Winning Hearts and Minds

in Collyhurst and Cheetham

Developing a Grounded Research approach to working alongside people and communities, to co-create conditions that encourage healthier lifestyles and good mental health.

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Foreword

Manchester is a great place to live and work. We have some of the best sports facilities in the world. People from outside the city, travel here to enjoy the galleries, theatres and music. The city-centre is thriving. Many parts of Manchester are unrecognisable from the Manchester of 20 years ago. Some of the most passionate, hard-working people, who care about their communities, and places where they live, are in Manchester.

Despite this, there are people in Manchester whose health is amongst the worst in the country. More Mancunians are dying early from heart disease than anywhere else is the country, especially in the north of the city. Poor mental health is an accepted reality for many people, who don't expect their circumstances to ever change. It's not easy; it's almost impossible to live a healthy life when the circumstances you find yourself in make the unhealthy choice, the only choice.

In the spirit of "Our Manchester" we need to do something completely different. How can we make the most of things that make Manchester great, to change the poor health statistics? Traditional approaches to reducing health inequalities have not had the impact hoped for. Winning Hearts and Minds is 'Our' response to this challenge.

Winning Hearts and Minds has given permission to challenge the norm; begin to re-write the rules of engagement and try out new ways of working. For the health system, the approach has been an eye-opener, giving much richer insight into the lives of people in North Manchester. What is clear, is the quality of people's health is dependent on so much more than the availability of specific health services. It is about the people they see every day, the environment that they live in, their access to wider services and opportunities, having a community identity and feeling part of it. We knew this, in theory; but the richness of the Winning Hearts and Minds approach makes it real and is already beginning to drive a different approach to finding the solutions. We hope this approach will spread the culture of getting alongside people, really listening, testing and learning.

We know this isn't easy. The challenges the system currently faces are unprecedented, but throughout history there are examples from all over the world of people making changes together despite immense challenges.

The work detailed in this report is just the beginning. Since these conversations took place, we have eight diverse and dedicated fieldworkers who are continuing these conversations on a daily basis across communities in North Manchester. Giving them permission and freedom to explore has been a valuable learning experience for them, and the wider Winning Hearts and Minds programme.

The voices of people living in these communities are being heard and are crucial to creating the conditions for better heart and mental health for all.

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Introduction

Winning Hearts and Minds is a collaborative approach to improving heart and mental health outcomes in Manchester. It is a citywide programme with some targeted interventions in the most socially disadvantaged areas of the city. Through the workstreams: Community Led Initiatives, Healthy Lifestyles, Healthy Hearts and Healthy Minds, a number of initiatives are being developed to deliver the programme's ambitious aims.

This document is a summary of the learning from the Community Led Initiatives workstream to date. Curators of Change has supported the development of a process that provides a structure for community-based dialogue which captures the nuance of the Winning Hearts and Minds programme alongside what really matters to people and communities.

The report outlines the original brief, the early findings and challenges, the emerging dialogue with a range of groups and individuals, and a very early understanding of people's experiences of trying to maintain physical and mental wellbeing.

The emerging approach is one that is rooted in the insights and feedback from a range of communities and groups. Fundamental to this is developing a deeper understanding of the relationships, power structures, beliefs and values that impact how public, voluntary, community and faith sectors respond to the 'professionally identified', often assumed, needs.

It is a ground-up approach to identifying what people identify that stops them being healthy and well. It's about building a 'grounded theory' from actual conversations and learning, not providing solutions to our assumptions of how we fix the problem.

We all have the capacity to take a more human approach to winning hearts and minds. This report outlines the start of our journey to understand what is possible when we stop, listen, have conversations with people about what matters, and work alongside them to realise their existing power, assets and skills.

What we are seeking to do

The ambition of the Winning Hearts and Minds programme is to reduce the rate of early deaths from heart disease in Manchester to 50 per 100,000 people by 2027, reduce the associated gap between the healthiest and the least healthy, and improve mental health. The current rate of early deaths from heart disease in Manchester is 85 per 100,000. In North Manchester it is 96 per 100,000.

In order to achieve this, we have set out five aims:

1. To improve the conditions that create health in the most socially disadvantaged neighbourhoods

2. To reduce levels of physical inactivity

3. To reduce the number of heart attacks and strokes

4. To improve the physical health of people with severe and enduring mental illness (SMI)

5. To strengthen connections, relationships and collective action for healthy lifestyles.

There is evidence to show that people can feel better and stronger if they choose to take action, rather than being told to do something. An area's health and wellbeing can be improved by increasing community activity with a broader range of people, activities and local services.

Community activity can be stimulated by starting with what's important to local people, building trust and relationships from the ground up. Much of the programme is focusing on community development in order to create the conditions needed for heart and mental health to flourish.

Those conditions will be created by community-driven improvements. By undertaking community development work, the programme is seeking to support local people to achieve goals that are important to them.

People who have SMI die an average of 15 years earlier than someone without an SMI. The Winning Hearts and Minds programme aims to work with communities to help support people with SMI to stay well.

Lots of fantastic work is already taking place across organisations in Manchester. Winning Hearts and Minds wants to make the most of what is already there and ensure there are no gaps. Everyone should have access to the support and information they need to stay well. Inter-agency, whole-system approaches are integral to success.

The Winning Hearts and Minds programme is working in partnership with local communities and a number of organisations and agencies across health and social care, the voluntary sector, sports and leisure and others, in order to achieve this.

