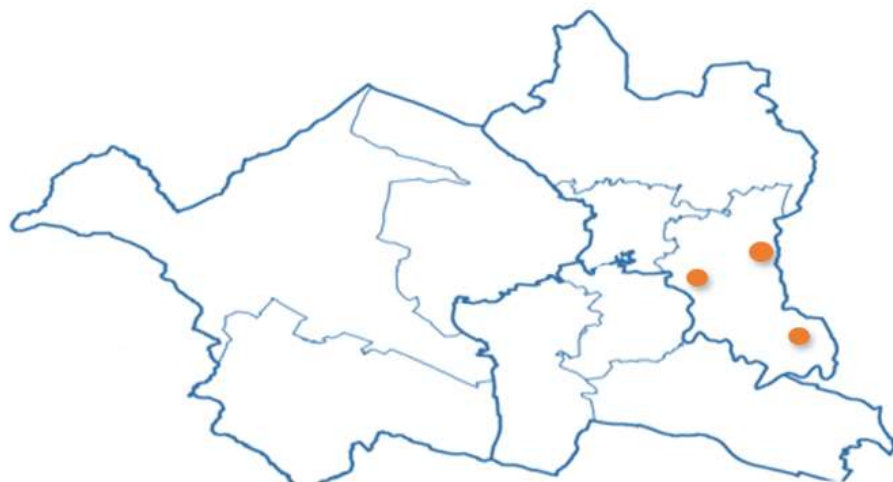


Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



● Brightmet/Little Lever



Context



536

Responses collected

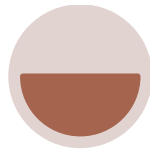
47
Respondents

203 existing 'Assets' comments

- Community assets
59%
- Neighbourhood assets
30%
- Personal assets

We have...

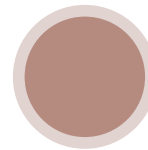
Age UK lunch club
Tonge lunch and leisure club with chair
Health visitors
Midwives
Community Choir
Shine Community Bus



Groups

We would like these assets and services developed...

'Rightweight' group
Walk groups
Dementia groups
Fitness groups
Yoga groups
Sports groups
Healthy lifestyle groups
Patient groups
Neighbourhood watch team
Money matters group
Inter-generation community groups



Services

Services for young carers
Community bus service
Mobile podiatry service
Healthy eating services
Befriending service
More services/resources for young people
Joined up services
Public bus service between Brightmet, Little Lever and Central Bolton

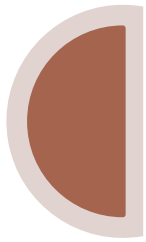
Bright ideas

- Develop underutilised buildings for community events
- Develop cycling and walking paths
- Utilise parks and green spaces for forest schools and social events



Theme 2- Challenges to managing health and wellbeing

There was an overwhelming desire by residents to draw on existing assets in their areas and take responsibility for their health and wellbeing. However, local services did not appear to match residents' needs well. Services could be more supportive of voluntary and community led activity.



Challenges

Transport

Location of services (inaccessible by bus)

Top-down provision

Information on local services

Inconsistency of advice

Inadequate housing

Limited care in the community

Social isolation & loneliness

Disjointed services

Limited care continuity

High costs of living

Appointment waiting times

Physical access to facilities (parking, wheelchair access, etc.)

People not listened to

Community ideas not supported and invested in

Too many take aways - no healthy eating awareness in the community

A feeling that you need to be a professional to be respected and listened to

“People encouraged to go large (e.g. burgers/chips/alcohol. Need incentives to empower communities to fight back.”

“Complicated systems - keep it simple.”

“Long complicated forms if you need to access help or support”

“Difficulty knowing what’s out there... accessing the person you want to see - you might have a long wait.”

“I attended Riteweight chairbased exercises at Crompton Health Centre. There were 24 people attending. We have now been informed that the class has now finished as the funding has been removed by Bolton Council. By removing the funding 24 people will not do exercise and diet. We need someone to start chair based exercises again. We looked forward to these classes and are very upset that they have ended.”



