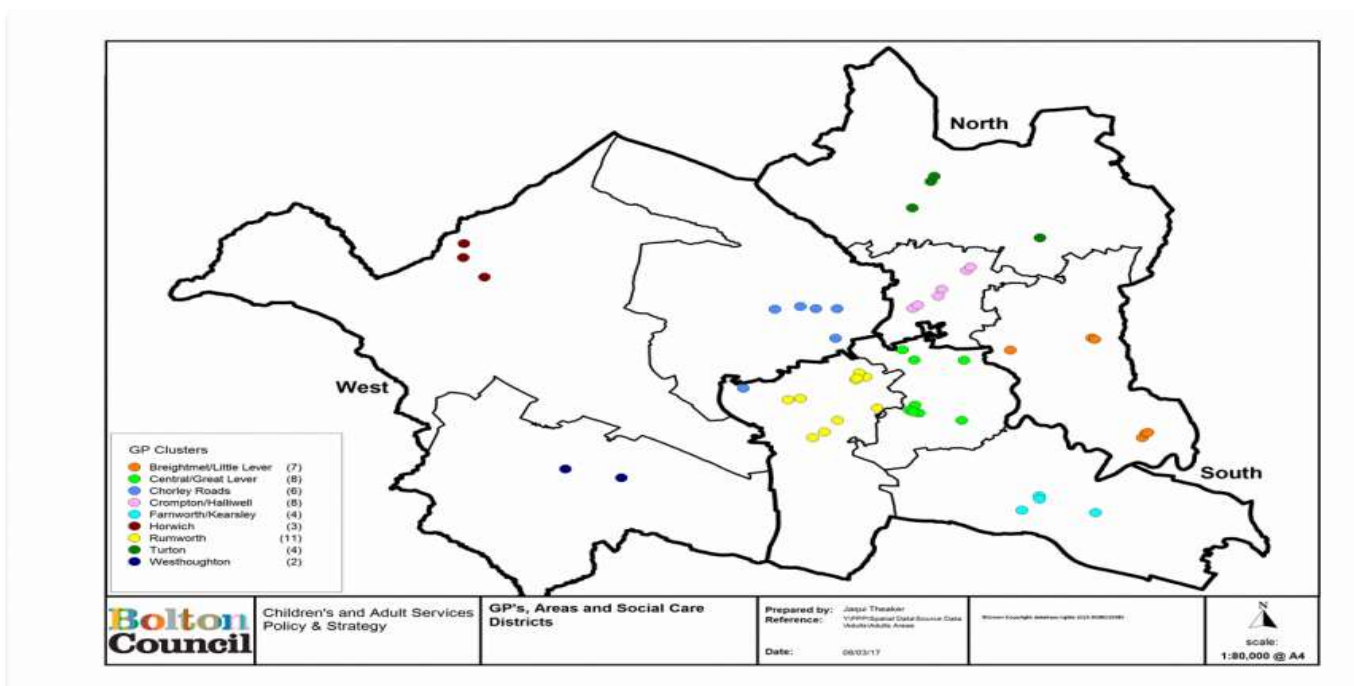




Bolton Neighbourhood Engagement Report 2017

Bolton Locality Plan and Greater Manchester Health and Social Care Devolution



Contents

Executive Summary3

Introduction12

Methodology13

Individual Neighbourhood reports16

- Central and Great Lever16
- Farnworth and Kearsley24
- Horwich and Blackrod34
- Chorley Roads47
- Westhoughton55
- Brightmet and Little Lever62
- Turton69
- Crompton and Halliwell75
- Rumworth82



Executive Summary

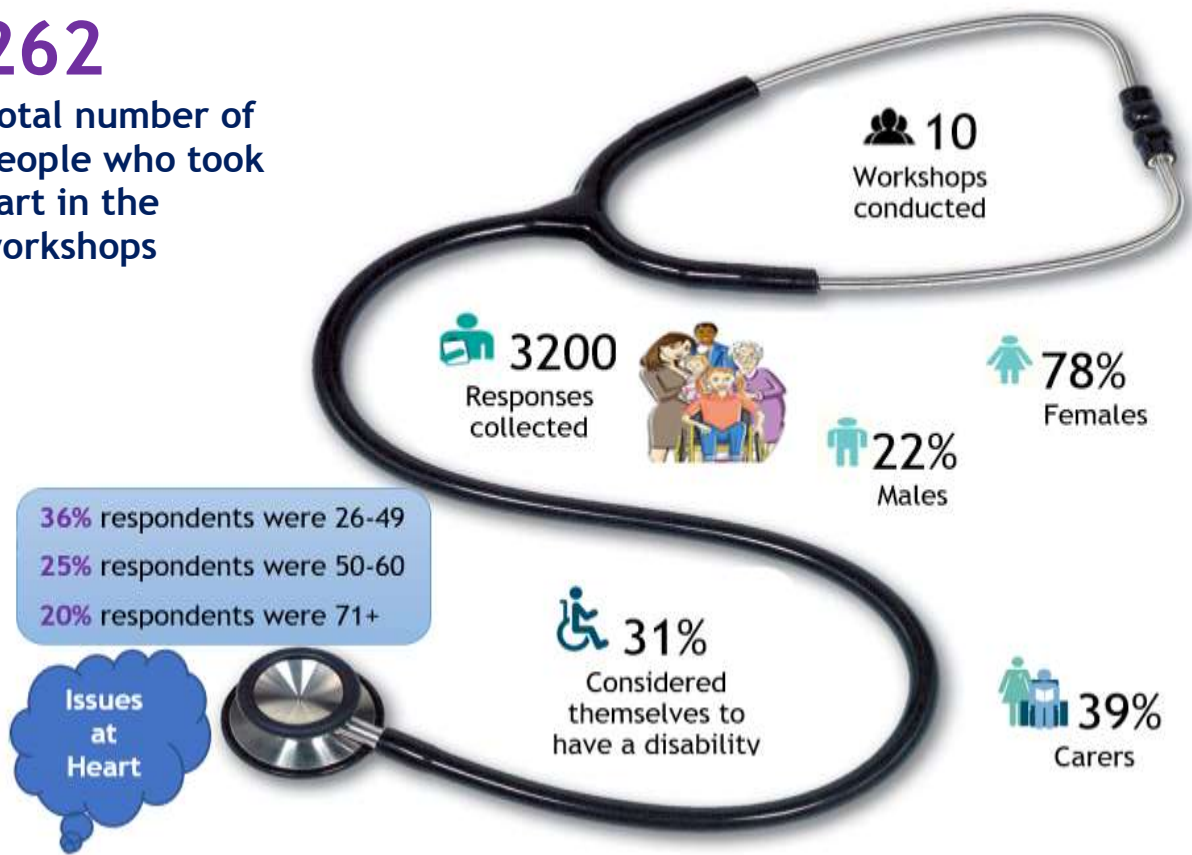
This report provides the main findings of Neighbourhood workshops aimed at bringing Bolton residents together to explore Bolton's Locality plan and share ideas, experiences and opinions under the following key themes:

- What assets do communities have to manage their own health and wellbeing?
- What makes it difficult for residents to manage their own health and wellbeing?
- How do residents view the new roles in primary care?
- How can residents participate in service development?
- What are the next steps towards achieving outcomes that works for all?

Key Statistics

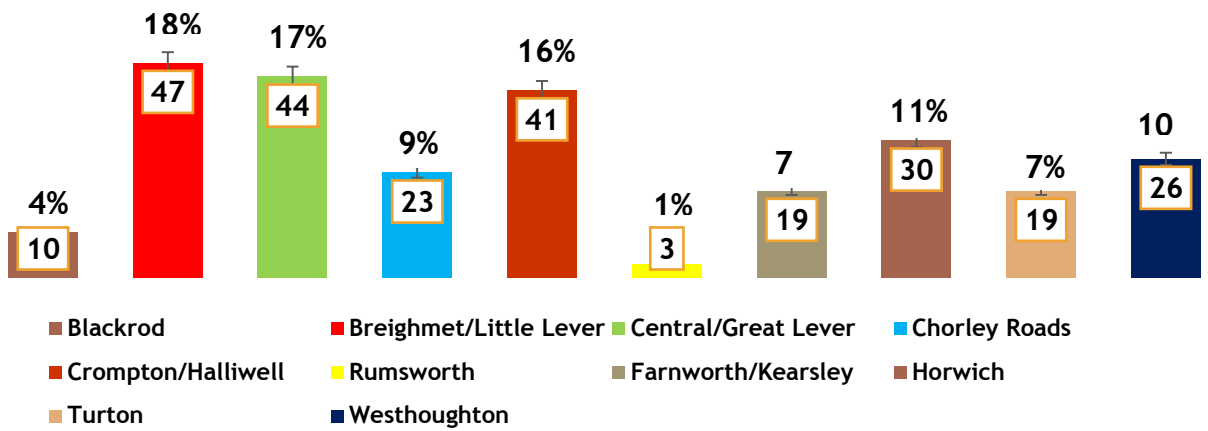
262

Total number of people who took part in the workshops



Participants in each Neighbourhood

Although Blackrod and Horwich belong to the same GP cluster two separate workshops were conducted in this area



“I will use this information to explain to other people I work with in my voluntary capacity and also people I live with in the area. Local people will not be aware of the term devolution itself and it needs to be explained in non-jargon terms. Also I will inform the Asian community who don't actually speak English and they will need interpreters.”