Community conversations

The programme started with community conversations that took place between May and September 2018 in Collyhurst and Cheetham.

The initial focus was to understand local issues in relation to heart and mental health.

The process used produced a coherent, albeit negative narrative. It also demonstrated the benefit of starting the conversations with a blank sheet of paper.

Conversations in Collyhurst

In Collyhurst the strengths identified included:

- Schools and young people

- A strong sense of community

- Community assets such as the Big Local, green spaces and walking routes, and physical spaces, including the Lalley Centre, St George's Church, and Church of the Saviour hosting a range of groups and activities, some led by the community.

The issues identified included a lack of:

- Infrastructure and basic local amenities (no shop, post office or cash machine)

- Public transport networks

- Physical spaces for people to connect with others, or to participate in activities.

Other issues identified included:

- Not making the best use of people, spaces and assets

- People not accessing the right support, evidenced by low morale and a lack of positive relationships with statutory agencies, including the local GP surgery

- A lack of coherent information or communication about what was already happening

- A 'lost faith' in local services: "We've been here before, so what makes you think this time will make a difference?"

In July 2018, a second conversation in Collyhurst focused on partnership.
Key messages included:

– Partnerships not working well

– A lack of understanding or awareness of services available and what they do

– Duplication of services with multiple referral pathways that didn't communicate with or trust each other

– Austerity is seen to be responsible for fragmented communities and a lack of engagement and resources

– Lots of talk from organisations and very little action.

Conversations in Cheetham

There were more local residents involved in these conversations.

In Cheetham the strengths identified included:

– Good sense of community – with a diverse range of groups and activities developed by and for the community, with particular reference to faith groups and organisations

– Strong presence of support and services from providers

– Wellbeing in schools, family support/services

– Activities for a range of BME groups

– Partnership working across organisations and agencies in Cheetham.

The issues identified included:

– Levels of poverty and unemployment

– The cost and accessibility of transport – very difficult to get to places where support is available, ie. leisure centres etc

– Lack of support for children and young people

– Low levels of health literacy and a lack of engagement with health and care

– Lack of cultural relevance, low expectations of services and of people themselves

Other issues identified:

– Environmental issues – overall cleanliness

– Quality of facilities, some in need of repair, improvement: and an overall lack of activities

– Community safety

– Too much fast food and takeaways – lack of access to healthy food

– 'Us and them' approach – agendas already set by 'them'

– A lack of meaningful engagement.

The conversations didn't attract many local residents. By the September 2018 workshops the numbers had reduced, and in Collyhurst there were no residents in spite of the challenge to local organisations to bring a resident with them.

This meant the conversations were biased towards the needs of the organisations and agencies represented, rather than what matters to people themselves.

This links back to the 'us and them' feelings identified across all the conversations up to this point.

The Winning Hearts and Minds team understood the need to explore a different approach to engage with residents.

Change in approach

The learning up until this point was hugely valuable in setting the context in each of the two communities. Those from communities that were present contributed alongside those representing organisations and agencies.

However, the emerging learning was increasingly biased to the 'service world' perspective and what 'they' identified as 'solutions'.

The emerging conclusion was that the conversations needed to happen where the people are. The team needed to step outside of their comfort zone. This was a challenge they were willing to take.

Acknowledging the need for change from within an already innovative and partnership-driven programme evidenced the importance of taking time to reflect on its own internal workings.

This gave the team permission to move away from a programme-managed structural approach to a much more relational one. Team members were encouraged to immerse themselves in the communities. The impact of working in this way was accelerated by giving 'professionals' space to reflect on:

- Personal experiences of 'community'

- What motivates 'us' to get up in the morning

- How we feel when we have good or bad experiences of receiving information, support and advice about things that are really important to us.

Personalising the conversation with professionals in this way was a key catalyst in enabling them to adopt this different, more organic approach.

To really hear what their responses were we needed to go to where residents were.

A very short guided conversation-style questionnaire was created and the Winning Hearts and Minds team pulled together a calendar of events and places that groups of people from the local communities already gathered on a regular basis.

We wanted to know from the residents' perspective:

- What keeps them healthy and well

- Barriers to being healthy and well

- Sources of information relating to health and wellbeing

- Anything else they wanted to talk to us about.

Learning to date

From November 2018 members of the WHM team visited groups and activities that were already happening. There was a genuine curiosity in relation to what residents would talk about.

Groups included:

- Women's groups in the mosque and library

- Community grocers, and cafés

- People First (people with learning disabilities)

- Job clubs etc.

The research to date has identified three overall key themes:

1. Relationship with place:

- Place is a key issue for residents.

- What is available locally, such as public spaces, amenities, community venues etc, provide a good base from which to develop relevant support.

- There is a desire for shared public spaces where people can connect, actively engage, and switch off from their day-to-day problems.

2. Relationship with people:

- There is a reliance on relationships with family, with voices of children, parents and grandparents often being heard to the exclusion of appropriate support from local organisations and services. This is because people don't know where to go for information or advice, or are fearful of the response they will get.

- Isolation – many people expressed a fear of losing connectivity with family, friends or other key people in the local communities.

3. Relationship with services:

Overall, there was a realistic perspective about the need for a relationship with clinical provision – health, housing, and social. However, it was recognised that:

- These relationships can be prohibitive, in particular where people are on benefits and do not want to be seen to be physically active.

