

# All Together Better Listening Events and Activate

First impressions: a report for the Dudley Clinical  
Commissioning Group - All Together Better partnership



May 2016



# Introduction

The NHS Five Year Forward View, published in October 2014, emphasises that the views of communities and individuals need to be placed at the heart of everything the NHS does. At the same time, it recognises there needs to be big improvements in helping to prevent rather than treat illness so that people can stay healthier for longer.

‘If the nation fails to get serious about prevention then recent progress in healthy life expectancies will stall [and] health inequalities will widen’ (NHS: Five Year Forward View).<sup>1</sup>

The ambition is to create a much more in-depth and effective dialogue between healthcare professionals, people accessing services and the wider public.

‘We need to engage with communities and citizens in new ways, involving them directly in decisions about the future of health and care services’ (NHS: Five Year Forward View).<sup>1</sup>

## All Together Better

The Dudley Multispeciality Community Provider Vanguard - All Together Better - is a new partnership between local NHS and care organisations, general practitioners and the voluntary sector in the Dudley borough. Over the last twelve months they have been working together to develop a new model of care to improve the way health and care services work for Dudley people.

‘[It will see] the frontline of care working as teams without walls’ for the benefit of patients, taking shared mutual responsibility for delivering shared outcomes’ (NHS England).<sup>1</sup>

With more people living longer and increasing numbers of people affected by ongoing health problems it has become necessary for organisations interested in health and wellbeing matters to start to think about how best to work so that they can continue to be there when people need their services. Too many people are ending up in hospital because the services are not there to support them in the community. The organisations involved in planning, purchasing and providing care are now working more closely together through the All Together Better partnership to find ways to deal with a range of health and wellbeing problems.

The model of care which the All Together Better partnership is working towards is based on the principles of shared ownership, responsibilities and benefits in thinking about people's healthcare needs and possible healthcare outcomes. The shared vision is to put Dudley people at the heart of integrated doctor-led health and care services, with a focus on communities being more engaged in thinking about their healthcare needs and the design of services, achieving better health outcomes, and improvements in wellbeing. This will involve maximising the potential of individuals in their different communities to work with health professionals and relevant others in genuinely collaborative ways to achieve mutually desired health and wellbeing objectives.

‘Collaborative advantage will be achieved when something unusually creative is produced - perhaps an objective is met - that no organisation could have produced on its own and when each organisation through the collaboration, is able to achieve its own objectives better than it could

## Getting people's views

The All Together Better partnership has described four stages in their communications and engagement efforts. Two of the stages are relevant to the discussion on public engagement and involvement activities focused on health and wellbeing. They are:

Developing a collective understanding of the motivations, assets, needs and constraints of local people and communities

Supporting health and care leaders and teams to develop skills, knowledge & confidence to facilitate the co-production of health and care

Healthwatch Dudley and Dudley Council for Voluntary Services (Dudley CVS) contributes to the All Together Better partnership communications and engagement workstream, and identified there was an opportunity to develop and test an activity which would deepen understanding of the needs and assets of local people and communities, and signpost to ways in which existing assets can be harnessed to support people to be well, healthy and cared for.

## Community assets

Over the last five years Dudley CVS has been undertaking action research which has involved experimenting with new approaches to active citizenship in the borough. Dudley CVS staff have worked with and learned from a range of local and national partners and experts, in a range of contexts, alongside local people. They have discovered there are many hundreds of people who have an appetite for creative, collaborative ways to participate in community and networking activities.

A new model of participation is emerging. It engages with people who face barriers to communicating their views through more traditional forms of participation that tend to be top-down driven forms of information giving and consultations. It adds to and enriches what we have already in terms of knowledge and understanding of communities and their assets and needs. It offers opportunities for individuals to live more healthily and sustainably by creating collective experiences that could become part of everyday life. The experiences are enjoyable and sociable and people want to repeat them regularly.

Through this work Dudley CVS has found that what engages people in activities in their communities to explore, better understand and deal with issues are:

Inspiration through experience of examples of real projects started by people who just got on with it

Participation in simple activities which highlight existing skills and available resources

Invitations to co-design projects which reconfigure and re-mix all sorts of assets lying dormant in communities

## Listening events

Dudley Clinical Commissioning Group staff attended Dudley Metropolitan Borough Council organized Community Forum meetings held in different parts of the Dudley borough from January to May 2016. At these meetings an All Together Better partnership board Doodle advert was shown.<sup>1</sup> It set out key drivers for change in the way healthcare services are designed and delivered locally. And elaborated on how healthcare systems and services might look in the future. After the advert was shown people were asked to provide positive or negative feedback on its contents and the implications for healthcare locally.

