Greater



Mandate

Actions











taking charge • taking responsibility

#takingcharge

## How we generated interest

- online, on air, on the road, in print, face-to-face





- 5,000 people visited buses
- 80,700 Twitter
- 90,000 VIP email
- \$\square\$ 500,000 + on-air
- 5,000 booklets handed out





- 500,000+ website promotion
- 360,000 readers
- A 83,000+ app users
- 13,400 visitors to MEN's project page



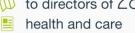


- 2,000 students visited by outreach team
- 4x carers organisations directly promoting to 1,000+ members

Taking charge of our Health and Social Care in Greater Manchester



communications to directors of 28



commisioners and providers

- 150 meetings and events led by NHS CCGs and Local Authorities
- 50,000 visitors to website
- 5,000+ booklets handed out



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Health and Social Care Partnership

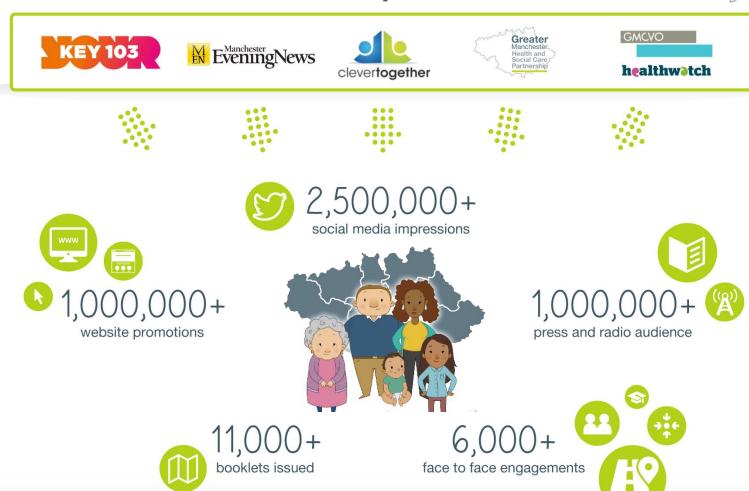
- Leveraged partnerships 15
- 12 partner websites
- 3 partner newsletters
- 20 e-bulletins (with 10,000 readers)
- 24 twitter account promotions with 50,000 followers



## How we generated interest

- online, on air, on the road, in print, face-to-face





## **Listening to Greater Manchester**



We engaged with a representative cross-section of Greater Manchester's people, including the seldom heard, thanks to the combination of face to face and digital channels.



## **Listening to Greater Manchester**







24,137

Microsite visitors



6,328

Snapshot surveys completed (inc 1,020 public sector workers and 1,746 seldom heard people from GMVCO)



102,048

Data points collected in the snapshop survey



4,161

Online workshop participants (inc 806 public sector workers and 725 seldom heard people from GMVCO). 822 people were the most active users.



6,461

Ideas comments and votes shared in the online workshop



healthwetch



138

Focus groups & workshops delivered



1,746

Snapshot surveys completed



1,800

People attended focus groups and workshops



725

Signposted to online workshop



35

Seldon heard' groups engaged



### How we listened to Greater Manchester



Our snapshot survey essentially asked:

Overall self-health-rating
How do you rate your overall

health?

Current health state
What conditions affect you?

Future health desire What do you plan to change?

We mined the data for signals and patterns that could help cluster people into definable groups.



### How we listened to Greater Manchester



Participants of our online and face-to-face workshops discussed:

Why do people fail to take charge of their health generally?

Why do some people in Greater Manchester struggle to:

- eat well,
- be active,
- drink responsibly,
- quit smoking,
- sleep more, and
- stress less?

Are there any radical solutions?

We mined the data for themes and signals that could help understand people's concerns and solutions.



### What did we find?

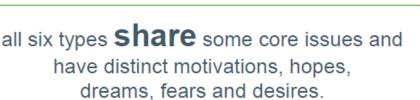


## core themes/issues:

- 1. Self-awareness, belief and confidence
- 2. Resources time and money
- Provision of public health and social care information/services
- Facilities environment
- Social norms
- Support networks
- Physical limitation
- 8. Provision of private services/products
- 9. Legislation



 Greater Manchester's people can be categorised into one of six types, independent of their age, race and background or whether they are seldom heard





## A new understanding of our people

We have six types





34%

#### Unhealthy & I know it

Describe themselves as "unhealthy" and say they want to improve the things that they recognise as poor in their lifestyles.