What People Said About The Workshops



“The [workshop] has improved my overall knowledge of Bolton/Greater Manchester's health and social care and how I can play my part in this great project.”

“I learned so much...I will use this information as part of my role to contribute to services and community development locally.”

92% said the workshops met their expectations

80% said they knew a 'little' or 'nothing' about Bolton's Plan for Health and Social Care

65% said they participated in local service design for the first time

97% said they increased their knowledge of Bolton's Plan following the workshops

97% said they contributed to discussions around local service design



Theme 1 - Assets

Evidence suggests the most successful people and systems make the most of what they have (i.e. their assets). They take into account all the resources at their disposal and then explore their networks to maximise those resources. Residents at the workshops recognised these ideas, they identified many local assets and were extremely keen to see these assets harnessed and supported as part of the Locality Plan development.

57% identified community assets (such as VCSE, & clubs)

28% identified neighbourhood assets (such as libraries, parks, & leisure centre)

15% identified personal assets (such as knowledge, skills, & aspirations)

The assets most frequently mentioned assets were:

 **40%**
Health & wellbeing support activities

 **10%**
Education & expertise

 **19%**
Travel & transport

 **20%**
Information resources

 **11%**
Sports & leisure

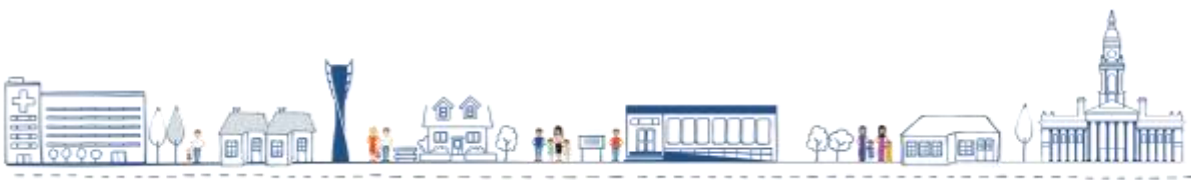
Some assets were identified as 'under developed' or 'under-supported'. In this category the four most commonly cited asset groups were:

20%
Voluntary & community groups

30%
Information hubs

20%
Health champions

10%
Green spaces



Theme 1 - Assets: Key Findings

1. Residents were proud of their assets and collectively were well informed about them, however on an individual level people did not know about all the assets in their locality.
2. There was a strong desire across all communities to work together with and for the community as a whole and for services 'to help them to help themselves'
3. All communities wanted more information resources about local assets. Many participants expressed a desire for an Information Hub in the community and for local asset maps which should be developed by and for community groups.
4. Local voluntary and community groups often felt their contribution was not harnessed by 'the system', many struggled to join up with statutory services and felt overlooked and under-invested in. Many community groups felt that the methods available to obtain local funding did not meet the challenges they face. Community groups felt that they had much to offer from a health and wellbeing perspective but needed to be fully included in conversations at a local level in order to harness their potential effectively. Co-production and community development approaches are missing in many areas.
5. Communities want health and wellbeing services to use their expertise and networks to help reach out to people. People value their community leaders and activists and ask that 'the system' recognises this expertise.



Theme 2 - Challenges

Challenges residents face in managing their health and wellbeing

Most residents recognised the need to take responsibility for managing their health and wellbeing, they were able to articulate a wide range of challenges to achieving this.

People articulated challenges ranging from the structural (e.g. poor transport), the systemic challenges (i.e. unhelpful behaviours by the 'system') through to personal challenges (living with a long term condition, cultural expectations). People also cited wider social problems (e.g. poor housing) as challenges to managing health and wellbeing.

Some of these challenges were more prevalent in some neighbourhoods than others. The most common ones are as follows.



Transport and travel



Information about services



Poor mental health



Trust and respect

System problems

- Disjointed services
- Professional attitudes can be disempowering
- Limited community based care
- Continuity of care

Structural problems

- Transport issues
- Poor information

Wider problems

- Limited trust in services
- Inadequate housing
- Benefits sanctioning
- Social isolation and loneliness
- Long term conditions



Appointments



Staff attitudes



Waiting times



Theme 3 - New Roles in Primary Care

Resident's attitudes towards additional roles in primary care

Residents welcomed the idea of all the new roles within primary care. **Community Asset Navigators** appeared to be the most popular while **Musculoskeletal Practitioners** were the least discussed.

Community Asset Navigators	Health Improvement Practitioners (HIP)	Mental Health Practitioners	GP Pharmacists	Musculoskeletal Practitioners
75%	70%	68%	50%	40%

People felt that the new roles should;

- Ease pressure on GP's
- Increase timely access to services
- Be more informal and therefore easier to access
- Be rooted in both the local health system and the community
- Provide outreach into community venues/settings
- Be person centred and empowering

People were clear that;

- The new roles need to be properly connected to the primary care hub.
- Consistent information and advice should not be compromised
- Triage/referral approaches between the professionals should be clear and transparent
- The people in the roles can bridge the gap with the community



Theme 4 - Participation

How can people support services to develop?

Residents knew very little about Bolton's Plan for Health and Social Care. Much more work need to be done to promote the Plan and galvanise existing community assets for improved outcomes for residents.

65% of residents had never participated in service design and delivery. There is a need to 'de-professionalise' health and social care and to adopt a 'bottom-up' approach to service design and delivery.

Many residents expressed a wariness by the process of participation describing feeling marginalised, side-lined or ignored by previous attempts to get involved. There was a clear desire for people to see action and change as a result of participation. People also want to be kept informed about how their contributions have been used to influence service development.

Some residents spoke about problems they had encountered when raising concerns or issues. Some had felt vulnerable in this position and others had felt ignored. There is a need for transparent and responsive mechanisms to be put in place through which residents can have their concerns acted on.

In spite of this people expressed motivations to participate in different ways and at different points; from service design to development to delivery.

For this to happen, people recognised that they needed:

- Ongoing, meaningful neighbourhood level engagement
- Transparency about decision-making
- Opportunities to meet decision makers more regularly
- To explore more fully how their involvement informs service design and delivery
- Clarity about how and when services and decision makers will communicate with people



Theme 5 - Towards a set of outcomes that work for all residents

Residents gave consideration to a set of patient outcomes about what that mattered to them when accessing services locally. Residents cared about all the outcomes but felt more strongly about some than others.

We Expect



Some residents felt uncomfortable to feedback or challenge decisions whilst receiving care because they thought their actions may undermine the quality of care they receive.

To be able to access primary care treatment in my neighbourhood outside normal working hours
70%

Professionals respect our individual circumstances and work with us
65%

Better access. Quicker, nearer, improved physical environment and more flexible criteria
60%

To be able to get a routine primary care appointment within 2-5 working days and same day appointments for emergencies
55%

I want to be asked....I want to have influence.
48%



Introduction

Whether it is improving local health and social care services today or helping to shape them for tomorrow, we all have a responsibility to make sure that local voices are not only heard but influence local services for the now and the future.

In 2016, the Greater Manchester Health and Social Care Partnership took charge of the £6bn health and social care budget from central government.

The shared vision across Greater Manchester is to see the greatest and fastest improvement to the health and wellbeing of the 2.8 million people who live in Greater Manchester.

'Taking Charge' is a 5 year transformation plan for Greater Manchester built up from individual 'Locality Plans' which were jointly developed by the health and care organisations in each of the 10 local authority areas across the city region.

'Taking Charge' embraces the concept of asset based approaches to health and social care development it also responds to National directives that health and social care activity should be organised around 'neighbourhoods' of 30,000 - 50,000 people. In the Borough of Bolton, the 'Locality Plan' is being developed and delivered by a broad partnership of health and social care organisations comprising:

- **Bolton Foundation Trust**
- **Bolton Council**
- **Bolton Clinical Commissioning Group**
- **Manchester Mental Health Trust**
- **Bolton GP Federation**
- **Bolton CVS**
- **Healthwatch Bolton**

The Bolton Plan is built around nine neighbourhoods, covering the resident population of approximately 280,000. The Bolton Plan has a strong public engagement component which is led by Healthwatch Bolton and Bolton CVS, otherwise known as the Engagement Alliance. Building on the asset based approach of 'Taking Charge', The Engagement Alliance developed a programme of Neighbourhood Workshops which were delivered across the town in September and October 2017.

