I work at MACC - we are the voluntary and community sector support organisation for Manchester - we have different names all over the country - sometimes we are called a Council for Voluntary services, sometimes an infrastructure organisation - it’s our job to support voluntary, social enterprise and community sector organisations including community radio within that voluntary sector overview and just try and make the voluntary sector stronger, what’s the voice of the sector strategically, and my role is about collaboration is about looking at new ways of working and looking at bringing different organisations and different sectors together. A big part of my work is about health and wellbeing - we have the NHS and public sector organisations over here and voluntary sector organisations over here but actually what we are trying to achieve is very very similar we just go about it in different ways, how can we break down some of those boundaries and silos and work together a little bit more, so I am going to talk to you a bit about the health partnership stuff. A lot of it is specific to Manchester where I work, a lot of it fits in with the Greater Manchester picture with the devolution of health and social care in Greater Manchester but it’s worth remembering that all of the language, all of the policies and all of the strategies that I am going to talk about are all directed from a national perspective, so everything that I am going to talk about is gonna be relevant to community radio stations and I really want you to focus on the language as well, partly in terms of what language you can use to speak to these crazy health people over here but partly because of the change in language I have seen over the last 12-18 months, it’s a fundamentally different conversation and it’s new and I was talking to Cathy and Dan the other day about why now - why is this the right timing, I think the conversation around how health works in local communities and local people is completely different, I have never heard them have conversations like this - I have never read reports and strategies that are using this kind of language about holistic, community based, people powered, it’s a really good time to be looking at this piece of work. I am going to talk to you a lot about stories as well - about my own experience with community radio - with North Manchester FM - so a few years ago I was a full time mum, I live locally in Manchester and I had to give up my job as my little boy was born with some health issues and I thought who the hell am I and what am I doing kind of thing, so I used my local Sure Start service for a lot and then there was this thing that a lot of Sure Start services were closing because of a lack of funding so we kicked off about it and started a campaign about why Surestart and community links are important, before I had ever heard about asset-based approaches - that I will talk about, the role of peer support and spaces for local mums to come together and talk are absolutely vital. That ended up being picked up by Sky and Al-Jazeera news, we rang every single Sure start centre in Manchester and ended up with 500 people doing a protest at Albert Square which was on Sky News and the One Show and all sorts and then we got a call from North Manchester FM asking if we wanted to go on the radio and talk about the campaign and why Sure Start centres are important and I walked into the college shaking thinking who the hell am I to go on the radio talking about my experience and the campaign and Richard Lees - the leader of Manchester City Council refused to go head-to-head as a debate, he went on after me 0- listened to him in the car thinking we could have had a great conversation but I walked out of that building feeling amazing, like we were doing something really useful and so I really like North Manchester FM. I do tweet a lot as well - so if anyone tweets do follow me as well….talking with some practice nurses on the value of social prescribing and connected communities.