- The way services are working is prohibiting the overarching aim of Winning Hearts and Minds to reduce the incidence of physical and mental health conditions in north Manchester.

One example (see Appendix 2) involved a man with epilepsy who wanted to play darts to relieve the stress of treating his condition, while keeping alive the dream of time alone with his children.

There may not be data about the positive impact a darts group might have on this man's health, but his story is testament to the impact that social activity and connection have in giving him hope and a better experience of life.

The emerging results are interesting and encouraging. Shifting the emphasis from inviting people into 'our' space to being welcomed into 'their' space, entering that space with an open mind and an element of curiosity, changed the dynamic:

- Entering 'their' space using shared language, and shared values was key

- Not going with a 'service land' idea and asking their opinion

- Leaving the conversations open so people were free to identify what was important to them.

While these key themes are important in helping the overall understanding, it is important to acknowledge the difference in learning for Collyhurst and Cheetham.

Deeper learning from Collyhurst

Strengths identified:

- A deep understanding of the importance of social connection in the spaces that were available

- An understanding of the benefit of physical activity, healthy eating, and maintaining good health

- Evidence of the difference having a sense of connection and belonging has on people's mental wellbeing

- People's understanding of the value of human-to-human connection without structure, specific goals or expectations (as often imposed by services)

- The value of being: talking and supporting one another, even where there is an actual or perceived lack of relevant practical support available, including personal faith and spirituality

- A shared understanding of where the focus should be; our connection with others and the environment we live in.

Issues identified:

- Social isolation across all generations, not having enough spaces to be with other people, connecting and supporting one another

- Lack of local leisure provision

- Distance between health, care and housing provision and what matters to people

- A fear of being seen to be active - even though there is an acceptance of the importance of being active – due to benefit sanctions

- Food and social connection don't solve the whole problem. There is a lack of connection between where people are day to day and the support and services that could support them

- The 'scruffy' environment: people not having a sense of pride in their own homes due to the state of repair/décor, or the local environment due to poor maintenance and investment. Fly-tipping was given as a specific example.

Deeper learning from Cheetham

Strengths identified:

– The value people placed on 'doing life together' without depending on lots of activities. Having the freedom to be and associate across generations

– The value of 'protected' space in which to connect. A sense of ownership, and a need to preserve that

– Privacy in a public space based on cultural or religious reasons, including specific space for women, sometimes based on culture or religion, sometimes for all women

– The role of key community leaders in ensuring that the community takes responsibility for informally supporting other members of their community – in particular older people

– The role of specific groups such as People First (peer support for people with learning disabilities) and the dynamic relationship between people and public services

– An understanding of the value of peer support across the range of spaces across Cheetham.

Issues identified:

– Sense of vulnerability in relation to community safety

– Concern about the environment and pollution

– The stifling impact services can have on existing groups and activities

– Overprotective of space, to the exclusion of others who may benefit

– Strong community leaders can sometimes inhibit the views of other local people

– Imbalances of power between local groups and people, between people and services and between services and local people

– Lack of culturally relevant support with weight loss and increasing levels of physical activity.

Recommendations

The pilot phase for this work has been one of discovery. An exciting and ambitious programme of work; a hunger to learn, adapt and change the approach to WHM; a vision clearly articulated by statistics, but which has in its early days struggled to hear the voices of what really matters to the community.

Over the next five years it is recommended that:

There is ongoing recognition of the importance of listening:

– This report makes clear not everybody has the answers. It also makes clear that together it is possible to coproduce approaches that open doors to answers, often unexpected ones. At the start of this process communities articulated where they thought the answers would be found.

– The success of this project will be rooted in the ability to get alongside people, listen and coproduce solutions with people and communities.

There is continual reflection in relation to programme structures and a willingness to flex and adapt as necessary by:

– Creating the right environment; sharing not controlling the space

– Shifting from a purely workshop-based approach, to a more ethnographic and community-based approach, creating opportunities for learning that a purely workshop-based approach would have missed; recognising that people need to be relaxed and comfortable in their environment to talk openly and honestly about their experiences

– A growing understanding that to focus exclusively on the practical/tangible solutions such as leisure centres, housing and specific activities when what people really need is for 'us' to understand what matters to them and put the primary focus onto developing the relationships, connections, routine, purpose and values that inform the practical solutions.

The WHM team continues to understand the importance of accountability by:

– Working with the lead facilitator/mentor to create space for being open and honest about what works and doesn't work

– Giving permission to people to be brave with ideas about different approaches.

The team is sensitive to the informal structures and leadership in the communities by:

- Working as equals to identify already-existing spaces of engagement, learning and development.

There is a deepening understanding of the diverse nature of a community's cultural and religious influence through:

- Developing an understanding of informal networks and power-brokering

- Deploying resources in a way that maximises the potential for coproducing change

- Understanding informal networks and cultural and religious drivers, to further understand the conversation at the food pantry in Mile Platting (Appendix 2)

- Building relationships with the people who shape these informal networks.

It is okay to think small by acknowledging that:

- The stories from people and communities do not require huge financial investment or gimmicky approaches

- The change that people seek is within the subtleties of their day-to-day lives

- People want their daily stress and anxiety to ease

- People want to be valued, heard and loved.

The work is iterative

- Keep talking, having conversations, developing relationships

- Constantly recording what is expressed, our reflections, engaging and reflecting together as a team

- Integrating that into the work we do. Support 'from the margins' by gaining insight and creating the right conditions for people to realise their own potential and the potential of the wider community.

