Building a Social Movement for Health

Policy and Research Forum

October 19th 2016

Dr Donna Sager, Deputy Director of Public Health

Nick Dixon, Commissioner Stockport MBC, Lead Practitioner Healthy Communities, Stockport Together and Vanguard Lead, Empowering People and Communities Workstream, NHS England New Care Models Team
Health as a Social Movement

- The NHS context, why the NHS is encouraging a Social Movement
- What a Social Movement is
- The Stockport background
- The national programme ‘Health as a Social Movement’
- The Stockport Social Movement project
- What we have learnt to date
- A Stockport ‘Call to Action’
- Some key messages for system transformation
- Discussion
Why change

• NHS and Social Care are facing challenges of unprecedented scale and urgency in the form of escalating costs, shrinking budgets and the growing and changing needs of the population

• Need to shift from fixing acute problems to redefining relationships with people and communities, from formal to informal, to work together to create change

• Must address the limitations of the ‘treat and cure’ model, move upstream to prevent ill-health; this is beyond the reach of traditional services, we must engage with the lives of people, address the wider determinants of health

“Never doubt that a small group of thoughtful citizens can change the world, indeed it’s the only thing that ever has” - Margaret Mead
A Social Movement

• Unprecedented that the leader of the NHS, a highly controlled, hierarchical and bureaucratic organisation, actively calls for social movements

• A pure social movement is spontaneous and uncontrollable, they challenge and disrupt, particularly accepted values, priorities and procedures

• Can an institution create a social movement? Can people rising up to demand change work together with formal institutions? Can shared purpose be created without citizen-led change? Who holds the power?


Over time in Stockport........ Arising within mental health and now adopted within Stockport Together

- **Values** Based Awareness, 2002
- **Recovery** of a life, irrespective of the illness, 2003
- **Social Inclusion**- hopes and aspirations made possible, 2005
- **Personalisation**- choice and control, 2009
- **Outcomes** based commissioning, 2010
- **People Powered Health** and Coproduction, 2011
- **Collaboration** and redefined relationships, 2013
- **Social Action**- People Powered Places, 2014
- **Health as a Social Movement**, 2015
National Programme


Stockport received £115k as one of 6 Vanguard sites chosen to “develop, test and spread effective ways of mobilising people in social movements that improve health and care outcomes and show a positive return on investment”.

Programme’s Aims:

- Identify and develop exemplar social movements – creating real-world examples of communities mobilised for health and care that improve outcomes, show a positive return on investment
- Demonstrate ‘what works’ – using rigorous evaluation approaches
- Support spread – enabling local areas to develop approaches that could be scaled or adapted and adopted in other communities.
The Stockport Social Movement Project, includes Oldham and Tameside and in reaches into GM

• Co-production with people who are lonely and socially isolated is at the heart of our work. The project focus on arts and food movements as means to connect people and enable them to improve their health and wellbeing.

• Social Movements for Health GM aims to support social movements in Stockport, Oldham and Tameside boroughs; and across Greater Manchester. It builds on the Stockport work to hard-wire’ social action into a transformed health and care system.

• https://socialmovementsinhealthgm.com/
Today, on World Food Day (16 October), we are asking everyone to think about poverty at home as well as abroad. Recent data from the United Nations suggests that more than 8 million people here in the UK struggle to put enough food on the table. ......

Food Poverty
End Hunger

https://youtu.be/sYfL8VmKjrg
https://www.youtube.com/watch?v=jXgMAXTeZ60&feature=youtu.be
Addressing loneliness in your community is not easy - but there are plenty of resources to help you get started.

Campaign publications

Campaign research bulletins

Useful reports & publications

Whether you want to campaign for change in your community, learn about the latest research or share ideas, we have plenty of ways you can get involved.

• Take action in your community

• Join our Learning Network

• Become a supporter
Food and Health as a Social Movement in Stockport

• The Food Movement is organised and passionate—eg protest against food poverty

• Feeding Stockport—a partnership programme to transform food culture in Stockport

• Bring together Food Champions with Health Champions to address loneliness and health

• Identify three GP Practices, engage Altogether Better, tap into the power of patients http://www.altogetherbetter.org.uk/health-champions

• Use food positively to grow community, health and resilience

• Connect into Oldham and Tameside Food Network
System Level Change in Stockport

What we have learnt in our communities

• Need to shift from service silos to system outcomes, from vertical silos of health and care to horizontal place-based systems.
• Health and care systems determine service delivery in isolation of people.
• Culture and behavioural change is needed for transformation - both within services and citizens.
• Neither people nor places are seen as assets, we tend not to leverage in people’s capacity and local resources.
Application of Learning

A Stockport ‘Call to Action’
Four areas to consider

1. **Give Your Workforce the Training and Tools**
   - Shift from ‘doing to’ to ‘working with’

2. **Promote Health as a Social Movement**

3. **Develop Place-Based Health and Community Networks of Support**

4. **Commission Differently**
Shift from ‘doing to’ to ‘working with’

Workforce training and tools

- Who are your workforce?
- Relationships matter so much
- “Transformational change can only go at the speed of trust”
- “We hired workers but human beings came instead”
- Resistance - understand why
- Single OD Strategy with agreed vision
- Leaders set the culture
- System Translators
Place based health and community networks