In addition, visits were made to over thirty groups in the borough to obtain positive or negative views on health and social care in the local area (see Appendix 1, on page 22). These visits were badged as Listening Events. They comprised a mix of people living in the borough and included some professionals and others living inside or outside of the borough.

At the Russells Hall Hospital a woman was operated on ... one day for a breast [procedure] and was then told she needed to be out by the next day as they were busy ...

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<sup>1</sup> Doodle advert: <https://www.youtube.com/watch?v=vQyqHoV8yaU>

It is quite difficult to work with professionals, everyone seems to just impose what they think is best; a patient had a fall, went to hospital and then step down for 6 weeks, the family felt that they had to kidnap the patient to get them out as they felt they were ready to go home ... Patient has drug induced cognitive impairment, due to side effects of medication, they have no idea how

The population is getting older but we are not being looked after, it took 6 weeks to see a GP, which was a locum

The main topics of conversation were focused on *communications, access, services, general practitioners and hospital*.

## **Positive comments**

**General practitioners:** Some people spoke about being able to ‘just turn up to be seen’ and having ‘no problems getting an appointment’ at their doctors’ surgery. It was helpful to have a choice of telephone consultation or face-to-face meeting with a doctor. And friendly practice managers helpful at signposting to other sources of help and services (for example from the doctor to the dementia nurse).

**Hospital:** There were comments made about the ‘fantastic service at Russells Hall Hospital - within three minutes an ambulance came [I was at the] hospital within fifteen minutes [and] went into surgery [that] saved [my] life’. People talked about good experiences with nurses and at the Urgent Care Centre - ‘[I was] seen very quickly, [had a] blood test [and saw the] doctor, all within an hour’.

**Access:** It was remarked that it was easy and convenient to use an online or email based system to arrange a doctor’s appointment or order a prescription. Helpful receptionists and being able to self-refer can also mean you are seen quicker at the surgery - a ‘one stop telephone number with everything coordinated in one place is ideal [for people] and [in particular] dementia patients’.

**Services:** The ‘diabetes course is a good way of helping people manage their condition’ and for people with mental health problems and their carers ‘some very good relationships [established] with [healthcare] services have made a difference to the individual and their care’. A fibromyalgia support group felt it would be ‘good to have the pressure off of the Russells Hall [Hospital] once services moved into the community’. Meanwhile, people remarked on good experiences with pharmacy.

## ***Negative comments***

**General practice:** Young people can be ‘put off with the attitude of staff and not being able to get through [easily to the doctors surgery]. In addition, surgeries can be ‘small and ... awkward’ or ‘scary, big and intimidating. In terms of dementia care each surgery should have a nominated person as a contact for dementia patients since getting to see the same doctor can matter a lot for someone with dementia. Others remarked on a lack of consistency in getting access to surgery appointments, the availability of online booking systems and referrals from the surgery to hospital services. People said they ‘waited three to four days to see a doctor’ and ‘all appointments have gone when you ring in the morning’. It seems ‘every practice is different and this is an issue because some people get certain services and others don’t’.

**Communications:** Some people commented on a lack of feedback following queries raised at the doctors’ surgery and there is sometimes a lack of understanding of how people live with long term conditions. At the same time, there is not always adequate communication between different healthcare services on an individual having a carer who needs to be involved in relevant discussions and decision-making. In turn, different healthcare services do not always communicate well with doctors who have referred people into their services. Sometimes doctors and specialists end up contradicting each other in terms of diagnoses and where people should be sent for appropriate treatment and care.

**Hospital:** People remarked on delays getting hospital appointments and parking issues at the Russells Hall Hospital. Some of them also felt doctors did not ‘take time to discuss conditions’ and there were sometimes ‘[poor] communications between hospital departments and [between the departments] and general practice. One person said they had to wait four years to see an orthodontic specialist for treatment.

**Access:** For people with mental health problems there were worries about a lack of support at home and an intention to move more people out of hospital and back into the community. Meanwhile, carers can feel ‘frustrated ... [and] excluded from the care pathway of the individual they care for’. A point was also made about people nowadays having to be computer literate to navigate health systems and this can be scary for people who do not know how to use a computer.