The workshops engaged with residents, professionals, community and voluntary groups in the nine Bolton neighbourhoods and aimed to;

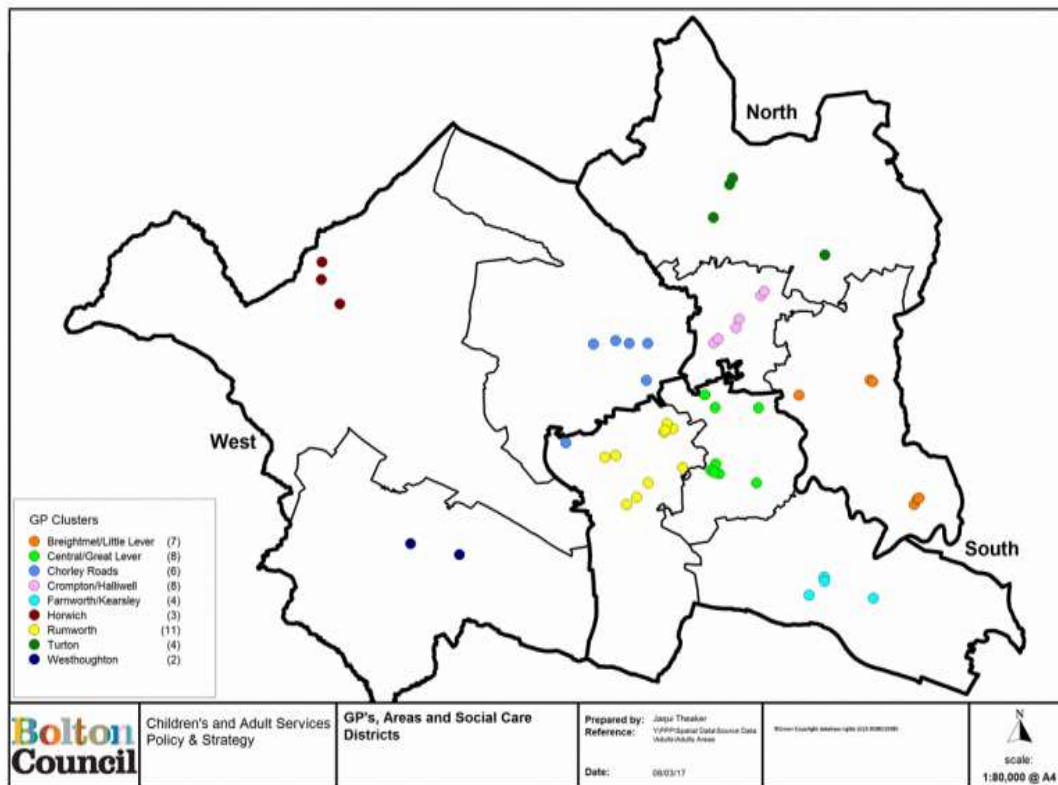
- build community knowledge about, and interest in, the transformation of services
- create a dialogue between people and service providers about community interests, views and assets
- anchor community voice, and agency, in the development of the Bolton Plan
- explore and celebrate the diversity of communities and neighbourhoods
- create space for collaboration and the co-production of knowledge with residents, community and voluntary groups and service providers.

This report is a product of these workshops.

More information about the Bolton plan is available here;

<http://healthwatchbolton.co.uk/bolton-locality-plan/>





The nine neighbourhoods in the Bolton Plan as reflected in this work.

Methodology

We adopted a participatory methodology and actively involved all stakeholders in the engagement and research processes to ensure that the research is responsive and appropriate, and the findings reflective of stakeholders' views and experiences.

The Neighbourhood Workshops activity was approved by the Co-design and Engagement Group and the System Sustainability and Transformation Board in spring 2017. The Engagement Alliance (Healthwatch Bolton and Bolton CVS) were charged with delivering the activity.

Community groups were invited to bid to 'host' a workshop in their Neighbourhood via an open call made by Bolton CVS. Nine organisations came forward, each charged with organising and advertising their local event and, most importantly mobilising community members to attend.

In order to ensure a consistent methodology and reporting, a lead facilitator was identified from within the Engagement Alliance. The facilitator worked with the host groups in the nine neighbourhoods, sharing our community engagement ideas and working with them to elaborate workshop activities, processes and



organisation. Participants (residents and health and social care staff) were identified by host groups through their existing contacts and invited to participate in the workshop. Participation was purely on a voluntary basis.

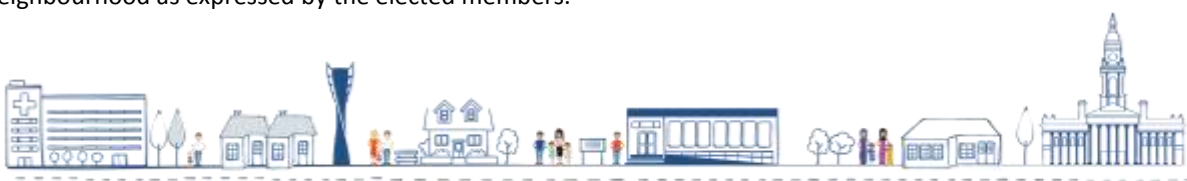
Neighbourhood	Host Organisations
Central/Great Lever	St George's Day Centre
Farnworth/Kearsley	Groundwork
Horwich	The Horwich and Blackrod Neighbourhood Planning Groups
Chorley Roads	Time 2 Communities
Westhoughton	Westhoughton Community Vision
Brightmet/Little Lever	Arts for You CIC
Turton	Time 2 Communities
Halliwell/Crompton	Bolton Community Development Partnership
Rumworth	Pikes Lane Community Club

Ten¹ workshops were conducted across the nine neighbourhoods during September and October 2017.

The workshops were an opportunity to bring residents, people with lived experience, volunteers, professionals, activists and interested parties together to start a community based conversation about Bolton's plan for health and social care. Each workshop provided an opportunity to explore the devolution of health and social care in Greater Manchester and the Bolton Plan. Activities generated discussions and, for many, ignited new interest and fostered ownership of the health and social care agenda.

The workshops followed five broad lines of enquiry although, in line with the responsive research design, discussions ranged beyond any strictly defined boundaries.

¹ Two workshops were conducted in Horwich/Blackrod to account for concerns about participation across the whole neighbourhood as expressed by the elected members.



The Lines of Enquiry

What assets do residents and communities have to manage their own Health and Wellbeing?

What makes it difficult for residents to manage their own Health and Wellbeing?

How do residents view the idea of the suggested new roles in primary care?

How can residents support services to develop?

What are the next steps towards achieving outcomes that works for all?

Most of the activity of the workshops took the form of small group, facilitated table discussion. All discussions were recorded by table facilitators.

Following the workshops the lead facilitator and lead researcher collated all responses and analysed the comments against five themes:

- Theme 1 - Neighbourhoods Assets
- Theme 2 - Challenges to managing Health and Wellbeing
- Theme 3 - New roles in primary care
- Theme 4 - How residents can participate in service development
- Theme 5 - Working towards outcomes that work for all residents

The process produced thousands of individual comments. A summary of the whole project (Executive Summary) as well as nine individual Chapters were produced in order that the views of all who participated are fully and fairly represented and to ensure that each Neighbourhood, as well as Bolton as a whole, can make use of the finding.

Direct quotes from the workshops are used throughout and all comments have been anonymised to avoid identification of individuals or community groups. All figures used in the graphs represent the number of comments referencing the particular point. The total number of responses is included with every graph.



Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



• Central/Great Lever

November 2017



97

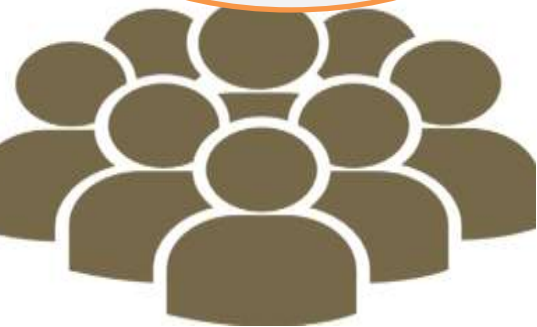
Existing community assets identified

25

Community assets to be developed



We have...



We would like to...

Combine our networks, and assets so we can contribute to our health and wellbeing more generally



- Creative groups
- 'Do it' yourself community activities
- MHIST, women's group, board games group
- Mindfulness bipolar support
- Free cycling groups
- Free music classes
- Town Hall- Mayor's Parlour Visiting
- Neo Artists
- Destitution Project
- Victoria hall
- Bolton One- Health and leisure centre

But
We would need:

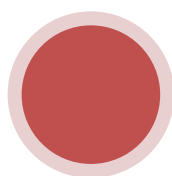
- Transport links and access to be improved
- Cultivate and foster grassroots support for services
- Investment in community regeneration and empowerment initiatives
- Smaller neighbourhood projects
- Training and apprenticeship
- Cleaner, greener, and healthier community run programmes



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' enthusiasm for managing their health and wellbeing, leaving many disempowered.