There is power in mentoring and coaching others to use this approach

- The approach being adopted is sensitive to both the structures and the environment we encounter, and uses processes that centre on the person and community

- It's messy, but it works. Let's get the word out! Make connections and learn from the work of others.

There is no space for complacency

- There is always space for learning new things, meeting new people, building new connections and relationships

- Keep listening, watching, learning and recording

- Keep in mind that this approach is about co-creating the right conditions by sharing the space; building relationships, having good conversations, sharing values, beliefs, and working alongside one another - regardless of status or hierarchy.

    Without this, true coproduction with people and communities is not achievable.

Given the above recommendations, a team of Community Development Fieldworkers have now been recruited to support the Winning Hearts and Minds programme over the next four years. Working with the Fieldworkers and the wider Winning Hearts and Minds team to integrate the learning from this programme into a wider neighbourhood repository, is key to developing the knowledge base for the project's future use. It also provides the evidence necessary to provide the right level of ongoing support beyond the work of the Fieldworkers. Such learning is also essential for developing the community-led initiatives that can and will make a difference to the lives of North Manchester's residents.

Appendix 1: Grounded theory

Developing a Grounded theory

Developing a grounded theory of place is an 'iterative' process, that allows the story (theory) to emerge and develop over time and 'of its own accord' There are a number of things that are fundamental to creating the space for the stories to emerge:

- **The data** – qualitative data that captured, coded and quantified over time

- **Reflecting** – on the data as it is emerging, identifying the key themes

- **Theories/Coding** – what themes/theories/stories are emerging, and being tested

- **Context** – how does the data and emerging themes and stories frame the context over time
  - What are the existing theories – 'our' perceived notions.
  - What does 'our' data tell us, and are the policies for change rooted in 'our' view of 'their' world.
  - What else do 'we' know about the locality at the start.

- **Self-awareness** – how does our own knowledge, past experiences, perceptions, policy base, beliefs, values and world views shape the context for us.

For example, we know physical activity improves health and wellbeing. By getting to know a specific community and listen to their stories, passions, interests we might find a strong connection with football as a means to improve wellbeing.

- If we learn (collect data that tells us) that football is of significance for that community, then organising non-football-related physical activity is counter-intuitive in that context.

- Our new theory is based on the new context – that football is a point of connection.

- Working with the community to define and test out what football-related activity means to them allows them to define the best ways of addressing physical wellbeing in their community.

- Listening to peoples new and developed stories over time will allow the emerging theory to develop, and the context will have been 'reframed'. How do we need to respond now, what new learning is there to develop the health and wellbeing of this community further.

Grounded approach – some practicalities

The following gives a very brief overview of the practical elements of developing Grounded Theory in the context of the development phase of the Winning Hearts and Minds programme. This has been adapted from academic Grounded Theory methodology.

It is important to note that the steps outlined have not been followed exhaustively but have provided an overall framework. Curators of Change, and the Winning Hearts and Minds team at the time of the development phases have tested the approach. The practicalities below are based on the learning to date.

Data Collection

Should be relaxed and informal, starting with getting to know a bit about the person or group you are talking with. If you have consent then recording or videoing conversations is helpful, otherwise making notes and taking photos that will prompt learning and recall will help.

An important part of the data collection is what you observe as well as hear, capture this in notes or images too.

Coding

Coding is an ongoing process that over time helps to build a stronger understanding of the relationships and dynamics that impact wellbeing.

– Observing what is happening locally is key in order to construct theory based on the conversations and observations:

  – What actions are being taken, what processes are evident?

  – What is the environment like, how are people interacting etc?

  – Being aware of the interpersonal (interactions with others), intrapersonal (personal actions and behaviours) and environmental elements that are part of everyday routines and behaviours.

– It is important not to make assumptions but to understand the actual theory as it emerges from the data, putting aside preconceptions or beliefs and being open to another view point (self-awareness).

– Detail is important in order to 'code' the data to be able to identify emerging themes and theory. Taking a step back from the 'big picture' creates space to understand different perspectives. For example, prevalence of early deaths from heart disease is a 'big picture issue'...

  – Capture as much as you can when you are gathering data and then take time to see what key words and phrases that jump out?

  – From these key words or phrases - what are the emerging themes?

But the reasons why will be different for each individual. Allowing people to talk about their views and experiences and then scrutinising the data line by line for key words and phrases and paragraph by paragraph for emerging themes allows us to understand more deeply and diversely what it is that affects the prevalence of heart disease.

Data can be captured in a range of ways

– Self-completed surveys or questionnaires

– Our own personal observations

– Questions that come to mind during a conversation, eg. in dialogue interviews.

Surveys usually generate small data fragments, eg. 'eating veg and fruit is good for you'.

Observing or conducting mini-interviews (conversations) will generate data that summaries the events of people's lives, and requires greater sensitivity to what is heard and how it is recorded.

Dialogue interviews start with a key question or line of enquiry and develop naturally as a conversation, questions being prompted by the curiosity of the person interviewing. There are no fixed questions once the initial question has been asked.

Testing the data

The data must help to establish what the emerging theory/theories are. It is not about fitting emerging theories into the pre-existing theories or context. Test the data and process regularly by asking:

– What new questions are emerging?

– Who do I need to talk to about this?

– Where should I go to find out more?