**Services:** There is a ‘lack of integration of health and social care [services]’ In the case of people with dementia ‘once there is a diagnosis you [can] feel that you’re on your own’. Other remarked on the NHS 111 service not always operating like they would like it to, the need for locality link workers to be aware of all the services that are out there that can be of help to people, and the advice from pharmacies not always being of a high standard. It was felt the whole healthcare system was hard to navigate. Additional comments were made about a ‘long wait for an assessment for speech and language support’, a ‘crisis team that is unhelpful for [people] with mental health [problems] since the support is only over the phone [and there is an] unclear pathway between social services and mental health services’.

## ***Group issues***

In an attempt to include the views of groups in the listening event findings and undertake a deeper dive into the information collected the most prominent issues for them in health and social care were identified (see Appendix 2, on page 23). Groups were categorised according to their healthcare interests.

**Physical and mental health:** It can be a struggle to get an appointment at the doctor’s surgery when you want one and waiting times for assessments, referrals (for example to hospital-based services), and waiting times for treatments can be very long. Sometimes, it seems there is much lack of effective communication between primary and secondary healthcare services.

You cannot always see the same doctor at the hospital and this can be problematic for some people with long term or other health conditions because of a lack of consistency in care or inadequate communications.

It can make sense to bring more healthcare services out of hospitals and into the community. The NHS can and does provide good seamless healthcare services in hospital and the community.

**Disabilities:** It was felt communications between different healthcare providers are not always of a high standard. Sometimes basic things such as not being aware of each other’s working hours or a lack of coordinated action can be problematic for people trying to get access to services. It can end up with people having to access emergency services unnecessarily.

At the same time, there instances where there has been a lack of consultation with people who have disabilities or long term health conditions to fully understand how their healthcare needs can be met. Access to the Urgent Care Centre and other healthcare buildings is an issue for some people who are physically disabled.

There was a view that the ‘one click one call’ idea was interesting and could be helpful for people trying to get access to healthcare services. Having a dedicated liaison nurse at the hospital is helpful for people with learning disabilities. Being able to use the internet to book doctor’s appointments and for ordering repeat prescriptions can work well and save time for those people able to access it.

**Carers:** Remarks are made about not feeling listened to and being excluded from the care pathway process and decisions about healthcare impacting on the person they care for and themselves. There is evidence of care pathways being confused and not being as joined up as they should be in terms of addressing a person’s needs. For example, social workers do not always inform doctors of what is happening with someone under their care. There was some worry that bringing services out of the hospital into the community could make matters more complicated with inadequate support for people at home.

On the other hand there are instances where good relationships have been established between healthcare professionals and carers and this has made a huge difference to people’s quality of life.

**Housing:** There was a concern that local authority housing services lacked an in-depth understanding of people with mental health problems and their circumstances. Often they do not seem to know how to deal with them. At the same time people are having bad experiences contacting the mental health crisis team.

## ***Cross-cutting issues***

A third area of analysis of the listening events examined whether there were similar issues that crossed over between one or more of the groups involved in the research.

**Some people with health conditions were able to get GP appointments quite quickly and have positive experiences of the online booking system:** People remarked ‘I can always get an appointment at my practice’ they have ‘really good doctors, and for some ‘booking [doctor’s appointments] online is a positive experience’.

**People who are carers, older people, and people with learning disabilities mentioned the issue of not always knowing what services are available at their doctor’s surgery:** They pointed out that sometimes ‘identifying what treatments and facilities are available at GP surgeries doesn’t work so well’ and it was sometimes difficult to know whether all surgeries offered the same or similar services. Carers remarked ‘We are not told about social workers being attached to a surgery, which would help when trying to co-ordinate the care provided for a person.’ There are big differences in the opening times of doctors surgeries ‘every practice is different’ and it is ‘awkward to hear someone getting one service and others getting other services’. In turn, ‘some [surgeries are really good and others aren’t’.

**People stated they had trouble getting an appointment with a GP:** There was some feeling that ‘getting through to the GP isn’t easy’ with people saying ‘I had to wait ten days for a GP appointment’, ‘I have to attend the practice early in the morning even though I’m so poorly to get an appointment’ and ‘the designated GP for over seventy-fives is always over booked ...’. A woman looking after a small child remarked ‘I tried to get my child in to see the doctor, I couldn’t so had to go to the Urgent Care Centre’.