Challenges

- Longer waiting times (appointments)
- Low morale (professionals)
- Top-down provisions
- Under-funded community groups
- Untimely discharge
- Inadequate housing
- Limited care in the community
- Social isolation & loneliness
- Disjointed services
- Limited care continuity
- High costs of living
- Criminalising mental health
- Limited trust in services



We feel we are...

- Given less opportunities to manage our health and care
- Not involved in the Bolton Plan
- Not kept in loop about decisions that affect our lives
- Recipients rather than participants



We are told to speak up but...

- We are not listened to by professionals and services
- We are sanctioned for not understanding how the system works
- Professionals simply ignore us because they can
- There is no mechanism for our voices to be acted upon



Theme 3-

Residents' perceptions of new roles in primary care

Residents welcomed additional roles in primary care but emphasised that such roles should be community based and community led. People problematised some existing roles in primary care which they said were designed without community aspirations and assets at heart. Residents commented on the following new roles and suggested that new roles in primary care should:

Mental Health Practitioners (MHPs)

- Be accessible outside people's immediate neighbourhoods

Some residents expressed mixed feelings about the location of MHPs. Some felt MHPs should be located outside GPs to ensure confidentiality; others said they should be in GPs to ensure consistency and continuity of care

Community Asset Navigators (CANs)

Should provide health awareness in the community.

Should raise awareness about services before hitting rock bottom.

Should support people with how to cope with issues affecting their lives more generally.

Should not duplicate existing roles (do what others such as the CVS do).

Should not substitute existing services provided by UCAN centres, GPs, etc.

Health Improvement Practitioners (HIPs)

- Play health supportive role in the community
- Support individuals and families to identify health improvement goals
- Be person-centred
- Draw on people's existing assets and not 'dictate' provisions



GP Pharmacists

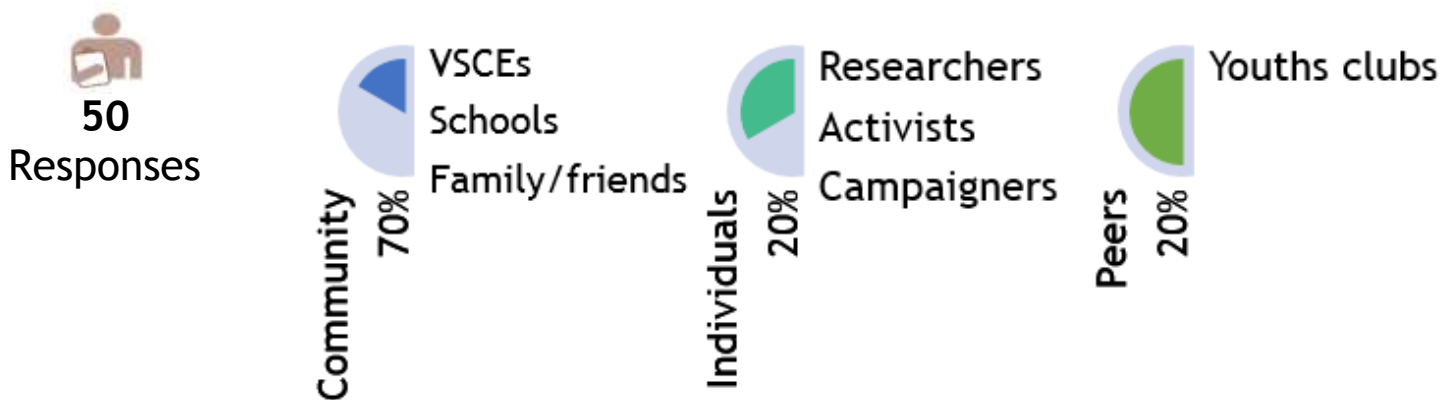
- Provide quick access to health information
- Ease pressure of GPs
- Not 'reinvent the wheel'

Musculoskeletal Practitioners (MSK)

- Speed up pathway to other relevant services
- Provide more immediate treatment
- Work in conjunction with GPs and other services

Our Health, our Responsibility

In addition to welcoming new roles in primary care, residents also expressed a strong sense of 'community' responsibility when it comes to managing their health and wellbeing. They understood that as well as health professionals, individuals, community groups and peers have a role to play in improving the overall health and wellbeing of the community.



Theme 4- How residents can support local services develop

There was a wider recognition among residents that their agency, assets and aspirations are critical to improving health and wellbeing. Residents expressed motivations to mobilise their assets and manage aspects of their health and wellbeing. For this to happen, residents suggested the following:

- 'De-professionalising' services and recognising residents expertise and assets
- Residents across the nine neighbourhoods to meet up and share information, experiences and expertise
- Residents to participate in service design, delivery and implementation processes
- Embrace technology and create online networks for residents to share ideas and experiences

"I really hope this (workshop) is what breaks the camel's back and gets results. Services are talking more about involving people, I've noticed it in meetings."



"We want to be heard, we want to be involved and we want to know what's happening."

"Who decides what is the appropriate level for decisions to be made? (from experience - if decisions likely to be taken don't agree/fit in with the strategic budget plan they won't [be implemented]."

Theme 5- Working towards outcomes that work for all residents

"If people are to take responsibility and manage their own health they need availability and access to those things needed to support self-management, e.g. take more exercise if person has no info on what sort of exercise/can't get to venue if needed/lack of education."

"Helping residents to have a voice - voluntary and community organisations."

"Give due consideration to patients own insights into their condition where practical and realistic."



Residents recognised that in order to take tangible steps towards achieving outcomes that work for all, the following priority areas need to be addressed.

1. Waiting times for services and information about services
2. Communication gaps between services and professionals
3. Respect for the individual
4. Empathy and dignity
5. Funding for grassroots community and self-help groups (“...*stop bid candy-Dragon Den style.*”)
6. Welfare conditionality and unfair sanctioning of people on benefits
7. Opportunities for residents to participate in care design and delivery
8. Digital literacy
9. “*We know best*” attitudes by professional and the powerful others
10. Mechanisms for information and/or concerns to be acted upon
11. Public transport (costly and unreliable)

Conclusions

These conclusions represent the views of residents expressed in Bolton central and Great Lever. The recommendations are summarised below.

- Residents appeared to have much going on for them in terms of existing assets in their neighbourhoods, service managers should tap into these useful resources and empower communities to manage their health and wellbeing.
- Some assets in the neighbourhoods are underdeveloped, considerations should be given to jump-starting such assets to build trust and to bridge provisions.
- Residents welcomed new roles in primary care but cautioned that such roles should ‘compliment’ rather than ‘substitute’ existing provisions.
- Residents recognise the role of individuals and community in health and wellbeing and want a system that supports them better to use these assets
- People want to be involved, respected and listened too rather than patronised
- Areas like transport, waiting times, communication and digital literacy need addressed in order to achieve the desired goals.



Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



• Farnworth/Kearsley



However, not all assets were developed. Residents stated that some assets were lacking or underdeveloped.

“...There are many empty buildings that could be very useful to us.”

“Harper running track has been left to ruin...it could be a good asset [for all residents].”

“Farnworth Park could be better utilised. The lighting is very poor.”

“Moses Park is good but getting to it by bus is difficult. Need to think about transport before deciding on location of community asset.”

“There are very few community clubs for people with disability and mental health conditions. Most have closed because of funding cuts.”

“We had lots of places to go for information and advice and all were community based...there are hardly any left...you feel helpless, you cannot do anything without such vital community based support [assets].”

‘We would like to see more attention given to these assets...’

Information centres, car parks, befriending services, community champions, parks, empty/underutilised buildings, home care services, staying well services, community navigators, integrated one stop shop, social networks, advocacy services, nutrition/smoking services, social enterprise, neighbourhood watches, community representative in service design.



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' enthusiasm for managing their health and wellbeing, leaving many disempowered.

The following challenges were commonly shared

- Bus fares
- Public transport to Moses Gate Country Park
- Some taxi operators do not accept transport vouchers
- Potholes
- Limited access
- Inadequate 'Ring' and 'Ride' services
- No car-share incentives
- Limited bus services in Plodder Lane
- Buses to villages

Transport



- Punitive benefit systems (sanctions)
- Zero hour contract
- Limited access to Continuous Professional Development (CPD)
- Work does not pay

Employment



- No access to out of hours services
- A culture of a 'sick note' rather than getting to the root causes of people's ill-health
- A culture of 'it's there so I shall use it'.
- Limited knowledge of what services to access, where, when, how and by whom.
- ...people particularly those with disability are forced to access further away services and community centres
- Oversutilised/stretched GP services

Access to Services



Other challenges...

Proximity to community assets

Daycare/community centre.

One resident stated:

"...the nearest daycare/community centre is an hour long journey."