"I think people are only really concerned with their health, when something goes wrong with their health or the health of their loved ones."



18%

### Head in the sand

Describe themselves as "unhealthy", yet have disproportionately low desires to improve their health.

"I avoid swimming so I don't have to do the 'walk of shame' from the changing room to the pool."



18%

#### **Optimists**

Describe themselves as "healthy", yet display characteristics of an unhealthy person – higher numbers of health issues than average.

"I should exercise but all I do at the gym... is sit in the sauna / Jacuzzi"



13%

#### Healthy & I know it

Describe themselves as "healthy", with significantly lower than average health needs, if any at all.

"Lots of people are walking around with high blood pressure, but unaware of it, not me"



10%

#### Worried & well

Describe themselves as "healthy", yet have with disproportionally high health improvement desires.

"I walk and to from the city so that I get 40 minutes exercise a day, but I am breathing in polluted air."



4%

#### **Pessimists**

Describe themselves as "unhealthy", yet display characteristics of a healthy person – lower numbers of health issues than average.

"I am one of thousands of people with an underactive thyroid. My GP has never had the time to fully explain all the implications."



Mandate

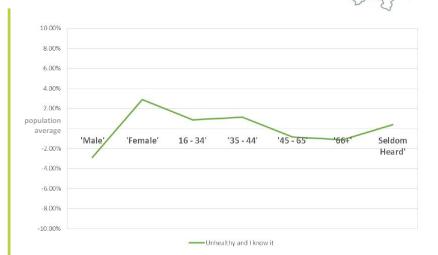
Interest

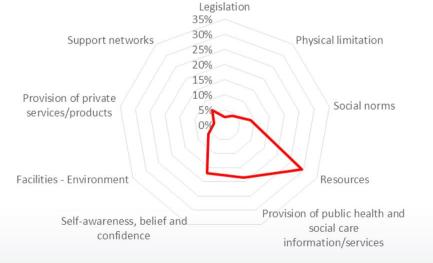


## Unhealthy and I know it



- 34% of our people are "unhealthy and they know it".
- They describe themselves as "unhealthy" and say they want to improve the things that they recognise as poor in their lifestyles.
- There are slightly more younger women (under 45's) in this population, with just as many "seldom heard" people as the average.
- What hinders or helps people to take charge of their health? They say:
  - 1. Personal resources time and money
  - Provision of public health and social care information and services
  - 3. Self-awareness, belief and confidence
  - 4. Social norms in the circles they mix







#### Head in the sand

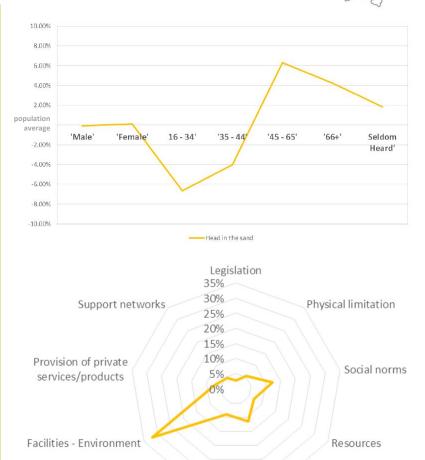
- 18% of our people have their "head in the sand".
- They describe themselves as "unhealthy", yet have disproportionately low desires to improve their health.
- There's no gender bias, yet there are more over 45's in this population and slightly more "seldom heard" people than average.
- What hinders or helps people to take charge of their health? They say:
  - 1. Facilities and the physical environment
  - 2. Social norms in the circles they mix
  - 3. Self-awareness, belief and confidence
  - Provision of public health and social care information and services



Provision of public health and

social care

information/services



Self-awareness, belief and

confidence

Mandate

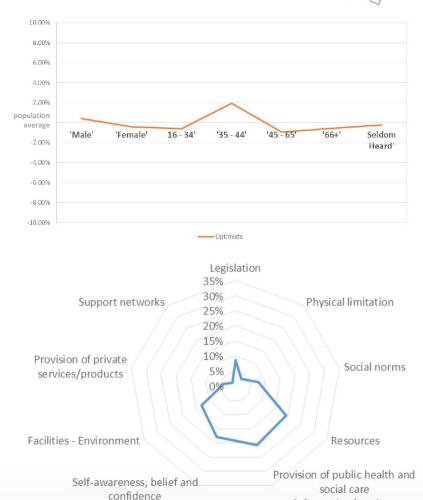


### **Optimists**

- 18% of our people are "optimists".
- They describe themselves as "healthy", yet display characteristics of an unhealthy person – higher numbers of health issues than average.
- This population closely matches the average of GM, with slightly more 35 to 44 year olds and just as many "seldom heard" people.
- What hinders or helps people to take charge of their health? They say:
  - Provision of public health and social care information and services
  - 2. Personal resources time and money
  - 3. Self-awareness, belief and confidence
  - 4. Facilities and the physical environment