**People with learning disabilities, mental health problems, other health conditions and carers indicated there was a lack of communication between primary and secondary care services and social care services:** They were saying ‘healthcare professionals shouldn’t make assumptions about [healthcare] providers and what they do’. For example, a person was discharged [from hospital] to [another healthcare] provider and the professional [at the hospital] assumed they provided round the clock support seven-days-a-week, which they did not. Others complained the ‘co-ordination between the hospital and the doctors’ surgery doesn’t seem to be there’ and suggested ‘all of these issues boil down to the lack of communication between all the health and social care professionals involved with an individual’s care’. In some cases ‘letters from the hospital to the GP are not being sent when they should be’ and ‘people are being discharged [from hospital] with no care package and sent home ...’. There was the question ‘why aren’t people sharing the information to ensure the best care for an individual’.

**People with an interest in housing, physical health (including long-term conditions) or mental health matters found it took a long time to get a referral to hospital and proper assessment:** They pointed out that there are ‘long waiting lists’ and it can, for example, be ‘difficult to get a follow up breast screen as part of breast cancer treatment’. One person commented ‘I had to wait six months for a therapy assessment, now I am waiting on another list to have therapy’.

**People with a health condition and carers feel it is important to have continuity of care:** Some were saying ‘I need to see the same doctor, but I often can’t [and] this doesn’t work well for my condition’, ‘when you want to see the same GP it takes four weeks to get an appointment ... this is not ideal ...’. Others remarked ‘I never get the same doctor, it is so important to see the same doctor’, ‘I phone the surgery and I don’t always get to see the same GP, it matters to keep the same GP’, ‘It is important to keep continuity of care’.

**Carers feel they are excluded and not informed in the care and treatment of the person they care for:** It was felt ‘hospitals don’t communicate with the carer’ and ‘surely the doctor should be duty bound to contact the carer ...’. They pointed out that in the case of a diagnosis of dementia information may not be passed on to the relative or carer’. Also, ‘there is a lack of continuity, different care pathways and different [health] workers means nothing is straightforward’ and carers felt that ‘as a carer we should be the point of contact and we need to be informed and involved in the care plan of the individual [we care for]’. The rights of the carer need to be promoted and supported and they need to be effectively involved in discussions about the care of the person they care for.

Carers felt that bringing more hospital-based care out into the community might make the situation worse for some people. They commented that ‘there is no support at home but you want to keep people out of the hospital ...’, ‘Will there be a risk of doubling the effort, you get referred to the community then they can’t deliver that service so you get referred back to the hospital, could the work load and hassle end up being doubled?’

**What groups thought were positive aspects for the future within health and social care:** There were people who felt it was a good idea to bring more healthcare services out of hospitals and into the community. They were saying ‘I love the idea that services would come out of the hospital and into the community’, ‘It makes sense to bring services into the community’ and ‘I’ve already noticed that some [hospital-based] services are starting to move into the GP surgeries’.

Young people felt that using the internet for the online booking of doctor and hospital appointments and repeat prescription services would be a good idea. Some people thought the ‘one click one call’ idea was a great idea and should be worth a try’. One person said ‘I love the idea that everything will be pulled together’. Others suggested ‘the one click one call number is good in theory but if there are automated options or you are left in a queue would this be any good?’

People’s principal views on health and social care matters gathered at the listening events are categorised under the positive and negative themes listed in Table 1, on page 12.

<b>Positive Themes</b>	
Communications	Use of text messaging by doctors surgeries, computer and information systems that talk to each other, someone available to talk to on the phone
Services	Multidisciplinary team working and effective community care, social services, pharmacy and prescription services
Hospitals	Well-functioning specialist wards and ambulance services
Access	Use of the internet for repeat prescriptions and booking appointments, one click one call
General Practitioners	No waiting times, quick referrals to secondary care, the idea of telephone consultations seems sensible
<b>Negative Themes</b>	
Communications	Referral mistakes, lack of knowledge of patient groups, lack of consultation with carers and service users, lack of feedback, lack of communication between services
Services	Lack of integration, lack of specialist training for professionals (such as in dementia care), issues with the make-up and getting access Multidisciplinary Teams, issues with young people's services and social services, a lack of adequate mental health services
Hospitals	Issues to do with hospital discharge processes, people not having care plans, long waiting lists for specialist care, the layout of the accident and emergency department, issues with appointments, car parking, lack of beds and bed blocking, lack of services for the hard of hearing
Access	Mistrust of the proposed one click one call service, worries that accessing services in community rather than the doctors surgery or hospital could be detrimental to people seeking help with healthcare matters, issues with transport to doctors surgeries and hospitals, issues with the 111 telephone advice service, lack of availability of specialist doctors at certain times in hospitals, internet based healthcare services not good for people without access to the internet
General Practitioners	Not being able to get appointments, long waiting times for appointments, more weekend services needed, lack of knowledge on what services are and are not available at surgeries, concerns about a shortage of doctors, lack of opportunity to see the same clinician, issues with prescription services, poor attitudes of staff