Location of services

Some services and provisions are inaccessible to residents

"...some services such as 'walking stick allocation' and mental health provision exist in distant parts of my area, accessing them is a real challenge."

Access

Limited access to building/facilities.

"...it is hit and miss if you can get your wheelchair into GP/Surgery."

Communication/
Consistency/
Continuity

Services do not communicate properly "...some GPs get confused who they are referring, where, when, to who, etc. "communication between professionals is lacking."

"Different professionals tell you different things."

Sometimes you are [residents/patients] left all but alone-there is very minimal follow-up."

Politics

Funding politics-regimented and professionalised requirements discourage community groups

Meetings/decisions controlled by powerful 'others'

Bureaucracy and red tapes undermine community agency, people taking responsibility for their health and wellbeing.



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

Residents welcomed additional roles in primary care and stated that such roles would:

- Ease pressure on existing provisions
- Reduce waiting times for services
- Facilitate community based care
- Provide opportunities to participate in managing their health and wellbeing

Residents commented on the following new roles and made suggestions about how they should work:

Mental Health Practitioners (MHPs)

- Assess and provide sign posting to other services
- Should be community based to provide support to individuals and families

“These days people living with mental health issues are criminalised and stigmatised...some travel quite a bit to access useful services in GPs and hospitals... Community based MHPs would be very useful...”

Health Improvement Practitioners (HIPs)

- Foster choice-people not GPs should be able to self-refer to this service

Some people felt that messages around lifestyle are insensitive to people where lifestyle is not the factor (e.g. genetic condition). This actively puts people off and being asked to exercise more was described as a very negative experience.

Pharmacists in GPs

- Ease pressure of GPs
- Encourage people to see GP pharmacies before booking appointment with GPs

There was a concern among some residents that different pharmacists may prescribe different medicines which may conflict and require further medicine and GP time to treat potential side effects.



Musculoskeletal Practitioners (MSK)

- Be more accessible in surgeries so people can see them instead of GPs
- Encourage people to book an appointment with MSK for specific issues instead of GPs

“...GP time is taken up unnecessarily. For example, I understand if I do Yoga Pilates my back conditions can be controlled. GPs will tell you ‘do more exercise’, MSK specialist maybe able to tell you exactly which exercise...”

Community Asset Navigators (CANs)

- Be widely available particularly for the elderly
- Sign-post people to the ‘right’ services to access and reduce overcrowding in some services

“I think this is a good role to exploit...my concerns however are that this could be by appointment only.”

There was a discussion around whether a GP surgery is the best place to access CANs. Most residents felt it was only good if people could “call in to room B on the way out.”

The following additional roles were also suggested...

- **Dementia older person practitioner**
- **GP nurse**
- **Family worker** to provide practical help with parenting, budgeting, start and live well.
- **Triage worker** to be positioned in GP surgeries of health centres and perhaps A&E. It should be an individual with good knowledge of community development. *“...it would be useful to have triage workers in a community...It would reduce the time “wasted” at hospitals where people have come for minimal issues.”*
- **Grief counsellors**- possibly positioned at GP surgeries and community spaces to provide this support to residents
- **Dieticians**- to be in hospitals and health centres and should be more accessible for weight management.
- **Benefits advisers**- there is a huge demand (at The Well for example) and people struggle with literacy and understanding [of the benefit systems including sanctions).



Theme 4- Ways in which residents can support local services develop

In an ever changing health and social care landscape, residents recognised that their agency, assets and aspirations play a crucial role in improving health and wellbeing. Residents expressed motivations to mobilise their assets and manage aspects of their health and wellbeing. For this to happen, residents suggested the following:

- Professionals should recognise residents as ‘participants’ not recipients of health and social care.
- Residents should be given a platform to express themselves and channel their energy and agency for the greater good of their community.
- More funding should be allocated to grass root community development particularly community and voluntary groups that fill the gaps and provide unconditional support to local residents.

‘People need to know that what they say will be listened to and what they have said will make a difference.’

‘Inform the community of what they can access and who else they can talk to about their issues, therefore possibly reducing the time spent with GP’s or doctor’s because people will know alternative routes and actions to get the help they need.’

‘Let residents know that they have a voice and encouraging it.’

‘Professionals should be open to sharing practice with non-medical sectors and not precious about their service. There is strength in combining statutory, non-statutory and private sectors in community settings like The Well.’

‘Health and Social Care Design Managers should be invited to get out into the community.’

‘Many people have someone they trust - discussion around getting information into health and social care services from these trusted people.’



Theme 5- Working towards outcomes that work for all residents

Residents appeared to be aware of the current changes happening in their neighbourhoods including Greater Manchester Devolution and how it may impact on their lives. Looking into the future, they suggested more needs to be done in relation to working towards outcomes that work for all residents.

- Increased community participation in service design and decision making processes more generally: *“We haven’t had this kind of ‘what needs to improve’ conversations for years and it’s disheartening.”*

Some residents felt an invisible line is being drawn and that most money goes into central Bolton, and more privileged areas in the Borough.

- More equitable funding: *“Some Bolton funders are strict about postcodes which disadvantages Kearsley (which has a Manchester postcode).”*
- Transparency in funding allocation: *“...we would like to know of the £28.8m Transformation funding for Bolton, what percentage goes to Farnworth and Kearsley and why.”*

Some residents expressed their experiences and voices are not always valued...residents felt they needed a platform to have their say in order to contribute to decision making processes and inform both policy and practice.

- Mechanism to have our say

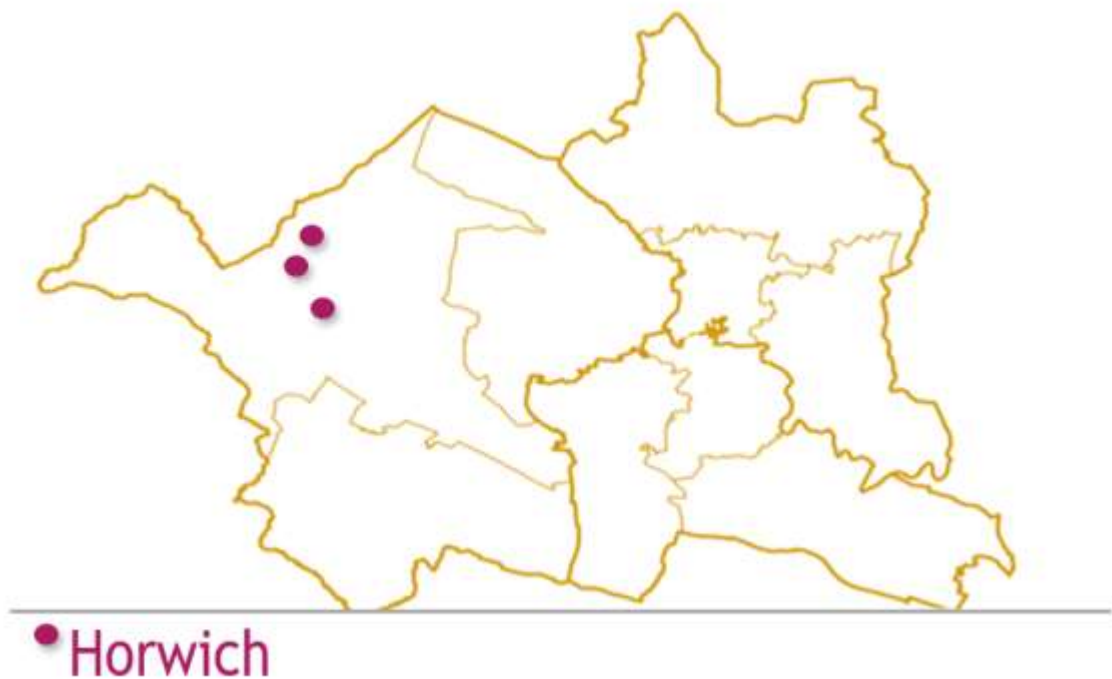


“Thank you very informative. Please use all the information gathered from the residents to improve our life span and quality of life. We have waited for generations. It is ironic that one of the most deprived areas [in Bolton] has no proper health centre.”



Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



‘Horwich is not Blackrod...but Blackrod is Horwich’

Horwich proved to be a contested Neighbourhood with Blackrod residents not participating in the Horwich event as they did not recognise themselves as belonging to Blackrod. To ensure that the people of Blackrod participated a second shorter workshop was held in the Neighbourhood. The data from the two workshops is presented separately but we have produced a single set of conclusions for the Neighbourhood as a whole.



Context- Horwich



401

Responses collected

30
Respondents

THEME 1 - ASSETS

The workshop consisted of local residents, community groups and professionals. The participants from Horwich identified a good number of existing assets but also recognised some gaps.