I wanted to start - and I’ve done this kind of conversation with GPs, practice nurses, clinical leads, with GM health and social care team - how often to we every actually ask local people what makes us healthy and what keeps us well. Who decides what that means? Who decides what health means and I think everyone has a different interpretation of it. We did ask this question - the hospital service were launching their community services directorate and community services in a hospital means something quite different to what my version in the voluntary sector is about community services, it was all dietary and district nurses and all this kind of thing and we had a stand there and we were just talking people who were wandering about the forum - there’s a swimming pool there and a doctor’s surgery and travel agents and all that kind of stuff and we said what makes us healthy and what makes us well and I don’t think we can talk about it without the wider interpretation of what that means. We didn’t talk about happiness, we didn’t talk about wellbeing, we had the usual thing in community development where you have post it notes everything and we just asked that question - what do you think they said? Family, food, having enough money to survive, sleep, sun, going out and about and having holidays, laughter. You guys are on it and they all said - not feeling valued - not feeling useless, having a purpose, having something to do, getting out the house, going to different groups of activities, feeling a part of something, a few people, not as many as I had expected mentioned having a decent home, it was all about that social connection kind of stuff, being a part of something, sharing their skills, feeling important, feeling valued. What we did then was to cover them all up and pull over all the clinical staff from the hospital trust so GPs, respiratory consultants people from the local care organisation who were writing all these strategies of how to deliver health and social care in Manchester and we asked them the same question and they answered: exercise, jargon. I did this with GPs, as well and said ‘how do you think people in your community responded?’ they couldn’t answer that question which was a little bit worrying but you’re right - every single person from that clinical team with a medical, clinical background said, drinking less, getting more exercise, eating more fruit and veg, losing weight and stopping smoking and I was a bit like your view and the view of people in your community, the people you are writing strategies and plans to deliver services to are completely different, absolute polar opposites, there needs to be a different conversation of how we merge those things coz a number of people I have spoken to have said ‘I know I lead to lose weight, I know my blood pressure is sku high, I can’t sleep at night but I can’t even think about stopping smoking and drinking because I’m massively in debt, I’m about to be evicted, my kids are kicking off at school and the only thing that keeps me sain at the moment is sitting down at night with a glass of wine and three cigs coz it calms me down and makes me feel a bit better. I had the same conversations with GPs of people come to my surgery, they’re stressed, depressed, they’re not sleeping at night, I give them antidepressants, I give them sleeping pills, I know there’s loads of other things going on with that person’s life, and I can give them as many prescriptions as you like, they’re coming for a repeat prescription - it fits in with social prescribing - you can’t think about those things until you think about everything that’s going in people’s lives. The health foundation do have funding for this kind of stuff and it’s everywhere; what makes us healthy? They say as little of 10% of a population’s health and wellbeing is linked to healthcare so suddenly all the people writing strategies are like ‘why are we spending all of our money, resources, capacity, all of our expertise designing more and more services to keep up with demand when actually only 10% of health and wellbeing is linked to services, no wonder we are running out of money and we’ve never got enough but we are not actually changing anything. If any of you are familiar with Michael Marmot, he wrote years and years ago - he said 70% of health was down to social determinants and only 30% was down to clinical factors, but still the response all the time is write more strategies, more pathways, more frameworks, more services, there are more people in A&E so need more beds and more doctors without thinking about why are people going to A&E in the first place so there is much more of a focus and this is the first time I have heard people talking about this as equally as important as health and care services...everything you were saying before, good work, our surroundings, money and resources, housing, education and skills, the food we eat, transport and the bit I’m interested in which is family friend and communities, if you are talking about healthm you need to talk about all of those things. And some of the conversations that I have heard and they were saying as people working in the NHS, we need to get our heads around people in communities are partners, they are not just people that use services and they get it - the language is changing but in reality they’ve all got their heads in their hands saying ‘how do we do that? It’s a massive culture change, we’re not used to working in that way and it has to change the leadership as well so if there is something that community radio can do look at this thing as people as partners in co-designing services not just people who receive a service to fix a problem all the time, how do you generate that knowledge and wisdom and the people in communities who historically, for years, have been a list of medical problems and they receive a list of services to fix those medical problems - that isn’t good enough anymore, the conversation there is really changing.

Michael Marmot wrote The Marmot Review (2010)...

Someone mentioned before from Leeds about the life expectancy gap and they say that nationally the healthy lives expectancy between the most and least deprived areas in the UK is 19 years which is pretty scary.

In the city of Manchester there are 3,500 voluntary sector organisations - or they are the ones we know of - when we asked them what their main area of work was 44% of them said ‘health and wellbeing’ but if you are thinking about those kinds of things, every single one of them will be impacting on health even if it’s not part of their main work.

Asset based approaches, person-centred care, co-production - you’ll all hear that kind of thing flying around. ‘Asset based approached’ means starting from strengths and not defining people by their needs and their problems all the time. You will all be know by the NHS as community assets because you are out there and there is something of value in the community with skills, knowledge and expertise that no one has really listened to.

‘Person-centered care’ is about what matters to you, not what is the matter with you. How do you put people and communities at the heart of decision-making. How do you just not refer people to a whole load of services but look at what’s important to them but they value, what they enjoy doing, it ties in with volunteering, how you use your skills and…

‘Co-production’ is how you design and deliver services equally with the local community in a long-term relationship - it’s about working in an equal partnership on a long term basis. We call it head, hand and heart. We ask people what they’re into and what’s important to them rather than asking them what medication they’re on and you’ll find you get a whole board of amazing things.

The way the NHS has traditionally worked has been to ask what’s wrong with you - there is a service over there - take this medication - not thinking about what’s right with them and how that can be built on. And viewing people with mental health problems and long-term health conditions as being valuable if they tell their story and share how they have turned their life around and talk about what’s helped them and community radio is a great medium for people to tell that story.