Table 1: People's views on health and social care

# Challenge or opportunity

The outcomes from the listening events subsequently informed thinking about the development of alternative ways of engaging with people. The aim was to better understand how they could be involved in finding solutions to problems relating to health services and health and wellbeing. They set the scene and stimulated discussion about opportunities to explore how community assets and people's organising and project skills, could be used to co-produce ideas on new models of care and ways to stay healthy and cared for.

## Design ideas - the Activate pack

An opportunity to build on this five years of action research work exists within the All Together Better partnership aspirations, to better understand the ways that a range of local assets can be harnessed in co-productive activities that can help people to remain healthy and cared for. An aspiration was to create some easy to use resources which Healthwatch Dudley could distribute to a range of community-based groups and people working in different settings, so they could run participative activities and contribute to the health and wellbeing research process.

In turn, Healthwatch Dudley and Dudley CVS made an open call to people involved in local community groups and activities to come along to one of a number of facilitated public workshops. What became known as 'All Together Better Activate Packs' were used to stimulate discussions about health and community assets.

Healthwatch Dudley and Dudley CVS partnered with strategic design specialists Spaghetti to design the Activate process and prototype resources. These were tested with a group of six individuals from different organisations, with an interest in health and care matters. A lot was learned from this work and some changes were made to the Activate process and resources as a result.

## Activate sessions

In total, seven facilitated 'Activate' sessions were delivered by Healthwatch Dudley and Dudley Council for Voluntary Service at the locations listed below.

- The Beacon Centre for the Blind in Sedgley
- The Talbot Hotel in Stourbridge
- The DY1 community building in Dudley
- A People's Network event in Brierley Hill
- Willowfields Extra Care Scheme in Coseley
- Broadmeadow Extra Care Scheme in Dudley
- A meeting of Stourbridge Soroptomists

The All Together Better Activate sessions were a way of starting to find out what keeps people in the community healthy and well. At the start of each session an animated video (produced by Doodle Video) was played in order to give people information on the changes the Dudley Clinical Commissioning Group was thinking of making in the borough and new models of care.<sup>2</sup>

Significant energy was invested in creating Recipe Cards for the All Together Better Activate Pack.

**Recipe Cards:** These are examples of local, national and worldwide projects in which people (not necessarily organisations) have creatively connected or re-combined all sorts of local assets in new ways to facilitate the co-production of improved health and wellbeing outcomes. Each Recipe Card draws out some of the key assets (using a key - icons and colours - which are returned to in a later part of the process). Participants are introduced to these project examples before they consider the challenges in moving forward with ideas about how to mobilise community assets to improve people's health and wellbeing.

## *Frame innovation*

Many of the challenges which the All Together Better partnership seeks to tackle around keeping people healthy and cared for at home and in communities are complex and dynamic because we are dealing with diverse and changing communities. New methods of problem-solving and engagement are required in this context. Traditional engagement and consultation has tended to create passive participants (people coming along to meetings to listen to problems defined by external organisations and comment on their models for service design and provision).

Importantly, the All Together Better Activate Pack resources lead to frame innovation. The challenge or issues are not framed by organisations - the process and resources invite participants to frame the challenge. This flips the conversation. Who sets the frame for designing solutions is really important if All Together Better partnership seeks to engage people in the co-production of their own health and wellness. Frame innovation is not only about the generation of possible solutions to problems rather it is about the ability to create new approaches to the challenges people are faced with.

The All Together Better Activate Pack also includes a set of three Discuss Cards.

**Discuss Cards:** These invite participants to reflect on and discuss in turn the questions listed on page 15.

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<sup>2</sup> Doodle video: <https://www.youtube.com/watch?v=vQyqHoV8yaU>

For you what does being healthy and cared for mean?

What helps you to be healthy and cared for?

What hinders you from being healthy and cared for?