108

Existing 'Assets'

- Community assets 68%
- Neighbourhood assets 15%
- Personal assets 17%

Our Assets

Good selection of schools
 Groups for children
 Horwich in bloom
 Lots of charity shops
 Community spirit
 Heritage centre

Good transport network
 Bolton arena
 New health centre to be developed
 Good transport to Bolton town centre

“People say we are doing better than most areas of the borough...our strength is ourselves...people look after each other.”

“A lot of what we've got is very good but we can do better...”

“People who work in communities know how to get things done...we have a few brilliant ones...”



Theme 2 - Challenges to Managing my Health and Care

Residents identified a number of barriers to managing their health and care. These mainly revolved around transport difficulties and service failings.

Transport

- Bus routes from Blackrod
- Bus routes from Horwich to Middlebrook
- Public transport (Rand estate)

Stretched services

- Fewer health visitors
- Over subscribed GPs
- Fewer out of hours services
- Long wait for services make conditions worse, some people use A and E in desperation

Confusing system

- *'The system is confusing and not very reliable. Where does information go?'*
- *'My GP is at Blackrod HC but Chorley hospital sent my discharge information to Westhoughton.'*



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

Residents felt additional roles in primary care would:

- Ease pressure off existing provisions
- Give people more opportunities to participate in the health and wellbeing system

Residents commented on the new roles in primary care as follows:

- Be in the new health centre
- Be placed in hospital waiting rooms or in schools
- Be placed in the community for wider person centred coverage

Mental Health Practitioners (MHPs)

- Have a nationalised system where people can access any GP pharmacy anywhere in the UK
- Put in place mechanism to maintain privacy

GP Pharmacists

- Blend in the 'stay well' team pharmacy anywhere in the UK
- Be located in the community-people talk more openly about themselves to people like them

Community Asset Navigators (CANs)

- Be more accessible in surgeries so people can see them instead of GPs
- Compliment Physiotherapists.

Musculoskeletal Practitioners (MSK)

- Promote lifestyle choices
- Empower people to stay on top of their health and wellbeing without being too medical about it

Health Improvement Practitioners (HIPs)



Theme 4 - Ways in which residents can support local services develop

“To help ourselves, we need a first point of contact with time, information and a recognition by practitioners and managers that we can manage ourselves with very minimal help.”

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

- Support community groups and use them as a platform to communicate to residents about plans and activities in their areas.
- Attend community meetings and encourage community participation in service design.
- Identify what is available and then use this to identify what's needed. Output of today to be made available to attendees. Follow up meetings to be arranged for specifics.
- Follow up on their promises and cultivate trust.
- Identify a facility for feedback to be acted on. Use community and neighbourhood assets such as CVS and the library.

The agency of local residents to support themselves and local services is hindered by:

- Inaccessible professionals and decision makers.
- Lack of transparency in funding and service design.
- Conflicting information about services and more specifically around devolution.
- Lots of consultations happening on different things and it's hard to see how they all fit as part of the same plan.
- A culture of 'us' and 'them' - professionals do not always see residents as qualified assets.



Theme 5- Working towards outcomes that work for all residents

Residents appeared to be aware of the current changes happening in their neighbourhoods including the Greater Manchester Devolution, and how it may impact on their lives. Looking into the future, they suggested more needs to be done in relation to working towards outcomes that work for all residents. The following issues were specifically mentioned.

- Equitable funding

“We want our fair share, as large a part of the pie as everyone else...we do not want to be ignored because our area is just about doing ok.”

- Community and voluntary groups investment

“It would be useful to share professional expertise across community and voluntary groups. Lots of people do great things and with a bit of support it could be better joined up and targeted. We used to have health development workers at the PCT, they worked with communities to build assets and [foster relationships].”

- Community participation

“you hear services have been introduced or changed but you [residents] never get the opportunity to have their say...talk to people so they can talk to you.”

- Boundary-less provision

‘Location of services can alienate residents. Consideration should be giving residents the option of where to access services without geographical politics.’



Context



120

10
Respondents

Responses collected Blackrod

54 mentions of Existing 'Assets'

- Community assets
56%
- Neighbourhood assets
26%
- Personal assets
18%

"We have active outdoor activities- walking groups, open spaces, and footpaths."

"Social activity for people with disabilities e.g. AFC masters."

"Community centre activities- sports, and fitness."

We would like these assets and services developed...

- Triage Nurse
- Community Transport
- Clinical practitioners not just GP's on site at Blackrod
- Longer opening hours at GPs Befriending service for older people
- GPs recommending exercise, leisure like yoga, Pilates, walking initiatives
- Increased communication through leaflets, one to one and newspaper
- Raise awareness of public conveniences
- Dentist
- Late night medical service
- A list of accessible defibrillators - where are they, how many?

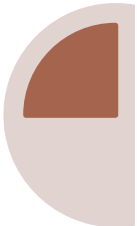


Theme 2- Challenges to managing health and wellbeing

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' enthusiasm for managing their health and wellbeing, leaving many disempowered.



Transport



'We need a bus service to link the outlier estates like Blackrod, Brazley, Old Lords.'

'It is easier and quicker to get into Wigan and for some Chorley than Westhoughton or Horwich.'

'No bus to hospital in the evenings.'

'Ring and Ride won't come to Blackrod'

'We fall under Horwich and Blackrod but our surgery is actually from Westhoughton.'



Access to Services



'No access to out of hours services'

'No clinical practitioners other than GPs in practice'

'Lack of Dentist'

'Lack of communication between public and groups'

'Poor access to a good range of shopping, particularly food eg fresh produce.'

'I had to go all the way to Brightmet to have some blood taken and there wasn't even a phlebotmist there, 3 people stabbed me then I never get the results.'



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

Residents felt additional roles in primary care would:

- Ease pressure off existing provisions
- Give people more opportunities to access health and wellbeing services

Residents commented on the new roles as follows:

- Be outside GP settings
- Address low level mental health issues
- Be able to refer people to more specialised mental health teams

Mental Health Practitioners (MHPs)

- Be more accessible in surgeries so people can see them instead of GPs
- Take some of the roles of GPs

Musculoskeletal Practitioners (MSK)

- Save GP time
- Include preventative measures
- Be rolled to other areas in Blackrod (GP Pharmacies exist in parts of Blackrod)

GP Pharmacists

- Compliment work done by community groups and health visitors
- Be based in community settings

Community Asset Navigators (CANs)

- Good knowledge of the community
- Promote healthy lifestyles without antagonising people

Health Improvement Practitioners (HIPs)



Theme 4- Ways in which residents can support local services to develop

Residents of Blackrod felt the neighbourhoods approach puts people in silos and imaginary locations. For the residents of Blackrod, it is very difficult for them to keep track of service providers and decisions.

“We are in Horwich and Westhoughton...We are everywhere. We cannot take control and influence”

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

- Share information about what they do, people don't understand all the different roles.
- Make information accessible to people so they can participate in/access local services.
- Build trust and relationships.
- Visit community centres to draw on people's energy and build on what is working for them.
- Think carefully about the impact 'place based' approaches to care can have people. Some residents feel excluded by the system because decisions about their lives are made by practitioners and decision makers in Horwich, Westhoughton and sometimes Chorley.

People felt it was generally difficult to engage residents.

- People only want to be involved in what concerns them and their families.
- It's hard to motivate people to be involved in anything.

“...Building on what is already working for communities is good, but there's a risk in terms of the community assets. Residents need support, they are great at what they do but [they cannot do much when they do not know who actually provides them services].



Theme 5- Working towards outcomes that work for all residents

Residents appeared to be aware of the current changes happening in their neighbourhoods including the Greater Manchester Devolution, and how it may impact on their lives. Looking into the future, they suggested more needs to be done in relation to working towards outcomes that work for all residents.

- Professionals and decision makers need to revisit the idea of neighbourhoods and remove service boundaries.
- Streamline communication between professionals and between professionals and residents.
- Create community steering group to bridge communication gaps between services and residents.
- Invest in public transport in Blackrod. Some areas of Blackrod appeared not be covered by public transport.
- Consider more central location of services-some residents expressed frustration in not being able to access some services due to poor coverage of public transport.



