Greater Manchester BME Network consultation

On 27th September the Person and Community Centred Approaches (PCCA) charter was presented to the GM BME network.

We asked people – does it make sense to you? Does it speak to you and your communities? Are there gaps we have missed? How can we turn this into a wider campaign?

There were lively discussions and lots of feedback, but a number of themes emerged across the room which we need to pay particular attention to:

- BME leadership – the absence of representation at the top makes it harder for people to feel engaged by GM campaigns
- Link workers – this felt like a key role and the network would like to have more conversations about social prescribing for BME communities
- PCCA/wider services – many felt that people in their community could read the charter and think that acute or emergency services were being replaced by the community. It needs to be clearer where this fits into the bigger picture.
- Structural barriers – need more attention to the wider barriers people in communities face i.e. housing, jobs, transport, welfare reform, finances
- Over-promising – how will this be paid for? How will you make sure people don't slip through the gaps? Will this raise expectations too far?

The Graphic

Language

- If English is not your first language or you have basic English you may not be able to understand

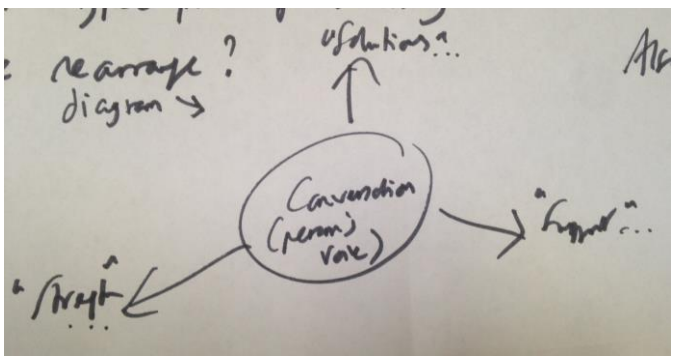
- Could/should we use community workers to break this down?
- Good balance of accessible to people and technical enough
- Consistent language used across the whole system is helpful
- Simple but not accessible to some BME communities
- Asset based? Not user friendly

Images

- Would BAME communities be able to understand the image? Some people may look at the approach and think it's a gardening project
- The arrows are confusing! Do they represent a bottom up approach or a route through the charter? Good to show connections, but maybe it would make more sense to show as everything is connected
- Could the picture show who is listening to whom?
- Images are good but the main image looks like men (not Muslim women) and seems a bit stereotyped picture of 'diversity'
- Make people multi-coloured to show diversity? Though some green good because of connection with health
- If you couldn't read… you would see a spaceship with aliens
- Could it be animated – click on each image for short explanation?
- Not suitable for visual impairments – a lot going on and less defined arrows are not the best
- Where to start – entry point?

Approach/content

- Clarity – exactly what it is that this means? Every service is different depending on the needs of the user
- Would need further explanation for people in the community to understand it, the image on its own doesn't make sense
- Aimed at service leads – white power – this is a problem
- Maybe rearrange to a diagram? Picture that was drawn on the feedback sheet is shown below:



The Film

- No ‘real’ people apart from Sami
- Good to have Sami in as a service user
- No BME faces at the top
- Video wouldn’t speak to people in the community – too corporate
- Not effectively representative of the BAME community – white male voices in authority??
- Lack of acknowledgement of BAME – perhaps consider commissioning a new fim?

The Charter – overall comments

Approach/content

- ‘Create your own care’ – are you removing or adding support? It can sound like this will be replacing hospitals, GPs etc. so need to be clear that expert support will still be there and that this is about different options.
- We don’t want you to be ‘creative and innovative’ with our urgent care! Be clear that it is preventative and a long-term solution i.e. additional for chronic illness rather than if my child is suddenly ill or I break my leg
- Doesn’t talk about the barriers people face or wider social issues i.e. treatment of people on sickness-related benefits, inequality in society
- Well-intentioned but patronising – more than finances, about support (realistic support).
- Like community approach to medical issues. Trust/training – move away from ‘expert’ to community and make sure Drs are connected to the community
- Infrastructure – housing, jobs – not used or recognised in the messages
- Money – who will pay?
- We would like examples and case studies

Language/images

- Generally very supportive of this whole 'PCCA' effort – needs a catchier title though!
- When talking about health and social care, who are you talking about? Doctors? Dentists? Community workers?
- Why the weird little arrows on the edges of the charters?
- Cut the total volume of words
- Make more concise
- The ideas are extremely powerful – but we need to see substance that it is 21st century approach or that sounds like corporate speak
- The language is technical – not the language of communities
- Personal budgets and other terms/contexts need more clarity – no table felt engaged with PB or wanted to talk to them

Person-centred conversations

Approach/content

- The gap is reaching people who do not engage. How will this happen to include everyone?
- Be careful not to raise expectations too much – it may not be possible to do what people want (i.e. if someone wanted their credit card paid off)
- People with mental health issues – there is a need for guidance not just a blank sheet, people would like suggestions and advice as well. Actually, everybody needs some of that.
- Being heard is vital to create trust – easy to overlook
- People will need training to have this kind of conversations – it isn't easy for some people
- Person centred is only a theory and has been around a long time – how do people know/understand this? Will people actually get it?