As responses are shared and discussed, common themes emerging are noted on a Common Themes recording sheet.

Having discussed their own lived experience, participants are invited to collectively frame a challenge, based on what they have discovered. Through conversation they develop a question which starts 'How might we...?'

**How might we?** This form of question is used because it suggests that a solution is possible, and a well formed 'how might we' question does not suggest a particular solution, but offers a starting point to think differently about challenges.

Having developed their 'how might we' questions participants are able to frame a challenge which is based on their real life experiences and observations.

## *Divergent thinking*

Traditional engagement activities often demand convergent thinking which doesn't require significant creativity from the people being engaged. The All Together Better Activate Pack encourages divergent thinking and creative responses, asking people to hold multiple possibilities in their head on what the future might look like. It builds people's confidence to be creative by providing some helpful direction to idea generation.

The All Together Better Activate Pack includes six Ingredient Cards.

**Ingredient Cards:** These use the icons and colours obtained from using the Recipe Cards with the project examples. Participants are invited to identify assets and resources they know about and could access. The prompt questions on the cards have been crafted to help with the identification of real, known and potentially available assets. The cards are listed on page 16.

People - what enthusiastic people or groups do you know?

Spaces - what great spaces are there in your neighbourhood?

Resources - what sorts of equipment and materials could you get hold of?

Technology - what sorts do you and others around you use?

Guidelines - what helps people collaborate? (e.g. a rota, a list, shared agreements)

Secret ingredient, what skills, talents, passion or knowledge can you or others you know share?

Participants use their 'how might we' questions to develop possible solutions to problems using available assets around them. They can either identify assets first and see how they might be combined together in an idea, or they can generate ideas and then identify existing assets which could bring an idea to life. This activity demands creativity and divergent thinking. People were involved in the generation of solutions.

## *Participants*

People from thirty-two organisations took part in the Activate sessions - as well as individuals attending events of their own accord. This variety of participants meant that the Activate process was experienced by people bringing a range of interests and perspectives to discussions. They also provided rich insights into the challenges they face in moving forward with ideas about how they might better use community assets. The organisations that took part are listed in Appendix 3, on page 23.

# Activate: its value

People are often talked at by professionals and others to such an extent that they are not as creative as they could be. The All Together Better Activate Pack is designed to grow the self-efficacy and creative confidence of the people who use it.

‘Self-efficacy is one’s belief in one’s ability to succeed in specific situations or accomplish a task. It can play a major role in how a person approaches dealing with tasks and challenges and achieving goals’ (Albert Bandura).<sup>1</sup>

The Activate process takes people on the first part of a co-productive journey involving them in developing ideas and thinking about project design processes. It can be viewed as being comprised of four stages that stimulate the generation of ideas and solutions to problems. The stages are:

Repetition of divergent and convergent thinking

Empathy, discovery and problem definition

Generating multiple ideas

Prototyping and testing of solutions

The All Together Better Activate Pack improves people’s self-confidence and efficacy through a guided introduction to thinking about needs, community assets, services, problems and solutions. Being involved in the creative Activate thinking and problem solving process also helps people to develop participatory skills that mean they are better able to articulate their views on how their quality of life and wellbeing can be improved.

# Activate session findings

At the start of each Activate session there was a question on ‘for you what does being healthy and cared for mean?’ The themes that emerged are listed in Table 2, below.

Theme	
Not being unwell	Having a hobby
Able to self-manage	Access to basic necessities
Someone to contact when things go wrong	Having positive emotions
Able to get around	Not being lonely

Table 2: Being healthy and cared for

A second question was on ‘what is it that can help you to stay healthy and cared for?’ The emerging themes are listed in Table 3, below.

Theme	
Healthy eating	Exercise
Hobbies (helping others)	Support from friends and family
Easy access to services	Having enough money
Positive mental health	Having a job

Table 3: Staying healthy and cared for

A third question was on ‘what hinders you from being healthy and cared for?’ The emerging themes are listed in Table 4, below.

Personal Themes	
Lack of Independence	Pressure and Stress
Lack of getting around	Family and Friends
Personal demons/issues	Time to do things
Lack of health and exercise	
Service Themes	
Lack of knowledge of services	Long waiting times and delays in getting access to services
Lack of the resources needed to provide good services	Lack of integration and communication within and between services
An approach to service provision that forgets about the person	Finding it difficult to get access to services

Table 4: Barriers to being healthy and cared for

The ‘how might we?’, questions were a way of people framing their own challenge around health, wellbeing or care in relation to the lived experiences they had shared and explored together

Each Activate session came up with a question that started with ‘how might we?’, and ended by elaborating on a particular issue that they had identified. The different questions that emerged are listed in Table 5, below.