Theme 3- Residents' perceptions of new roles in primary care

Residents were generally supportive of additional roles in primary care. They suggested however additional primary care roles should provide a platform through which community agency and ideas could be better harnessed and supported.

- Run support groups in the community
- Provide drop in services
- Provide home visits for people who prefer home based care

Mental Health Practitioners (MHPs)

- Be community based
- provide drop in sessions
- Treat common conditions
- Not be appointment based

GP Pharmacists

- Be more accessible in the community
- Run community based groups (e.g. walk or bowling groups)
- Provide choice and not impose healthy routines

Health Improvement Practitioners (HIPs)

- Act as social prescribing experts
- Identify gaps in provision
- Be community based
- Mobilise community groups and support them to access services and funding

Community Asset Navigators (CANs)

- Be referred to by doctors
- Provide 24/7 service
- Provide triage service-referral criteria should be shared with patients
- Be located in community settings for easy access

Musculoskeletal Practitioners (MSK)

- Common sense approach
- People driven activities
- Need more social clubs for older people like the 'On Your Own Club' which only holds 50.
- Life style changes
- People helping people - need to do more for ourselves
- Community forums to voice concerns



Theme 4-

Ways in which residents can support local services develop

For residents to support local services and participate in their own health and wellbeing, practitioners and decision makers should:

- ✚ Engage with community ambassadors from community groups and encourage them to talk to local people/the group. They know residents better and have mutual relationships
- ✚ Fund self-help services to develop - make funding routes easier. Support the groups delivering community based voluntary services
- ✚ Encourage people to speak up rather than accept the status quo. Use Healthwatch as an advocate. Use collective voice in groups
- ✚ Keep on a level with people's understanding.
- ✚ Remember where you are and who you are talking to - fancy words and jargon mean nothing. Get to know your community
- ✚ Use 'Plain English' where possible
- ✚ Keep involved in regular evaluation process and meetings.

Bright ideas

- ✚ Share information
- ✚ Be there - attend
- ✚ More sessions like this to continue development.
- ✚ Discuss as a group and pass on to either surgery managers or feedback to the GP direct.
- ✚ Pass on information to nurses to bring up with the GP on ways to make improvements.
- ✚ Introduce new way of future working by using services to support them although even well used services are being cut - Riteweight/smoking cessation



Theme 5- Working towards outcomes that work for all residents

There was an enthusiasm among residents to participate in local services and take charge of their health and wellbeing. Residents clearly felt disappointed by a lack of information about changes and improvements. Moving forward, residents made the following suggestions.

- ✚ Conflicting information ends up in people's homes. To cultivate trust and build relationships, professionals and decision makers need to think how they construct information and who their intended audiences are.
- ✚ *'You cannot get involved when you do not exist or when you do not know what's happening in your locality'*. For residents to support local services, they needed to be empowered and supported first.
- ✚ People get used to being told change is coming to them, but in reality very little transpires. Decision makers and professional should keep their word and take action **always**.



CONCLUSIONS

These conclusions represent the views and experiences of Brightmet and Little Lever residents. The recommendations are summarised below.

- Residents particularly identified activities that address social isolation, activities for young people and community transport as assets that need further development.
- Some assets in the neighbourhood appeared to be better developed than others and some valued assets have recently been discontinued.
- Residents were interested in developing healthy lifestyle activities at a community level particularly activities supporting exercise and healthy eating.
- Residents felt that mainstream services needed to be better connected with and more supportive of community led activity.
- Residents welcomed new roles in primary care and made suggestions for others. They wanted community based roles that support resident led action. Need to take care not to lose some valued provision whilst the changes in roles are being actioned (e.g. the Riteweight activities).
- Residents in this area were particularly vocal about information resources and made a strong plea for such resources to be consistent, be targeted at the audience and be in plain english.





Thank you
to the host agencies
and to the residents
for their participation
in this project



December 2017