information/services



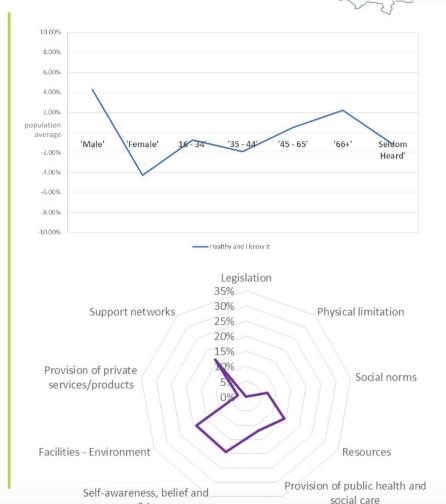


## Healthy and I know it

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information/services

- 13% of our people are "healthy and they know it".
- They describe themselves as "healthy", with significantly lower than average health needs, if any at all.
- This population has more men and less women that the average, with slightly more older people (66+ years old) and just as many "seldom heard" people.
- What hinders or helps people to take charge of their health? They say:
  - 1. Self-awareness, belief and confidence
  - 2. Facilities and the physical environment
  - 3. Support networks
  - 4. Personal resources time and money



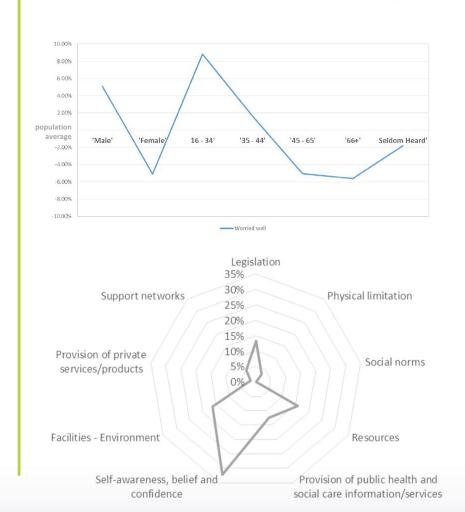
confidence



#### **Worried well**

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- 10% of our people are "worried well".
- They describe themselves as "healthy", yet have with disproportionally high health improvement desires.
- This population has more men and less women that the average, with more younger people (especially 16-34 year olds), less older people and just as many "seldom heard" people.
- What hinders or helps people to take charge of their health? They say:
  - 1. Self-awareness, belief and confidence
  - 2. Facilities and the physical environment
  - 3. Personal resources time and money
  - Legislation

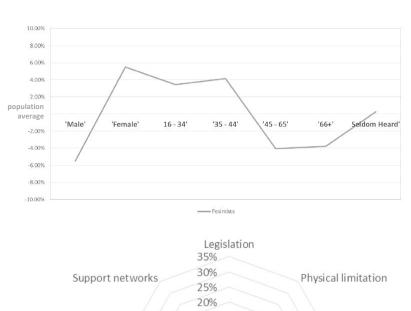


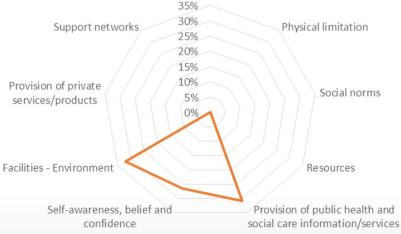


#### **Pessimists**

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- 4% of our people are "pessimists".
- They describe themselves as "unhealthy", yet display characteristics of a healthy person – lower numbers of health issues than average.
- There are more women in this population, more under 45's, less over 45s, with just as many "seldom heard" people as the average.
- What hinders or helps people to take charge of their health? They say:
  - 1. Facilities and the physical environment
  - Provision of public health and social care information and services
  - 3. Self-awareness, belief and confidence