Edgar Cahn founded time-banking and said that it’s really easy for people to lose sense about what they have to give and in terms of health and wellbeing, what do people have to give and how can you help them tell that story and link them up with the professionals who might not be aware of it. We spoke to a lady in Wythenshawe and once she’d filled in all the head, hand and heart stuff - and it was awful - she said I’m not Rita with diabetes, IBS, a pacemaker and recent diagnosis of early dementia, she wants to volunteer, she’s really good at organising community events and trips out, she’s quite active in the Wythenshawe community and running meeting workshops and she was telling me about conversation with their family who were telling her to stay home and relax but it was a GP who told her it was what was keeping her active and well and to keep doing it for as long as she could with some support. The thought of getting Rita and her local GP on a community radio station and having that conversation would be really interesting and there are loads of examples like that. I’ve said to the NHS that you are very good at what you but viewing people as an asset is our role in the voluntary sector including community radio and how do we build those partnerships. The system is not about policies and strategies - and there are so many nationally, the hard bit is actually implementing - they realise it’s really important but they don’t know how to do it practically and it’s all about people and the stories they tell.

Stories are the most powerful resource - how do we create opportunities for people to tell stories in a way that makes sense, is relevant and credible to local people and you have such an important role in the hearing of these stories. When we talked before about the difference between broadcasting and participation. Communication and engagement and within the NHS it often gets lumped into the same job description or the same strategy you will come across if you start having conversations with the NHS you will come across all sorts of people like a communication and engagement manager or strategy or plan and the same thing you hear all the time is that they almost have the communication bit sorted, good at getting out the flu jab but the engagement bit they really struggle with - they don’t have the background in engaging people, they don’t have community development background or local relationships and it’s not enough to keep just pushing out information all the time.

“We put community radio into the places the BBC told me not to go”

But the engagement bit can’t be changed unless we change the way we engage with local people and are cottoning on to the fact that the voluntary sector and the wider community as a real key role in helping us engage with people.

I’m going to talk a little bit about the devolution of health and social care in Greater Manchester….and for the non-Manchester people - this could come to you - this whole conversation applies directly to whole people work in other areas as well - it’s all relevant. Greater Manchester was the first region to be given £6 billion and control over our own health and social care budget, within that there is £450 million transformation funding which is designed to transform the way GM works and designs services. And they have “Taking Charge” as the plan for health and social care strategy until 2001. I’ll be talking about the language; the aims to “radically transform health, social care and wellbeing in Greater Manchester” these are the two priorities that they’ve come out with and “brokering new relationships with people” I’ve never heard that kind of language before. “We need to broker a new relationship, we need to have a different conversation with people and communities, we need to radically transform health and social care” because looking at stuff like that from the Health Foundation, it’s not enough anymore to just say ‘more GPs, more district nurses, more services” and within that we have a reference group - 18 different groups from voluntary and community sector organisations who are working really closely with that GM health and social care partnership team to say this is the role of the communities and the voluntary sector in Greater Manchester. So if you are ain Greater Manchester and you don’t know about that group, I can help link you up with that kind of thing. Some of the key messages that are coming out, and this is the language that they’re using and that you guys need to be using to get on this agenda, but also the different in the way they are talking, they’re not always sure how to practically put it into action so I think there's definitely an offer there from you guys. We are a catalyst for change and connector of people. We understand this is from voluntary sector organisations, say for community radio - we understand our communities, we can help drive -people-powered change, harnessing social action and social gain, bridging the gap that exists between public services and the people we serve - if that sounds familiar it’s because that’s exactly what you guys do and that’s it the Greater Manchester strategy. A memorandum of understanding was signed by the VCSE - the Voluntary and Community and Social Enterprise sector of which community radio is a part - with the Greater Manchester Health and Social Care partnership team outlining how they can better work together in Greater Manchester. The lessons are directly applicable elsewhere in the UK.

A lot of this kind of language - people powered change - health as a social movement - social action - community action - it’s all directly come out of that agenda set by NHS England - even though this language is used in Greater Manchester, it’s informed from a national level so everywhere will understand this kind of language. So it’s useful for you to be able to talk their language and I can’t tell you how much it’s changed. Don’t underestimate the opportunities it presents in terms of timing.