Emerging questions

An important part of the process of testing and developing the theory is identifying the emerging questions such as:

- I have found myself noting down a lot about people eating well, or not

- Is this the case for the places I have visited so far, or is it going to change in other locations?

- I should visit other locations?

As the process develops, the questions emerging will help to expand the depth of understanding and create categories. For example:

- What is it about this locality that is influencing the emergence of data around healthy eating?

- This may lead to establishing the category 'healthy eating'.

Once a category has been identified we can then go back and ask questions to help understand the deeper factors at play, refining the knowledge base and identifying new categories.

Over time, the picture will become clearer.

Ongoing scrutiny of data

- Does the data provide a sufficiently rigorous picture?

- If there are gaps in the data, why is that? Can anything be done to 'fill' gaps in data? If not, why not?

- What does the data tell us about our networks, the content of the community, ourselves, and our own perceptions?

- How do we make sure that we can address these issues as they arise?

Ongoing scrutiny and development of the theory

What is it that is not making sense in this picture?

- Are the differences at the heart of the data being sensitively and appropriately represented as part of the comprehensive picture of a community?

The iterative collection and scrutiny of the data allow growing confidence in the data over time. There is no need to go back and recode or check validity.

Being analytical and developing the theory

- Don't assume definitions for things

- Spend time with key language to identify a local definition that differentiates between the rhetoric used and the practice. This is a particularly important consideration when looking at 'taken-for-granted ideas'.

Be open to different perspectives

- Theoretical positions, beliefs and values – especially when working with community organisations. They may or may not have a strong position, but we should be open to them where they exist.

When do we stop?

We may get to a point where no new categories are being identified. However, the learning about the categories can continue indefinitely.

There may come a point when you can stop exploring the same categories as nothing new is being learned. At that point it is okay to stop and say we know enough.

What we are aiming to influence

The overall aim is to:

- Deliver rhetorical power

- React against dominant narratives

- Hold space open for the discovery of something new

- …and more?

Working with the data and moving forward

Key considerations include:

– Allowing the voice of the people to emerge from the data and creating space to realise previously imagined ways of responding to the 'big issues'

– How does the theory support a shift away from a deficit approach?

– How does it help in understanding and identifying the possibilities?

– How does it open opportunities to work alongside people and communities to realise what is possible?

– How does the theory support doing things differently?

Appendix 2: Cheetham

Following are the notes and reflections captured from some of the conversations that took place through the development phase of the work outlined in the report. The intention was to give more details of the learning outlined in the main report.

Abraham Moss Library

This session took place while the library was closed. It evolved from another group (which still meets) due to the desire of its members to have more unstructured social time together.

This was a small group of women who meet regularly at the local library to share lunch, jokes, tips and tricks, and recipes for healthy life. They were very happy for us to join them, and to talk to us about things they're interested in.

They found that they do not need activities as a reason to meet; they began to realise that their biggest 'need' was the freedom just to be. It evolved an activity group run by the College of the Third Age.

On this particular day the conversation turned to the generation that had lived through the Second World War. It was recognised that this was an extremely resilient generation of people who 'just got on with it, and just did life together'.

They also talked about the benefit of just being with others and the connections with everyday things ways of reducing anxiety from unrelated issues. Some notable 'quotes' included:

– Keeping a clear head, having a positive attitude, and not getting stressed are important for wellbeing

– Keeping a realistic perspective and making sure that irrational thoughts and fears don't cause anxiety. An example of this is "my daughter is flying abroad and the plane will crash, I know it!"

Conversely, predictability and knowing that there are things that can be relied upon – such as this group – helped. There was an interesting exchange about 'traditional remedies' and how cod-liver oil and virol (liquid remedy) were once a cure for lots of things! These examples were typical of the varied and open dialogue between the group as a whole.

It was clear the group was not averse to change, as they had a commitment to evolve further. There was also a clear pride in the space they had created – for example, one member questioned why someone else was in the library on a day when it was closed.

A Religious Centre

We met with North Manchester Black Health Forum and Neesa Group at a local religious community centre on their community safety day. This was attended by 40–50 residents and was one of the first times the two organisations had met as a group.

Neesa Group is a group for South East Asian women of any age to take part in IT classes, socialise, and be given immigration advice.

North Manchester Black Health Forum is a VCSE group that meets at Woodville Sure Start Centre in Cheetham Hill four times a week. It's open to anyone over the age of 55, including people with dementia, and is run by two staff members and a few volunteers. Residents enjoy dominos, painting and games. They also receive health and wellbeing advice and enjoy a good natter.

As Neesa Group was unable to secure funding for this year, it has merged with NMBHF.

Owing to miscommunication, we didn't have as much time with the residents as we had hoped. Their programme was very full and included an hour of theatre we had to leave the room for, as the ladies weren't keen to perform in front of men.

By the time we came back into the space it was lunch time and it was hard to talk to many people. Stress is the major issue and the causes of it include problems at home, money and family matters.

However, the following points emerged from a conversation with a group of four British-African residents between 65 and 80 years old.

– Sometimes the environment has an impact. They have walking problems or arthritis, and rubbish on the streets and people leaving bins in the alleyways mean that getting around is a problem. They won't speak to their neighbours about it because they'd rather keep their neighbours close, and they do not want to have arguments.

– They felt that community spirit no longer exists, and they can't even contact the Council any more to collect rubbish.

– Most people do not use online services because they are not accustomed to using the internet or computers. These things have a bigger impact on older people, and there are longer waiting times.