- Eligibility?
- Specifics – what matters could be a taxi

Language/images

- Agree with ‘trust’ being important
- ‘Meaningful’ conversations – not better ones
- ‘Active participant’ is jargon
- Get rid of the 3 male heads in the picture!
- Use words that are easy to translate – i.e. remove ‘tick box exercise’
- Outcome driven? Journey focus

Social prescribing

Language

- Locality feels like jargon – replace with local borough?
- What is social prescribing? Give examples at the top e.g. social activities
- ‘included’ in the decision is not enough – not actually making the decision

Content

- Include social enterprises in first section
- How do we find out the information in a format that is accessible?
- When you talk to someone and feel listened to, you also need feedback with outcomes
- Why would BME people accessing their GP for an issue want this? Needs to be explained in a way that they understand
- User involvement?

Link workers:

- Clarity on their role – is it just to link you somewhere else? Often signpost to somewhere which is no longer running
- This is questionable as to equality and diversity – the link worker is often not of the same culture as the audience
- Past experience shows this is more often than not a signposting service
- Very limited in the remit of their role
- Fast turnover of link workers – someone just getting to know them and then a new link worker arrives
- This will be expensive to do properly with people who are the most isolated and deprived – will there be sufficient funding?
- Need appropriate training
- Relationships are built within communities but need enough funding and resources to be dedicated
- Needs to be ongoing not short term
- Time limit – how is it set?
- Referrals out will lose trust – how will link workers facilitate this?
- Digital way to access so it is future proof?
- MDT and advocacy support? Help process this – link workers from BME and in community

Asset-based approaches

- We need a central register of organisations
- How to reach excluded groups? Identify how and why people are excluded and feed that back into the system. People don't know what's going on
- A lot has been done for many years on a shoestring – need to look at what exists already vs what needs funding, repair and support

- Think about infrastructure not just organisations – other examples of challenges which impact on health and wellbeing are transport i.e. for wheelchair users
- How can we be sure this is reaching everyone? It will be very expensive to do this properly for the people who are hardest for services to reach
- There is a big language barrier to understanding this – means something too context specific i.e. co-pro or co-design
- Need to be clear about 'upskilling' of the community – readiness to take on responsibility (similar rhetoric in education – gaps in reality and in assurance)
- Meeting all needs to avoid people slipping through
- Funding of projects and management?
- Long-term funding is difficult – commissioners need to be realistic in funding. Is delivery even possible?

The Campaign

Language

- Too much use of jargon and acronyms is very excluding and corporate
- Spending resources on translation or leaflets doesn't work if you are illiterate, cannot engage through language or are isolated (so will not see the leaflet or poster in local places)
- Will this be done in relevant languages, sign language, easy read, etc?

Content

- As professionals we think the charter is fine. As service users no – you need to get this to the audience that it is going to impact but usually not the same people attending events/consultations
- Too many professionals – needs to be directed by users
- Need to be really clear and up front about money

- Has to address wider issues – i.e. official attitude towards people on sickness related benefits, structural barriers… it's a catch 22 situation for lots of people
- Changes in community make up so it's hard to catch up with these new issues arising as the community group has limits to how/when they can engage
- Some of the presentation slides could be big posters and banners – get the message out and make it visible so people know what to expect under the charter
- Animated version of the charter with a short cartoon/explainer video of each of the characteristics in plain English?

Approach

- Needs a proactive approach – boots on the ground
- How consistent? Poorer areas get less engagement
- Offer – do you want us to take this to people in the community for their comments? Where do VCSE orgs sign up to the charter? Will it help with other funders as well as health and social care?
- We want the presentation so we can share it
- How will the charter be monitored and checked on? Could be monitored by people and organisations
- Employers need to take action to ensure staff meet the needs of service users
- Training the administration
- Include community links – self-awareness, education and skills
- We need more BME representation at the top for the campaign to feel relatable and led by our communities
- If we tell people, they will be aware of what should be on offer and will know to ask for it. Make sure VCSE orgs know so they can support people
- People are put into boxes i.e. let's go to the mosque to engage with Muslims – but not all Muslims go to the mosque?
- Poster/leaflet is not enough on its own – need to have other mediums
- Consultations – some people attending these
- Bus stop marketing
- Radio/international channels