... there is a disconnect between community radio and the voluntary sector in general so that the NHS doesn’t always know how to find the stations...

Phil - we have to start talking about quality not quantity as well - jst the common sense approach of a well-crafted message by peers as opposed to a slick commercial advert, so we might have a smaller audience but what percentage of that is going to get through and that is going to start talking to common sense in terms of those messages.

...if you start a conversation around a community radio as a place-based approach to building relationships with local people who don’t normally engage, that’s interesting to them, that’s the direction of travel.

Dom - if we are to be part of the solution it would be helpful to know what has caused this seismic shift in the language;

Claire - at the risk of sounding cynical, the whole thing started with austerity and basically it’s because we are losing a hell of a load of money and here’s a way that the asset-based community development conversation has been changed massively because it’s gone down a path of ‘we haven’t got any money to deliver all these services anymore’ how can we do things differently and take more responsibility and do things more in partnership. Some people absolutely get it because it's the right thing to do - some people have been working that way a very long time and finally everyone else has caught up and sees the value of this and a lot of people know we need to save money - services are being cut all the time and we have to change the way that we work and that’s what starts to drive this conversation and then your national policy comes out with how to address it and that the answer is in the community, its assets ad the thriving voluntary sector they can refer to but don’t invest in. It has its issues and challenges as well but it’s that that is driving the agenda.

The Five Year Forward NHS view which directs a lot of this work is about what we need to do in the next five years to make sure we can sustain a safe and efficient system but we have to work differently we can’t carry on, the whole prevention agenda, every single winter we know more people come into A&E, we can’t keep up with the demand, ambulances are queuing up outside, people waiting in beds in the corridors, we haven’t got anywhere to put them, our response is to spend more money on doctors, nurses and beds but what we should be thinking about is why people come to A&E in the first place> What’s the support available in the local community to people home and safe for longer so they don’t feel they have to ring 999 and they are panicking and have no peer support and don’t understand their medical condition and can’t get a doctor’s appointment so they ring an ambulance but don’t need to be here. How can we get people out of hospital quicker and safer but making use of the community support and local organizations that are there. In terms of the Memorandum of Understanding, for anyone in GM, we can share it with you as well. In terms of voluntary sector organisations and community radio, we have a critical role in supporting people to look after themselves and each other in a collective way. Communities need to be better involved in co-designing better health and social care so instead of redesigning how children's mental health services are delivered they are now having conversations with parents and children who use mental health services and find out how they think it should be delivered, what their role is, what we can learn from them - and that’s changing a lot from the experts writing a plan and then we get everybody else to deliver it and all the grateful people access it and it makes it better - and that is changing massively. We need to develop new ways of working together in order to meet the challenges our communities face. I think about conversations on community radio around this kind of stuff. Engaging people and communities in new and different ways of doing things is absolutely where your expertise lies.

Person and community-centred approaches are at the heart of the approach to devolution is the brokering of new relationship between people and public services towards prevention, community resilience and self-help...this is vital if we are to enable people to prevent and manage long-term health conditions, maintain their independence, improve their health and wellbeing and in doing so, live happier and healthier lives while reducing demand on services.

Some of the key messages around persona and community centred approaches, healthcare doesn’t have to be medical. Support can be person-centred and community based - these are the kinds of things they want to hear - the power of citizens and communities to improve health and wellbeing by working with professionals and organisations across health and social care but in an equal way. The benefits of everyone working together to support all aspects of people’s emotional, social and physical needs by focussing on what matters to the individual - it’s not always that they want lots and lots of healthcare services, and using the strength of communities, it’s heads, hands and hearts, so using abilities, skills and connections. It’s really on the radar but they are struggling to know how to do it. Or there are pockets of really good stuff going on, there’s a lot more to be done.