– The general feeling was that older people don't have much of a say – they feel segregated. The one thing that could help is if they could talk to someone directly.

– Transport was a large concern, especially the 59 bus. Sometimes you have to wait over an hour for a bus: "I once counted 12 buses go in the other direction". This is difficult for those who live at the bottom of Waterloo Road trying to get into Cheetham Hill. The residents go to Cheetham Hill Medical Centre, the Welcome Centre and the Sure Start Centre – they sometimes have to get taxis, which has a negative impact on their finances.

– There's a fear in the community of losing their community groups – if they disappear, they will have to stay at home. They don't have much to do in Cheetham Hill. They felt there were a lack of spaces for them to go to.

An interesting part of the conversation highlighted how people are supporting one another, but many think that 'services' should be doing more. One of the men in the group on this day is also a member of the Jamaican society at the Welcome Centre. He and his friends were helping a new member of the Jamaican society find somewhere to live and helping him get advice on benefits, because they didn't feel they knew who could help.

Coffee Morning Group at Cheetham Church of England Academy

The Coffee Morning at the school happens once a week and the majority of parents that attend are Muslim mothers aged between 21 and 40. There were also some children at the group.

The group was led by a family liaison officer, who helped parents socialise and ensured they had a safe space to talk.

All the women we spoke to had good knowledge of how to keep healthy and well; however, they felt that they didn't have time to do so because of house chores and family life.

Two of the women had recently been diagnosed with Type II diabetes and pre-diabetes, yet they were eating jalebis (deep fried sugar syrup) and kheer (rice pudding) at 9.30am. When asked about this they said they were with friends and its part of socialising.

When asked about physical activity they said:

– They didn't think much was happening in their area with regard to exercise.

– A lot of the exercise classes took place at Khizra mosque, which was too far.

– They would like to see groups to be in other mosques or in neutral spaces.

– They had a keen interest in netball groups, walking groups and cricket.

An interesting conversation that occurred was about using parks as spaces to exercise. There was a strong dislike of the idea and when asked why, one of the women said: "Because we exercise with our headscarves on, and if a group of women exercise together in a park, people will think we're a Jihadi training camp". The other women laughed but agreed. There's a strong sense of segregation and fear of being judged.

Manchester People First

Peer advocacy Manchester-wide network for people with learning disabilities, including some north Manchester residents. The group meets in Cheetham.

This is a Manchester-wide group that meets in Cheetham. Although this is not without challenge in terms of transport and access to the meetings, this doesn't deter people from meeting, as they value the time and space they have together.

Three members of the Winning Hearts and Minds team spent time with the Manchester People First group. The greetings were warm, refreshments were offered, and they were invited to gather around a table with the group. The session was run like a focus group, and a facilitator provided the group with leadership. Group members clearly respected each other and the guests.

It felt natural – the group had established its own way of working that was constructive, promoting participation and giving everyone space to be seen and heard.

The way that people introduced themselves was significant: "Joe Bloggs from Manchester People First" then "Josephine Bloggs from Manchester First", and while this seemed formal at first, it was clear that this identity was very important, as it demonstrated a shared ownership of the group.

We received a warm welcome and were offered refreshments. The health and wellbeing of participants was clearly influenced by being part of the group, as they had to walk from and to the bus, and from the bus to the building, which helped to keep people healthy and well.

Alternatively, "Eating healthy would help us. Can some people show us?" Note the collective 'us' rather than the singular 'me'. This was emphasised by requests for new group activities such as yoga, or other classes relating to physical fitness coupled with advice on activities that are suitable for sufferers of epilepsy, for example.

There was a realism expressed around the responsibilities for the health and wellbeing of the group that had been witnessed at some of the other groups we visited. Examples included:

- Producing tick lists for tasks that will enable good health and wellbeing, helping people not to be forgetful.

- Walking as a means of staying healthy and well was described as part of the journey to the group. The difficulties with road conditions in Cheetham Hill were also mentioned. These included potholes and pelican crossings being too fast, resulting in people being in the road when the traffic lights turned green again.

- While the responsibility for health and wellbeing was taken on by the individuals in the group, there was a request for public services to do their part in shaping the environment the walking was taking place in.

- This relationship between individuals and public services was identified through a variety of examples.

Relating to healthy eating, the discussion included:

- One respondent saying: "If you want to eat rubbish and put on weight, go for it, but you might get a heart attack or a stroke."

- Another said: "When you go to the GP, why don't they advise you to help you lose weight, instead of saying 'here read this'." The complaint was based on the lack of thought that had gone into the communication from the GP. While there is an acknowledgement of the info being important, it is hard to read and is therefore a barrier to staying well.

- The same was said of 'paperwork'.

- Respondents wanted to be treated like people. (The perception we gained was treatment by GPs being "the same old story, which is one [they] are tired of hearing".)

- One respondent set out the things they do to eat healthily, saying: "I have a grill machine and an air fryer, and we don't go to the chippy."

- "We are making changes. We are doing the best we can." Some respondents advocated knocking down local pubs as "they are bad".

Other themes shared included stories of wider hardship, including physical attacks that they couldn't stop. The accounts were validated and supported by the group facilitator. There was a shared sense of powerlessness – that the differences the

group had in terms of life-limiting conditions and experiences that impacted their health were important and not being valued! People expressed:

– "I want to be with people who have been through what I have been through."

– "We want to be listened to."