- Rich resource in the Community and the Voluntary sector
- Work in neighbourhoods people identify
- Go where the fires are burning
- Use the community hubs which exist- map the assets
- Provide information and advice, signposting, digital hubs, link to the prevention services
- Bridge Place and Health: connect to the New Care Model team
The Liminal Space

Between the ‘Life World’ and the ‘System World’, the land and the sea

The world of people and the world of the NHS and care

The great divide- language, behaviours, priorities, custom and practice, relevance

We must bridge the divide, come together on the beach and design together the solutions to the loneliness and distress which is overwhelming the system
Health as a social movement

• Activated patients taking more responsibility
• More aware citizens wanting change
• Community champions and conversations
• Compassion inherent in communities; loneliness - an unnatural disaster
• The VCSE can broker the conversations: “the Council kills it”
• Faith Groups, Businesses, Arts, Housing, Leisure, Fire
• Top down, bottom up AND outside in change
Breaking free from the Vertical Change Debate thanks to the Solace Group

**TOP DOWN**

**OUTSIDE IN**

**BOTTOM UP**

Must see beyond established practice, away from the service prism through which we conceive the problem, and admit disruption into the system
Commission differently

• How is the VCSE commissioned?
• Commission for outcomes including social capital
• Alliance Contracting
• Asset based commissioning across age and label
• Creative use of the resources available
• Commitment Devices
• Investment Funds
FIGURE 15  SPECTRUM OF COMMITMENT DEVICES

LIGHT TOUCH COLLABORATION

REGULAR MEETINGS  INFORMATION SHARING  CO-LOCATION OF STAFF  SET JOINT OBJECTIVES  SET JOINT OUTCOMES  CONTRACTUAL AGREEMENT  SHARE RESOURCES  POOL BUDGETS

SEPARATE SILOS

FULL INTEGRATION

SINGLE SYSTEM
Key Messages

• Need transformation across the whole system
• People are an untapped resource, need a common language
• Identify the System Leaders- System Translators come together
• Redefine relationships- “it’s all about relationships”
• Use Commitment Devices
• Think Place: ABCD, Community Conversations
• Outside In Change, disruption is necessary
• Social Movement for Health- engage both the passion and the compassion
People Powered Commissioning for Social Action in Stockport

Stockport MBC undertook a large scale project in 2014-2016 which used Nesta’s "People Powered Commissioning" principles to take bold, brave and radical steps towards not just the commissioning of new kinds of services but entirely new models of commissioning.

With a scale of system change rare in the UK, this process puts long-term outcomes for people, not short-term outcomes for institutions, at the centre of decision-making and places the commissioner within a visionary leadership of genuine partners and collaboratives. Instead of seeing social care commissioners as just designing and procuring services, here they shape places, enable community conversations, stimulate new social action and provide communities with the tools to begin to develop new networks of support.

Fundamental lessons were learnt through the commissioning process. Chief of these was that without relationships and building trust and alignment around a common vision the transformational change needed to address the pressures in the system will not happen. Strategic relationship building, flexibility and finding new ways of working can be vital.

Key findings:
- Alliance commissioning offers many benefits, including incentivising collaboration and partner engagement. It also requires investment of time in developing relationships, understanding and buy-in.
- Developing social action and community capacity is a vital part of this approach and enables us to harness emergent and innovative activity by investing strategic support in the communities it springs from. It is important to be aware of what motivates resistance to this approach, including the overvaluing of professional interventions and of traditional attitudes to giving time.
- It is vital to provide support and information to prepare providers for decommissioning so that they appreciate and understand the extent of change required and the value of alternative options.
- We need to think about the way commissioning approaches shape provider behaviour to mitigate negative outcomes which can limit providers’ capacity, capability and resilience.
- Engagement with significant change processes will always be varied and it is important to be strategic and reflective in building a network of change agents who will engage with the values and goals of a project and collaborate to deliver the change required.

The Stockport Narrative for Change: an approach reflecting the Principles of ‘Empowering Patients and Communities’

March 21st 2016

Nick Dixon, Stockport Together Vanguard and Lead for Empowering Patients and Communities, New Care Models Team

NOTE: this Narrative has been prepared to support the work in Stockport and is shared with other areas to stimulate discussion; although in line with the Forward View, it is not a sanctioned NHS document.

The Call to Action

‘Empowering Patients and Communities’ is where the agendas for the NHS and local authorities really come together. The NHS Five Year Forward View acknowledges that we can only achieve better health, better care and better value by fundamentally changing our service’s relationship with patients and communities.

Local authorities have long been engaged in shaping their communities, building local assets and community resilience. They too know that we have to reduce people’s need for statutory services to be able to face the future demographic and financial challenges.

So together we all have the same aim: to have strong cohesive communities where people have the knowledge, support, skills and resources to manage their own lives and health to realise their own ambitions and where partners across communities are recognised for what they offer.

For these communities to emerge and flourish we have to recognise our role as public services. Sometimes we prevent others doing more by what we do. At the very least, we have to refocus the way we work and our interactions with the places in which we work.

Chapter 2 NHS Five Year Forward View
Questions and Discussion