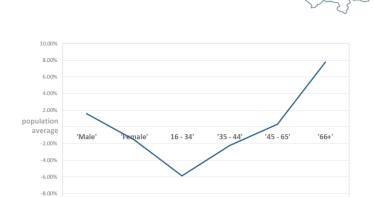


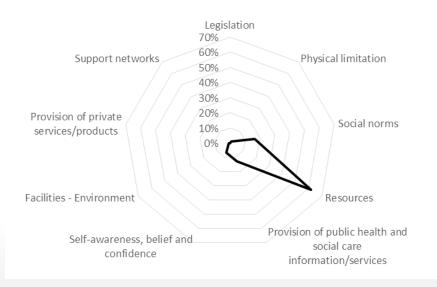


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- The seldom heard, collectively
- 28% of our snapshot survey sample came through the GMCVO+healthwatch route = "seldom heard".
- They are present in every typology at broadly similar levels in each, with slightly less younger people than the average but more people over 66 year olds. 12.6% of the online workshop contributions came from "seldom heard" people. Their contributions were much more focused on:
  - Personal resources time and money
  - Social norms
- Despite this unique conversation profile, contributions were more aligned to their "typologies" than "seldom heard" as a distinct group that requires special consideration.





## Insights from our seldom heard

GMCVO and Healthwatch conclude we must explore and invest in...

**Individual and community empowerment** – including the creation of personal and community connections, meaningful service user and resident involvement in the design and delivery of facilities, services and information.

**Community-based facilities and activities** – especially those run by VCSE groups and peer networks, using methods like small grants, social prescribing and personal budgets.

Neighbourhood and Greater Manchester level VCSE-led initiatives to reduce health inequalities – including targeting specific marginalised communities, making the most of existing relationships and the position of trust VCSE groups and organisations enjoy vis-à-vis those people and communities most affected.

**Legislative powers of local government** – including targeted capital and revenue spending by all public sector agencies to effect environmental changes that enable healthy lifestyles.

**Making health and social care services are accessible and inclusive** – especially mainstreaming accessibility and inclusion to the highest possible level and offering additional targeted solutions to meet the needs of specific groups.

The evidence base of Greater Manchester and the localities – including funding further research into identified gaps in knowledge and understanding and issues that appear to warrant deeper exploration.





## Insights from our public sector workforce

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We believe people are hindered from taking charge of their health because...

(Top three themes and their definitions drawn from the data)

Provision of public health and social care information/services

Facilities and environment

Personal confidence / motivation, self-awareness and belief

The public do not have access to adequate public health services and information to enable them to take charge of their own health

The public find it hard to be active because they are not aware of the facilities on their door step or the facilities feel inaccessible.

The public do not have the desire or the will to stop their unhealthy behaviour, or they don't believe they are able to change their unhealthy behaviour. Many are even unaware they are making unhealthy choices and what the consequence of these choices are.

## Insights from our public sector workforce

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Social Care
Partnership

We believe people are hindered from taking charge of their health because...

(Top three themes and the "aggregate narrative" drawn from the data)

Provision of public health and social care information/services

Facilities and environment

Personal confidence / motivation, self-awareness and belief

"People don't have access to adequate and accessible information and services. We are not being effective enough in raising people's awareness of the harmful effects of smoking, drinking and unhealthy eating. We are not providing strong enough interventions to help people learn how to eat more healthily and manage their long terms conditions. More importantly, we are not doing enough to educate and instil healthy behaviours in our children from an early age."

"People find it difficult to be active because they are not aware the facilities on their door step. Others see barriers between themselves and the facilities that are there, some of this has to do with cost, some of this with equality and some of this is about the confidence to walk through the door or onto the playing field. We are not doing enough to knock down the barriers, real and perceived, between people and facilities of the region."

"Not only do some people lack an understanding of what constitutes a healthy life but many hold on to incorrect beliefs, even in the face of information. Typically we see false beliefs regarding food portions, the expense of healthy eating, the negative effects of alcohol. What makes the situation worst is being stressed has become normalised in people's lives - many don't seek help until they reach a 'crisis point'. Motivation is low partly because they don't immediately see the immediate consequences and because some unhealthy habits are their only pleasure, often because there is a lack of self-respect - deep down they don't believe they deserve to be or can be healthy."

## Insights from our carers

I find it difficult to be as healthy as I could be because...



(Top three themes and their definitions drawn from the data)

Limited social connection

Lack of rest bite

Difficulty accessing benefits and financial support

The need to connect with others and be understood

The need for support and a chance to take a break

The systems to access financial support are stressful and time consuming

## **Insights from our carers**

I find it difficult to be as healthy as I could be because...