– "We have previously tried sports buddy schemes that allow us to know our neighbourhood and build connection through conversation, as well as putting it together with physical activity."

The example of the buddy scheme appeared to be important, as it highlighted the capacity to build relationships in simple but meaningful ways. There was a collective identity apparent from the beginning of the session, which communicated a sense that people and their relationships with each other and their wider environment matter.

Finally:

There were lots of other accounts emerging that relate to the themes of healthy eating, exercise, the physical environment, community and social structures, and powerlessness. These themes begin to set out the story of Cheetham based on the words of the residents, and the data this account has been drawn from provides details of how and where changes can be made.

The narrative so far is one that starts with residents and services taking responsibility for the small details within the spaces they have 'ownership' of, welcoming a blurring of boundaries, and adopting a relational approach when boundaries begin to blur. These small-scale changes are not the whole story, but are emerging as a valuable place to start.

Appendix 3: Collyhurst

Whitley Road Medical Practice

Two members of the WHM team visited the practice and chatted to a range of people in the waiting area.

In relation to the question of what keeps you well, most people spoke a lot about eating well, giving examples of eating fresh fruit and vegetables, cereals etc. While healthy eating was quite a common answer, not everybody.

It wasn't clear if this was because people are eating well already, and are therefore able to draw on their own personal experience, or they were just expressing what they felt was the right answer.

Another theme was the acceptance that everyday life can have an impact on our health. For example, people see a connection between walking to work, caring for family and pets, and other simple things, and good health and wellbeing. Three of the examples include:

– A clearly anxious man, aged between 18 and 24, detailed a variety of conditions he had: depression, anger etc, but at the same time showed a calmness and self-awareness about the problems he faced and the causes of them. The man said that gaming and poor diet contributed to his aggressive state. At the same time, he was able to describe the importance of relationships and the constructive approach he and his mum have taken to address some of his problems. She doesn't force him to do things but encourages him to care for his cat, see his friends etc. She also urged him to seek mental-health support, which was his reason for being at the surgery that day. Relationships featured again as he talked about wanting to give back by looking after others, which "takes selfishness away".

– A man who acknowledges he is fit and well has recently (over the past 12 months) seen a number of people he knows pass away. For this reason he decided to undertake what he described as an MOT, to check that he is as healthy as he thinks he is. The man described regular exercise and walking near roads as something he does on a regular basis, and the awareness of the impact of pollution. His concern was for the wider environment: he wanted to make sure that it was as good as it could be to let people go about their daily lives in a healthy way. This was in relation to the local physical environment as well as things such as pollution.

– A third example was from a woman who works full-time. She walks to work and has been healthy throughout her life, including doing a 5K run with her daughter. Twelve months ago she contracted pneumonia, which means she has to work a lot harder to stay well. The pneumonia had a significant impact on her. She was reluctant to retire from work due to the impact it would have on her, recognising her routine as a source of good health and wellbeing. She was also frightened of becoming isolated, in the way that many elderly people are. She identified not being able to drive and the lack of leisure provision in Collyhurst as barriers. As she works in the public sector, there is an element of conflict. She knows there should be more social housing provision, but that it hasn't been provided, and she can see the way it's going to affect older people.

In summary, these conversations highlight the importance of relationships being developed and maintained as they are fundamental to the rhythm of our daily lives, and our overarching health and wellbeing. Focusing on the practical/tangible things alone cannot resolve this. People most want purpose, connection, and routine, to be valued through positive relationships with all those they interact with.

These people did not want to be directly involved in designing solutions, but were keen to share their views on what matters to them, and therefore where the primary focus for change should be; our connection with others and the environment we live in.

Community Grocer

The grocer operates out of a ground-floor flat in Miles Platting on Thursday mornings, and is open to people who live within a 15 minute walk radius which includes people from Collyhurst.

This data provides us with stories that add to the emerging themes from the medical practice. These examples, highlight the fact that there is not one simple formula for solving the problems people are dealing with for example food and social connection, but that there are many potential solutions that have a valuable role to play as part of people's day-to-day lives.

Two conversations from this visit include:

– A woman was attending the grocers with an element of uncertainty and anticipation not knowing what food she might get that day and unsure who she might meet, but saw attending the grocers as a chance to meet people! She was extremely happy to chat.

– A man with a long-term health condition which means he can't go anywhere on his own or be alone with his children, and always has to have support and supervision from others. The man described the relationship between his health condition and the limits that placed on his life. In particular the number of medical appointments and procedures that he hoped would provide a solution that would mean he could see his children. Spending time with his children was his main motivation and goal.

Limiting factors he identified included:

– Stress and worry related to his illness and the relationship with his kids were limiting factors.

– Not being able to exercise as he needed to be near others and was not able to work

He felt that being able to address these things would improve things. A reduction in worry and stress being particularly important. He identified past times such as watching football and playing darts when there was nothing else that he was thinking about. The look in his eye evidenced the importance of this reflection.

The YES food pantry

The food pantry is part of the YES Project on South Church Parade. On Fridays they host the food pantry which attracts people from Collyhurst and the surrounding area.

One lady identified the desire to go out and socialise and meet people, but not being well enough or healthy enough to do so due to her health condition. She was concerned about the feelings of isolation she experienced, and that her two teenage children motivate her to get out more than she would if she was on her own. The woman also talked about the environment:

"Living on the same estate for 19 years, the conditions of the house, things not getting done such as repairs, I feel embarrassed, I feel scruffy, poor and awful. I wish that things would get done, even to have just one room decorated, it would be a change of scenery."