Conclusions

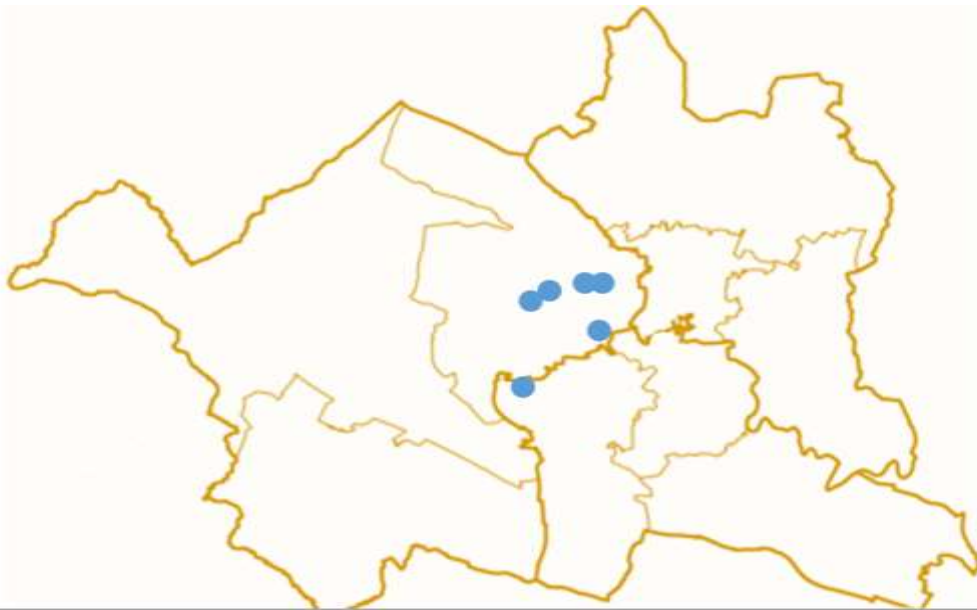
These conclusions represent the views and experiences of Horwich neighbourhood residents, encompassing the views of people in both Horwich and Blackrod. The recommendations are summarised below.

- Residents appeared to take much pride in existing assets in their neighbourhood and had a wealth of interesting suggestions for further innovations.
- Residents in this area particularly recognised the value of community organisers.
- Residents valued the new roles in primary care especially where they are linked into the community.
- Residents in this area often find themselves entangled in service boundaries, residents of Blackrod felt particularly disadvantaged by what they perceive as artificial boundaries that do not reflect their lived reality of service access.
- Transport is an issue for residents of all part of the Borough with some feeling it to be easier to travel to Bolton Town Centre than to other parts of the Neighbourhood.



Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



• Chorley Roads



Context



329

Responses collected

23

Respondents

Theme 1 - Assets

89 mentions of local assets

- Community assets
43%
- Neighbourhood assets
39%
- Personal assets
18%

“We have lots going for us...although I feel there is no system in place to support it.”

“Community Champions- i.e. like a school governor, finger on local pulse.”

We would like to see these assets and services developed...

Buses from Johnson Fold to supermarket and surgery.

More time for home helps at each visit.

Reaching out to people to support access to services

Buses from Montserrat to supermarket

Place Based Integration

Local GPs surgeries extended hours

Local podiatry service

Workplace health assessments

More NHS Dentists

Better mental health provision

Bus routes

Work with faith groups to remove religious connotations to focus on community

Develop other dementia friendly venues like pubs and cafes, non-stigmatising

GPs having more facilities- foot, dentists, etc.



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 be able to meet residents' concerns around access leaving many feeling disempowered and excluded.

This community articulated well the feeling of disempowerment. Their comments encompassed lack of involvement, lack of information, feelings of exclusion and learned helplessness. They also articulated a wide range of other challenges.

Disempowerment

Not knowing what's available

Residents feel excluded - talk to people

Residents could take pressure off GPs - improve relationships with residents

Local people - speak to local groups

Involvement - is everyone aware? Young/old

There is a need to recognise people's assets and get people involved

It feels like no one has bothered asking us on the front line what we think or want.

There appears to be learned helplessness (Feelings of nothing is ever done so do not bother)

Residents fed with conflicting information about services-they just go along

You want to do something for yourself but things are not always available. You just do not know where to start, who talk to and what support you can access and how.

Like front line staff, community groups and residents are also doing different things.





Transport

Montserrat hasn't got a 519 bus to enable us to get to GP and Morrisons
Accessibility and transport/bus route/can't get to doctor/chemist/GP
need home visits



Disconnect

Services available for free in some parts and not others
Large GP practice - no consistency - GP relationship to patient
Disjointed provision
Specialist hospitals "Super hospitals" - not easy to get there, do we
become second class if we find it difficult to get there?
Communication and joining up provision is a big problem.



Waiting

Long wait for drugs and alcohol services
Long wait for mental health services
A culture of first come first served disadvantages the sick, the weak
and the vulnerable

Lifestyle Choices



Obesity
Alcoholism
Limited health awareness in the community
High levels of diabetes
Isolation and loneliness

Social determinants of health



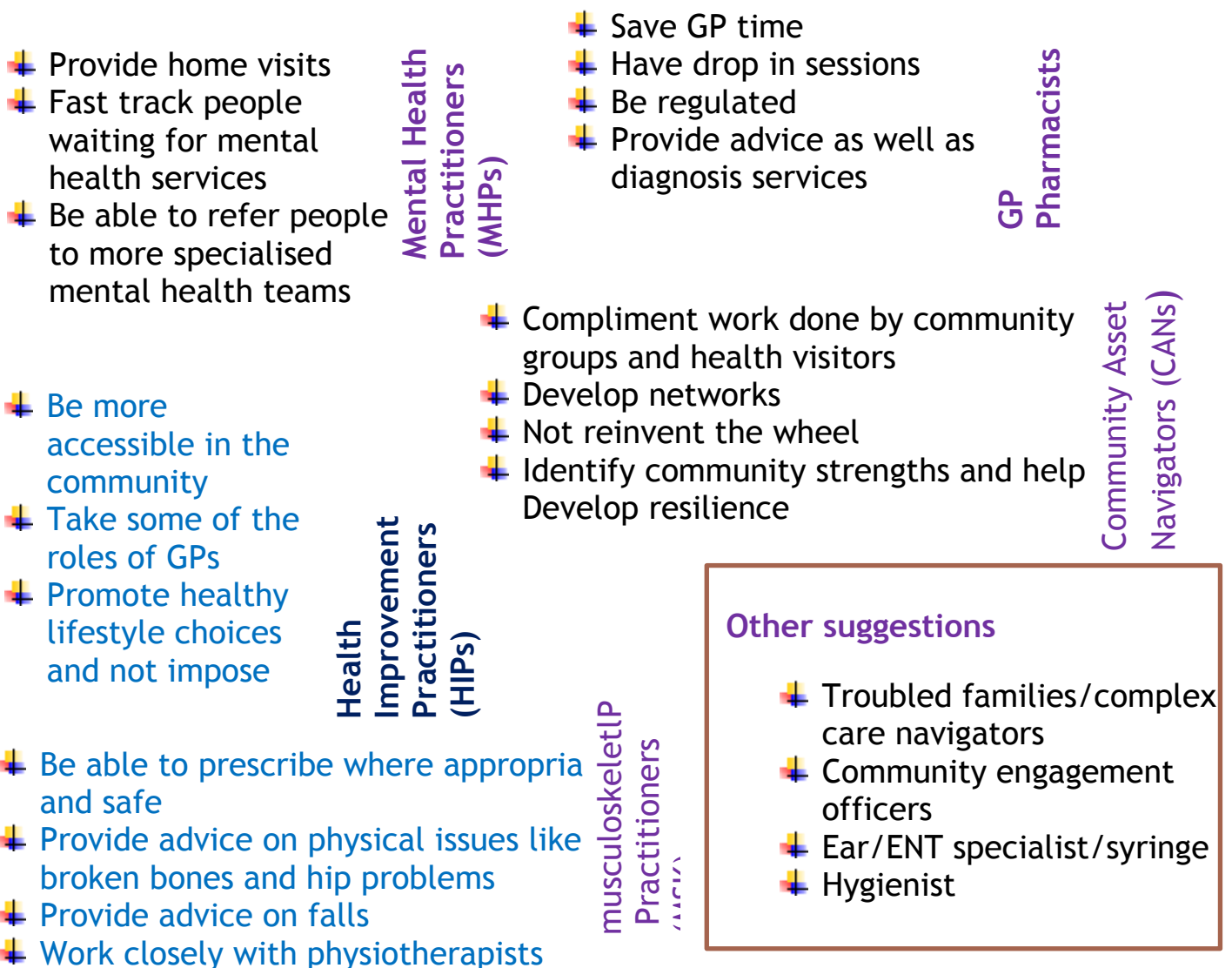
Lack of affordable housing
Overcrowded homes
Damp in homes - contributes to mental and physical health
High levels of asthma
Unemployment/zero hours
Need social prescribing



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

Residents welcomed additional roles in primary care. Among other things, they think these roles will build their confidence in local services and help ease pressure on existing provision. Most importantly, residents felt additional roles in primary care could bring services closer to people and encourage local participation in health and care more generally.