(Top three themes and the "aggregate narrative" drawn from the data)

Limited social connection

Lack of rest bite

Difficulty accessing benefits and financial support

"Being a carer can be very lonely, I feel like nobody understands me. I sometimes just need to talk to someone to get things off my chest who can understand and related to my situation. Talking to someone can help relieve stress more than people can understand"

"I don't have any time for myself. I have to constantly look after everything - I just need a break. It would be nice to be able to take time off from my caring role once in a while. I am really tired of doing everything alone and sometimes I just need some help."

"The process of applying for benefits is so stressful, time consuming and frustrating. I hope government can make this process easier and provide carers like me with the necessary funding so that we are able to provide the necessary care to our loved ones.

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## There's a common "golden thread" linking most "unhealthy" people

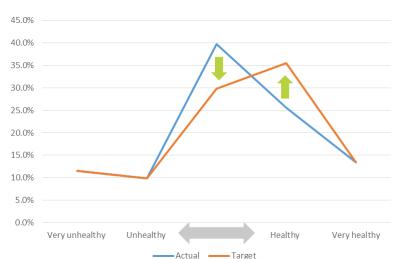
- A lack of personal confidence, self awareness and old beliefs keep people stuck.
- The perception that personal resources are an issue is further undermined by a lack of confidence or awareness (reducing resourcefulness).
- People feel the environment we live in is "dehumanised" – from failed one size fits all designs, to inaccessible or poor parks and leisure facilities, to unsupportive workplaces.
- Health and care information and services feel "dehumanised" too – a lack of empathy and connection to real needs with a workforce that is equally as ill as the general public.



Greater

## Might the "moderately unhealthy" middle be the target for change?

- 39.7% of our snapshot survey sample can be defined as "moderately unhealthy" (with 2-3 unhealthy behaviours or conditions each).
- What if our moderately unhealthy middle could be the "persuadable middle"?
- If one quarter of these people (9.9% of the population) could stop one unhealthy behaviour:
  - we would see a reduction in the proportion of moderately unhealthy people from 39.7% to 29.7
  - we would see a subsequent increase in the healthy, from 25.6% to 35.5%
- Might such a significant shift perhaps even initiate a radical upgrade in population health?



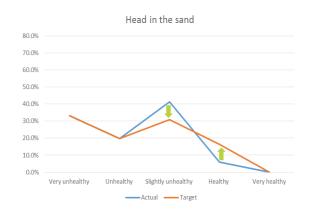


## Might the "moderately unhealthy" middle be the target for change?

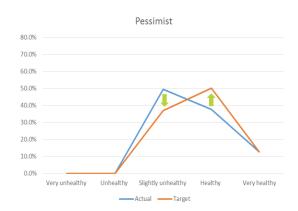
Greater Manchester Health and Social Care Partnership

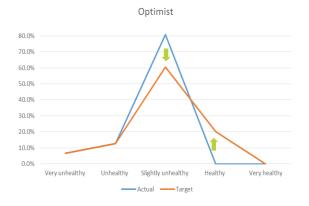
 A shift in the moderately unhealthy would play out differently across the region's six types of our people.

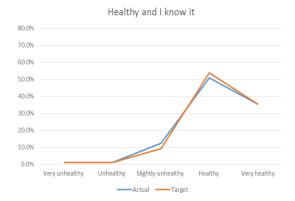
Prime targets would be "head in the sand",
 "unhealthy and I know it" and "optimists" approaches to these groups would therefore need to be different to achieve the goal.

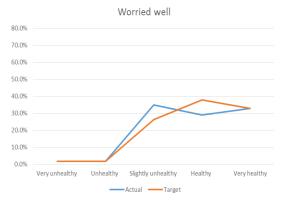














## So what can we do with what we've learned?



# Let's stop throwing good money at campaigns and interventions that don't have an impact



#### What we've learnt

## Public knowledge about healthy lifestyles is actually quite high.

People broadly understand what a healthy lifestyle entails. The reason they are not taking the next step is because their barriers are not being addressed in the design of programmes and interventions.

#### The opportunity

If we recognise that 'more of the same' will not work, we need to consider an en masse review of key programmes and interventions. We need evidence-based approaches to be the norm. This means identifying then scaling what is already working at a local level, 'stopping interventions that don't work or cannot be proven to be working and inventing new concepts to fill the gaps.