She continued "the estate is horrible, lots of fly tipping, it could improve, they could install cameras to catch people. I live in the end property, it all gets dumped against my house, it looks dirty and scruffy, I wonder whether people think I've dumped rubbish there. I would like to move to another area."

The lady said there used to be a housing officer available for support and advice three days a week. Now you have to make an appointment, and "you might not be having a good day (on the day of the appointment)". One of her children also has a long term health condition. She said "I can't cope with both of our health conditions and two kids. I feel like I'm on my own, me and the kids, I worry about them."

There is some support from a support worker who visits the home, and provides practical support and advice, which is helping.

One other account that stands out is from a male resident who answered his survey briefly. He keeps healthy and well by boxing and training at a friend's house. He said nothing really stops him from being healthy and well apart from the usual getting cold etc.

His only answer to the question who do you asked for advice? Was "Jesus. I hold prayer meetings at home with friends". Religious activity as a way of securing guidance and advice is not something that has been mentioned in this context by anyone else so far, but is consistent with other examples because it highlights the importance of the informal activity taking place with support of others, that provides support for health and wellbeing. It marks the opening of a new theme and the specific contribution that personal faith, prayer and spirituality has in relation to individual and collective health and wellbeing.

The Church of the Apostle's Coffee Morning

The coffee group at the Church of the Apostles, run by Ellie the vicar. There were about 15 people there, mostly women (only three men) plus volunteers. The group included older (60+), white British residents, apart from one person who travelled from south Manchester. The broad observations indicated that everyone knew someone, and all were engaged in conversations. One of the volunteers found purpose by being responsible for restocking the fridges and sorting out the clothing donations. Ellie mentioned other examples of supporting people for example one resident was feeling lost after her mum passed away and has again found purpose from the group.

What is apparent is how well-connected people are with their community. Group members described what keeps them healthy and well listing social groups and opportunities to volunteer:

- Walking club Wednesday at Trinity church (was a lead walk but they no longer have a leader and have carried on)

- Friday morning is coffee morning at church of the apostles, volunteer at Millstream animal shelter

- Volunteer at the charity shop at Trinity on Thursdays

This is a step beyond the hope of engaging with a healthy atmosphere and environment and activities, which might make otherwise difficult circumstances easier, towards the benefit of having a social calendar that creates space for people to be productive members of their communities and support improved health and wellbeing.

Some of the things that people reflected during this session

- "I'm not bad really, I have a few aches and pains, various hospital appointments". The respondent set out seemingly age related health issues; "Trapped nerves in feet, can't wear nice shoes - reflux, I have lots of doctors appointments / tests and cough a lot - people judge and assume I'm a smoker".

- "Being older is more daunting. I did everything when I was younger."

- "I definitely need to go to groups"- "isolation is an issue, there are people who don't get out."

- One lady noted how people judge each other, saying told her that she should stop smoking and that another lady fell one day and no one came to assist because they felt that she'd had a drink.

- "It's easy to get down, I have visitors (family) once per week or not at all, I think my children have their lives, sometimes I feel sorry for myself."

- Its false economy to stop things e.g. activities, [that are funded, or provided] because the effect of stopping them has a greater cost to people's health and wellbeing.

The Winning Hearts and Minds design phase has been supported by Cat Duncan-Rees, (Curators of Change) and Matthew Barber (Associate – Curators of Change)

Cat Duncan-Rees

Cat has over 20 years' experience of challenging thinking, causing good trouble often, and becoming an expert at professional rule breaking. Cat has worked with a wide variety of people and organisations including BBC Sport, Health, social care, community groups and organisations and independent businesses. The aim is always to encourage more holistic and human centred change. Cat doesn't shy away from the 'difficult conversations' or 'hard to reach' groups. Her ability to fuse traditional methods of facilitation with a range of creative methods, mentoring and coaching has influenced national, regional and local changes in policy, strategy, organisational structure and culture, recruitment processes, community development and much more.

The Winning Hearts and Minds crew has embraced the opportunity to push the boundaries of conventional ways of working and been willing to explore how we re-write the rules of good community development. Curators of Change has supported the WHM team to challenge the preconceptions of what makes good community engagement, push boundaries and start to proactively re-write the rules that simply don't make sense or block change from happening. It is an exciting journey – and one that will no doubt twist and turn over the next 5 years – hopefully to the benefit of all involved from the communities we are seeking to support, to the organisations that the team represent.

Matthew Barber

Matthew is Founder and Director of Spaces of Hope and an Associate of Curators of Change. Matthew works in North West urban contexts, applying grounded and assemblage theories (by Charmaz and Deleuze respectively), to design interventions that combat health inequalities. Matthew specialises in gathering stories, surfacing motivations, beliefs, values and worldviews and contextualising their role in shaping spaces, places and the wider environment.

Matthew has an MA in Environmental Politics and in 2017 became a Fellow of the Royal Society of Arts, resulting from his contribution to Health as a Social Movement in Stockport. In 2018 Matthew's work was also included in the Inquiry into the Future of Civil Society in England, as a pioneering approach to bridge building and peace brokering. During 2019, Matthew was awarded a Temple Scholarship, for 'creative and ground breaking work … around partnership and policy formation', which he will use to complete his PhD at Goldsmiths, University of London, by April 2020.

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