The language is really important: In Manchester (and what we expect to see elsewhere) you have the Health and Social Care Partnership, The Health and Wellbeing Board, and what is new is the three pillars:

* The single commissioning function. In Manchester we used to have three CCGs and the city council, all commissioning services but without really talking to each other. They have no all come together to form Manchester Health and Care Commissioning and they have just contracted a social prescribing service for Manchester. So, if you have a problem, instead of having to go to three places, you just go to one.
* Single Hospital Service - they are bringing all the hospitals in Manchester into one service - they will still have the three different hospital sites but they will be operating all as one organisation which is massively different. They talk a lot about the integration of health and social care but they are talking about bringing together organisations and structures and not really talking about the relationships and the different cultures of how they work.
* And key for Community Radio, is the Local Care Organisation which is all of the health and social care services outside of the hospital coming together into one organisation. Making a link with the local care organisation will get you directly into your GPs, you practice nursed, your district nurses, your community nurses, your podiatrists, but through one organisation. And they are the people who are talking a lot about ‘place-based’ - how to work and hear the stories of a neighbourhood, how to build better relationships locally.

NAVCA is the National Association of Voluntary and Community Action (<https://navca.org.uk/>) They are the umbrella body of all Councils for Voluntary Services/Infrastructure Organisations throughout the UK (equivalents to MACC in Manchester). Find your local infrastructure organisation, find who the health policy lead is using the website - there is loads of stuff going on. Don’t go knocking on the doors of GPs to tell them what you do because it will get you nowhere but if you (use your infrastructure organisation to) use e.g. the GP federation, they have a neighbourhood GP transformation lead who practices as a GP in their local area, but they also spend half the week asking about the role of the GP in the local area - so they don’t just see appointments but speak to members of their local neighbourhoods - the role of the GP is changing - presence and relationship to the community has to change - they want to get their practice nursed out of the surgery and into communities and that’s where they will speak to people who never come to an appointment and who are being missed all the time.

The NHS FIve Year Forward View is the catalyst that started all of these conversations, from October 2014 - though they refreshed a year or two ago. The whole of chapeter 2 talks about a new relationship with people and communities. I have never seen an NHS document or strategy at that national lever that talks about a new releationship with people and commnities. There is whole section about empoweing people and engaging communities. That’s really useful - there is now less focus on it however because they have realsied how hard it is and they are struggling to do it becuase they dont have those local relationships and knowledge to put it into pracrtice and make it happen. The national vision is being set but the relationships, trust or connections locally to put it into practice and there is a massive gap - so what is your role in helping them to put that into practice?

The VCSE review - Simon Stevens, the chief exec of NHS England - has welcomed the new action plan from the joint review, set out an important vision in which voluntary, community and social-enterprise organsiasations - and you are part of that sector - work with the NHS to codesign and codeliver health and care services with local people. How can you help tell their story and get them to share their experience with a GP/Commissioner/Practice Nurse on how they can co-design and co-deliver local services.

National voices in 2016 - the national people and communities board looked at six principles in engaging people and communities:

* Care and support is person-centred, personalised, coordinated and empowering (the language is changing massively)
* Services are created in partership with citizens and their communities. Focusses on equality and narrowing inequality.
* Carers (loads of work you can do there) are identified, supported and involved
* Voluntary, community and social enterprise and housing associations are key partners and key enablers.
* Volunteering and social action are key enablers

There is a lot of “old power” in the NHS which is all about status and job descriptions and hierarchy and position and power and that is how they are used to doing all of their work. Old Power is like currency - it’s really valuable and is held by a few people right at the top and they really don’t want to share it or involve other people because they are the experts and they write the plan and as long as everyone else implements the plan, everything will be fine. They download information from the top and expect everyone to do it and of course it doesn’t always work.

-Command and Control - implementing a strategy without talking to people about whether it’s right…

-Leader Driven - The powerful leaders, setting the agenda what to do - it’s very closed.

But New Power is like a current, it moves, it spreads, it needs to get down into communities, power and leadership needs to be distributed and shared

* It’s made by many - people in communities who have a really powerful role - the new community leaders - I can think of ten different people on my street who know everybody - they are involved in everything - people go to them if they have a problem - they are the leaders in the community and they have a huge amount of power but we miss that relationship with them.
* Uploads - that is your role - how do you get the voice from the community up and magnified and shared.
* How do you share power? It’s peer driven, it’s not leader driven. And the people you work with - your volunteers - are the peers - they can drive that change. And it’s open and it’s such a role for community radio - that open broadcasting to communicate - I’m really interested in the whole power conversation. None of this will happen unless people are prepared to give up that power.

Phil - All Claire’s amazing information underpins my conviction that this is just the start of something extraordinary that we have to bring into this landscape. We have the raw resources, 250 stations, every single station has something extraordinary happening in its community...and we have our sights set on something quite big.

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