Like a lot of other people on here, I am a single parent with a mortgage.
[...] I currently have two jobs, one full time and the other part-time and work six days and three evenings a week. Subsequently, don't get enough sleep or exercise and my diet is appalling as I'm not at home to prepare meals most of the time and I haven't had a holiday for as long as I remember.

Member of the public



## Build the confidence and self-worth of the region



#### What we've learnt

### Confidence and perceptions are the biggest barriers.

It seems more than half of Greater Manchester's people are sacrificing their own health for fear of being judged. The three biggest themes of the public conversation regarding barriers to taking charge of their health were:

- confidence, self-awareness, and belief,
- my resources time and money,
- my environment- local leisure and park facilities, work and public spaces.

The latter two are amplified by the first.

#### The opportunity

Interventions that seek to fix the root cause of issues, not the symptoms should be prioritised. This ultimately means helping individuals, at scale, to build self-confidence, self-belief, an understanding of their personal behaviour and to see resourcefulness as more important than resources. Indeed, all existing interventions need to consider how they are tackling these root cause issues. This is no small task but a radical health upgrade will require a radical way of thinking.

It's hideous and embarrassing being watched as you walk from the changing room into the pool...I avoid swimming so I don't have to do the 'walk of shame'

Member of the public



# Greater Manchester Health and Social Care Partnership

## Closely target our communications

#### What we've learnt

#### Information provision isn't always working.

The public is divided on information provision, they report:

- drowning in information info overload, where do you start?
- we don't know if we can trust the information we see
- we don't understand what we see
- information is invisible, as it's not targeted at people like me

#### The opportunity

#### Pumping out more information will not work.

We need to explore how comms development can be better linked with behaviour change, nudge and design thinking theories. Effective micro-targeting at all times will deliver either comms segmented by types of people or comms that speak to a core deep issue that's common and binding to most people. Simplicity, applicability, continuity and being easy to remember will be key in delivering trustworthiness and impact.

It is all well and good giving us a standard to upkeep…It's not that complicated but is not a very personal approach. It is detached and does not seem to resonate with me.

Member of the public



# Greater Manchester Health and Social Care Partnership

## More ethnographic research is needed to make best use of our insights

#### What we've learnt

When it comes to "taking charge", our population falls into six types.

There are six types of people in Greater Manchester, each types has their own outlook on health and what might help or hinder them to make healthy choices.

#### The opportunity

More empathic / ethnographic work would validate, enhance and deepen our understanding of GM's six types of people.

With an even deeper understanding of our people's hopes and fears, pleasures and pains and what leads them to feel socially included or excluded, we'll be better positioned to drive a radical upgrade in health.

Ethnography puts human face on data with real-life stories that teams can relate to and remember – allowing emotional behaviour to be captured creates an understanding deeper than the 'statistics'

Clever Together



## Focus on the behaviours of the "persuadable middle" aka the "moderately unhealthy"

What we've learnt

#### The opportunity

"Moderately unhealthy" could be a key target of change.

39.7% of our sample can be defined as "moderately unhealthy" (with 2-3 unhealthy behaviours or conditions each). If one quarter of these people could stop one unhealthy behaviour, we would see an increase in the healthy population from 25.6% to 35.5%. The moderately unhealthy population is mostly made up of "head in the sand", "unhealthy and I know it" and "optimists" types.

Micro-targeting of the "moderately unhealthy" middle of our population could slow the deterioration of public health and even spark a radical upgrade. Therefore, in light of our findings, we recommend a review the regions' portfolio of interventions that seek to help moderately unhealthy people to become healthy. Efforts are needed to empathise with and better understand this group, then develop smarter interventions and communications to trigger, deliver and maintain behaviour change.

The bulk of the moderately unhealthy are those we identify as "head in the sand", "unhealthy and I know it" and "optimists". These groups would be prime targets, yet approaches to each would need to be different to achieve the goal.

Clever Together



## Health and care staff should be developed as ambassadors

#### What we've learnt

The public would like our Health and Social Care workforce to act as ambassadors for a healthy lifestyle.

On the whole, trust and respect in our workforce is high but this is undermined by the fact that people see much of the workforce as unhealthy, if not more so, than lots of the general public.

Leading by example should come directly from the NHS.

...the food available for staff and patients in hospitals/councils is appalling... If we are going to see change - it has to be reflected in all the work areas of the city.