How might we?
Communicate with older people about useful technologies and groups
Better support families to improve health and wellbeing
Help people to achieve a sense of belonging and shared purpose in their community
Support people who are not accessing health services but should be
Use public and other spaces in better ways
Have digital products that connect and facilitate the sharing of community assets
Help people to know about what it means to be disabled
Ensure there is accessible information and support for people when it is needed
Ensure everyone is viewed as an individual and not defined by their status or condition
Help people who have health problems and their carers to have an active social life
Improve the identification of the care needs of people being discharged from hospital
Enable people to be more informed, independent, and make healthy lifestyle choices
Raise awareness of the communication issues that deaf people face
Improve or maintain healthy lifestyles for people in social care homes
Bring people together to find out who needs help

Table 5: How might we questions

A common theme that emerged was centred on the idea of better connecting groups and individuals in communities with each other. This might, in part, be achieved through improved support mechanisms, especially in areas where there is a significant amount of disadvantage. Information giving to communities and individuals was also identified as being important and it was felt new advances in technology could help with this and finding ways to better connect communities and people with each other to undertake activities that help to improve quality of life and wellbeing.

Participants at the Activate sessions then started to think about what they would need to successfully implement their ‘how might we?’ questions. The items are listed in Table 6, below.

Needs		
People	Spaces	Resources
Technology	Secret ingredients	Guidelines

Table 6: Items needed to implement ‘how might we’ ideas

**Spaces:** people looked to community centres, spaces and hubs in which they could base their project. They could include church halls, community and voluntary organisation premises and facilities in parks. Alternatively, they might be spare space in a doctor's surgery or health centre.

**People:** Some people felt that for them to make their project work they would need the help of staff employed by organisations already involved in delivering services in communities. They might be involved in activities related to health or housing. Managers in community centres and other specialist teams could offer to help communities to deal with some of the matters to do with organising project work.

**Resources:** Many people felt technological resources could be used to facilitate community inspired project work. This technology could include computers and smart phones. Some people felt income generation would be necessary through, for example, fundraising, to ensure a project remained financially stable. The idea of external resources being brought into a project by people themselves was also popular. This could be as simple as supplies of tea and coffee.

**Technology:** People mentioned computers (desktop and laptops), smart phones (and access to email), Skype and Facetime applications. Some people indicated they were aware that not everyone was familiar with these different types of technology - it may be important to have someone in a project who can help others on how to use them. Most people were enthusiastic about using technology to inform and support people through making communications easier.

**Secret Ingredient:** For those indicating a potential secret ingredient that would help to ensure a project was successful they tended to be concerned with a passion for the work being undertaken, resilience, understanding each other and an enthusiasm to work together.

**Guidelines:** Some people commented on what project guidelines would look like. They would ensure there was a fair sharing of workload to all project members and there would be a risk assessment carried out to try to anticipate how future events might impact on project aims. Project policies, procedures and protocols would also need to be established.

# What's next?

The All Together Better Communications and Involvement work stream will explore the potential for developing an All Together Better Initiate pack or set of resources which would take people through a project prototyping stage, following the ideas generation stage which the Activate pack takes them through. The challenges defined through the workshops and the early project ideas will be shared on the CoLab Dudley website and activities developed for Autumn 2016. This will bring people together who are interested in exploring any of the challenges further and taking forward projects as prototypes. CoLab Dudley will support this process.

West Midlands Police are interested in the potential of the All Together Better Activate process and pack to stimulate active citizenship in neighbourhood contexts. Dudley's Neighbourhood Policing team are working with Dudley CVS through CoLab Dudley to adapt and use the Activate process and pack, as part of their Next Generation Local Policing work around active citizens under the West Midlands Police 2020 programme.

Dudley and Walsall Mental Health Trust have seen potential in the Activate resources for an application to promote innovation internally. Discussions are underway between the Mental Health Trust, Healthwatch Dudley and Dudley CVS about ways to use and adapt Activate resources to bring in wider design approaches to their support for staff-led change.

The Activate Pack has been made available to download from: <http://alltogetherbetter.colabdudley.net/> and data is being collected on people who download it, where they are based and their interest in using and learning from it. A mailing list is being built from this data and occasional communications will be made with people to find out ways in which the Activate Pack has helped them.