#### The opportunity

Staff need training to promote healthy lifestyles, using every opportunity to make every professional and personal contact count. And for this to have the maximum impact, the public want staff to practice what they preach – professionals simply need to appear healthy. We need a joined up way to help improve the health and well-being of staff across the region. The radical upgrade in staff health needs to be made transparent to the public – as the workforce is visibly seen making their change, the public will be inspired into action too.

Members of the public



# Greater Manchester Health and Social Care Partnership

## Share more responsibility with communities, better use GM's assets

#### What we've learnt

### Heath and Social Care workforce should not shoulder the burden alone.

The public recognise confidence and perception issues are a key barrier to taking charge of their health. Yet, the H & SC workforce blame public information or services for the failure to improve public health. Shouldering this burden is causing stress.

#### The opportunity

If Health and Social Care workforce could better connect with the community assets on their doorsteps (charities, social enterprises, social networks etc.), they would see they don't need to shoulder the responsibility on their own. This would also help to create **more localised**, **effective and relevant services**, whilst possibly cutting costs and stress and helping staff to become health promoters.

For many people, all they need is a little helping hand to start on the path of a behaviour change and someone to keep them motivated. [Community] health trainers are not an expensive part of the workforce, are very versatile and have the time and skills to do what few others in the NHS or social care can

Member of Health and Social Care workforce



Greater Manchestè Social Care Partnership

## Train professionals in design thinking and behaviour change - make things more human!

#### What we've learnt

#### Design thinking and behaviour change principles seem absent.

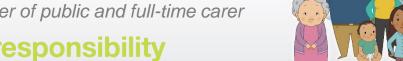
The public, especially those who identify themselves as unhealthy, express that H & SC services are 'done to them' not designed or delivered 'with them in mind'. Likewise, leisure facilities, public spaces and transport are not 'human centred'. Service providers, in aiming to cater for the masses, have led many people feeling unimportant and disenfranchised.

#### The opportunity

If H & SC professionals (and others in public service) were immersed in design thinking, empathic design and behaviour change principles, service evaluations, commissions and new service/infrastructure developments would be much more human-centred and focused on creating positive new habits. We need H & SC professionals to be confident that they are serving the needs of our different types of people, not servicing the system.

I feel stress when everyone else is pulling the strings. For me at the moment I have been caring for elderly parents for 4 years. Dealing with box tickers drives me insane! Lack of joined up thinking in NHS/LA, one size fits all policies, all highly inappropriate with the elderly and exhaust me

Member of public and full-time carer



# Greater Manchester Health and Social Care Partnership

## Create a dedicated GM platform for public and staff insight - build on this great work

#### What we've learnt

## Leaders are disconnected to the public and pockets of success.

The public and staff feel leaders are not listening to their insight or experience from the front line. The public feel their voice doesn't have impact. Staff feel decisions about the future are made without them. Pockets of success have no channels to be heard, celebrated and scaled. Yet, staff and public have responded well to the #TakingCharge campaign:

- "Finally, we might get heard",
- 50+% want us to stay in touch.

How will you plan appropriately if you never talk, listen or look at this group of people and their health needs

The opportunity

Leaders would benefit from the capability to tap public and staff insight, fast. Public and staff want to feel their views have influence. We suggest that the Taking Charge Together campaign can be turned into a platform for change. We could extend the current work to create an "intelligence unit" and the digital destination for:

- leaders to connect with staff and the public when exploring or testing new ideas and plans,
- staff and the public to share ideas and good practice,
- the public to connect with and be inspired by each other on their journey to taking charge of their own health.





## In summary...



1. Let's stop throwing good
money at campaigns and
interventions that don't have
an impact.

- 2. Build the confidence and selfworth of the region.
- 3. Closely target our communications.

- 4. More ethnographic research is needed to make best use of our insights.
- 5. Focus on the behaviours of the "persuadable middle" aka the "moderately unhealthy".
- 6. Health and care staff should be developed as ambassadors.

- 7. Share more responsibility with communities, better use GM's assets.
- 8. Train professionals in design thinking and behaviour change - make things more human!
- 9. Create a dedicated GM platform for public and staff insight - build on this great work.



## **Greater Manchester**

Health and Social Care Partnership

taking charge • taking responsibility

You can find out more about the Taking Charge Together Project via:

Websites: www.gmhsc.org.uk www.takingchargetogether.org.uk

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