# Appendices

## Appendix 1: Listening events

Events and Groups	
Access in Dudley	Halesowen North and Halesowen South Community Forum
Amblecote, Cradley and Wollescote, Lye and Stourbridge North Community Forum	Halesowen Library
Belle Vale, Hayley Green and Cradley South Community Forum	HUGS (Hearts Undergoing Surgery) group
Black Country Housing (Staff and provider forum attended)	Kingswinford North and Wall Heath, Kingswinford South and Wordsley Community Forum
Breast Care Group	Kingswinford Library
Brierley Hill Library	Lapal Medical Practice Patient Participation Group
Brierley Hill, Brockmoor and Pensnett Community Forum	Living Hope Church Coffee Afternoon
Carers in Partnership with Mental Health	Dudley Local Pharmaceutical Committee
Castle and Priory, St. James's and St. Thomas's Community Forum	Macular Society
Coseley East and Sedgley Community Forum	Mind Matters Event
Dementia Support Group	My Time Over 50
Dudley and Walsall Mental Health Youth Forum	Netherton, Woodside and St. Andrews and Quarry Bank and Dudley Wood Community Forum
Dudley Carers Forum	First Neurology Support Group
Dudley Library	NHS Retirement Group
Dudley Rotary Club	Rethink - Carer Mental Health Forum
Dudley Stroke Association	Sedgley Library
Dudley Voices for Choice	St Margaret Wells PPG
Dudley Youth Council	Norton, Pedmore and Stourbridge East, Wollaston and Stourbridge Town Community Forum
Dudley Women's Forum	Stourbridge Library
Fibromyalgia support group	Stourbridge Township Council Meeting
Gornal, Upper Gornal and Woodsetton Community Forum	Whitehouse Cancer Support Group Leaders Meeting
Gornal Library	Woodsetton Patient Participation Group
Three Villages Tea Party (Three Villages Patient Participation Group)	Moss Grove Patient Participation Group
	Keelinge House Patient Participation Group

## Appendix 2: Interest groups

<b>Disabilities</b>	Access in Dudley, Learning Disabilities Provider Forum, Dudley Voices for Choice
<b>Physical and mental health</b>	Mind Matters, Lapal Medical Practice patient participation group, Woodsetton surgery patient participation group
<b>Health condition</b>	Fibromyalgia Support Group, Breast Care Group, Macular Society, Dudley Stroke Association, First Neurology Support Group, Dudley HUGS, Whitehouse Cancer Support Group
<b>Housing</b>	Black Country Housing
<b>Older people</b>	Dudley NHS Retirement Group, My Time Over 50 Group
<b>Young People</b>	Dudley Youth Council, Dudley and Walsall Mental Health Trust Youth Forum
<b>Carers</b>	Dementia Support Group - Brett Young Centre, Rethink Carers Group, Mental Health Carers Group, Carers Forum
<b>Other groups</b>	Dudley Women's Forum, Living Hope Church Coffee Afternoon, Sedgley, Halesowen, Brierley Hill and Stourbridge Libraries, Stourbridge Township Council, Dudley Rotary Club

## Appendix 3: Organisations participating in Activate sessions

Organisation	
East Coseley Big Local	Dudley Clinical Commissioning Group
Dudley Metropolitan Borough Council	Dudley Council for Voluntary Service
Ridgeway Surgery Patient Participation Group	Cranstoun - Switch Dudley (alcohol and drug service)
Nehemiah United Churches Housing Association	Churches Housing Association of Dudley and District (CHADD)
Dudley Voices for Choice - supporting people with learning disabilities and autism	Alzheimers Society
Citizens Advice Bureau	St. Michaels Church, Netherton
Queen's Cross Deaf Support Service	Dudley Deaf Group
Sickle Cell and Thalassaemia Support	Macular Society
Stourbridge Soroptimist's	Dudley Centre for Independent Living (CIL)
Dudley Library Service	Highfield Care Home, Kingswinford
Age UK Dudley	Dudley Mind
Black Country Partnership NHS Foundation Trust	Beacon Centre for the Blind
Diabetes UK	Woodside Day Centre
Dudley Stroke Association	Fit Food Fit Life Community Interest Company
We Love Carers	Queens Cross Network
Disability in Action	Dudley Group NHS Foundation Trust

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