Residents commented on the following new roles and suggested new roles in primary care should:



Theme 4-

Ways in which residents can support local services develop

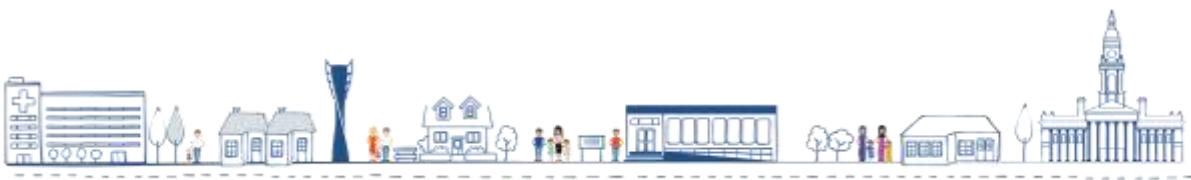
For residents to support local services and participate in their own health and wellbeing, practitioners and decision makers should:

- ✚ Mechanisms for residents to mobilise themselves and support local services (i.e. steering groups, etc.)
- ✚ Commitment from the local authority
- ✚ Shift from a culture of invitations and calling residents to meetings to action pledges and promises to residents
- ✚ Adopt 'partnership' model of working with local services to foster ownership and participation
- ✚ Provide residents a defined channel to give feedback to the health/council professionals- are we getting it right?
- ✚ Visible in social and community spaces to cultivate trust and develop partnerships with residents and local community and voluntary groups

There are challenges to mobilising residents

- ✚ Some residents are conditioned to be helpless
- ✚ Some residents are fed up with not being listened and not getting support when they needed it.

“...you do not see incentives for residents to participate...all you hear and see is residents being patronised for not taking responsibility...”.



Theme 5- Working towards outcomes that work for all residents

There is enthusiasm among residents to participate in local services and take charge of their health and wellbeing. Residents made lots of concrete suggestions as to how this enthusiasm could be harnessed.

- ✚ Professionals and decision makers to involve people in service design and allocation. Current engagement with residents is limited to inviting them to meetings with very minimal actionable outcomes
- ✚ Joining up the dots. Residents highlighted the relationship between inadequate housing, lifestyle choices and ill-health. They call for joined up provisions that allows them to contribute.
- ✚ Create community steering group to voice residents' concerns and facilitate grass root participation
- ✚ Decision makers and professionals attend residents' meetings and provide comprehensive, actionable feedback framework and timeline.



Conclusions

These conclusions represent the views and experiences of Chorley Road residents.

- Residents appeared to have a good knowledge of their local assets and an intuitive understanding of an asset based approach. Sometimes however, they felt that the assets were disjointed and not working well together.
- Residents in this area particularly recognised the concept of disempowerment and made a lot of practical suggestions as to how this problem could be addressed.
- Residents valued the new roles in primary care especially where they are linked into the community and ease pressure on existing services.
- Residents in this area had a broad view of the challenges faced by people who wanted to take more control of their health and wellbeing, their thoughts on this subject encompassed system challenges, practical/logistical challenges and the wider determinants of health.



Context



221

26
Respondents

Responses collected

116 mentions of existing 'Assets'

- Community assets
60%
- Neighbourhood assets
24%
- Personal assets
16%

We have...

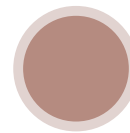
Community spirit
Professional and great minds
Health walks
Health champions
Kids workshops
Angel card readings
Libraries, schools, and community centres

We would like these assets and services developed...



Groups

Self help groups
Alternative therapies
Get Active Groups- NUT
Child Carer Groups
Adult Carer Groups
Muskoskeletal Groups
Alternative therapy -Yoga for disabilities
Drugs Groups and Alcohol Groups
Mental health Groups
Complex needs Group
Dementia Groups



Services

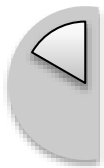
Awareness- advertisements for services and what is available.
Service information hubs
Local out of hours
Improved bus routes
Counselling services
CAB type services
'Know your community services'
Children's Counsellors



Theme 2- Challenges to managing health and wellbeing

“There is a perception that Westhoughton residents are affluent but there are pockets of deprivation that miss out on any funding by authorities.’

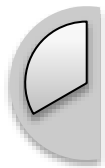
There was an overwhelming desire by residents to take responsibility for their health and wellbeing and a strong interest in developing peer support activities (see assets section). However, lack of support groups, lack of information, difficulties with access and entrenched social problems hindered progress towards community goals.



Transport- cost, services, frequency, accessibility, .

Transport

Lack of bus routes to GP surgeries
A lack of community transport
Mobility- limited access to transport



Dentists- long waits fo non emergency, have to rely on cancellations.

Services

Continuity of Doctor- have to wait longer if you want to see the same one next time.
Lack of doctors makes it difficult to have GP access
Lack of support to manage long term conditions and repeat prescriptions.
Lack of access to local specialists services eg mental health, physio



we need a centralised Hub- one stop shop with signposting.

Information

Lack of information about what services are available locally
Technology- more services now have have electronic access which scares people or puts them off, undervalues human contact

Substance misuse, mental health and healthy lifestyles issues were mentioned as barriers

Alcohol and drugs problems among adults and young people
Drug dealing and use
Social anxiety,
Psychological issues
Limited ‘get out’ and do ‘exercise’ community based programmes.



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

Residents expressed confidence and support for additional roles in primary care. They suggested such roles could be a catalyst for a change to more community based and person centred care.

- ✚ Provide support to young people as well as adults
- ✚ Target stigma and isolation
- ✚ Provide home visits for the elderly, disabled and vulnerable groups

Mental Health Practitioners (MHPs)

- ✚ Be voluntary based
- ✚ Provide drop in sessions
- ✚ Treat common conditions
- ✚ Not substitute for existing provisions such as GP services

GP Pharmacist

- ✚ Be more accessible in the community
- ✚ Have a preventative role
- ✚ Provide choice and not impose healthy lifestyle regimes

Health Improvement Practitioners (HIPs)

- ✚ Compliment work done by community groups and health visitors
- ✚ Bridge gaps and networks
- ✚ Target hard to reach groups
- ✚ Empower residents and community groups to take control of their health and wellbeing

Community Asset Navigators

- ✚ Be based in communities or in health centres
- ✚ Provide support for people in pain
- ✚ Provide advice on falls and physical conditions
- ✚ Work closely with other professionals such as GPs and physiotherapists

Musculoskeletal Practitioners (MCKs)

- ✚ Person of trust to bring together service user, individual, family, professionals
- ✚ Link worker
- ✚ People with knowledge of services and what is available locally
- ✚ Person of trust to bring together service user, individual, family, professionals
- ✚ A Macmillan type nurse but for dementia and Alzheimer's, someone who can share information and support the whole family.
- ✚ A gatekeeper team- more than one position. Could be a volunteer



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:

- ✚ Create a continuous consultation
- ✚ Create a forum
- ✚ Have a feedback process
- ✚ Community champions and steering groups
- ✚ Central community hub
- ✚ People
- ✚ Listen to people. People participating in local services need to see results
- ✚ Share overviews and assessments.
- ✚ Build on the assets they already have and not introduce new initiatives that cannot be actioned.

There are challenges to mobilising residents

- ✚ Residents are often let down by services and professionals
- ✚ Some residents feel they cannot influence or have a voice

“For years, there has been no opportunity to ask any questions...it can be very challenging to engage with people who don't get heard.”

“You need to go into pubs and libraries to engage better.”



CONCLUSIONS

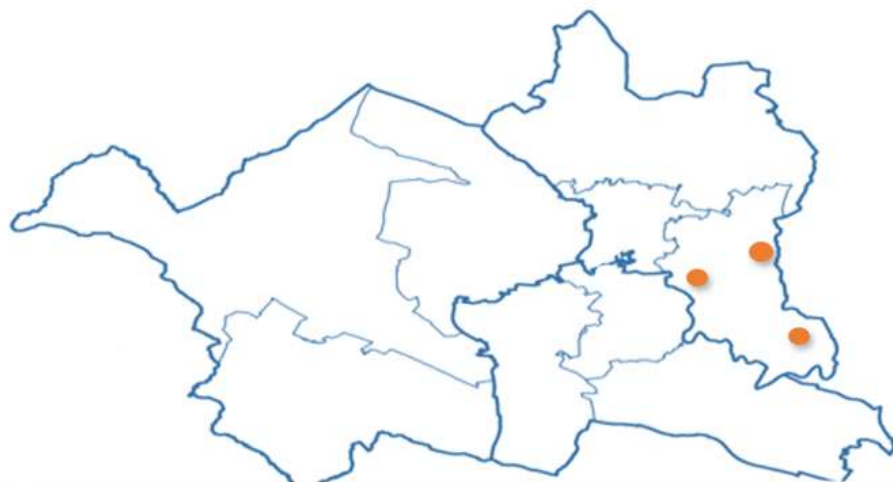
These conclusions represent the views and experiences of Westhoughton residents.

- Residents felt that Westhoughton was sometimes mis-represented as affluent however there are pockets of deprivation which often seem to go unnoticed.
- There is a strong desire to develop group based support for a wide variety of issues in this area.
- Residents felt 'information poor' which left them feeling disempowered.
- There was lots of support for the idea of a 'community hub'.
- Problems associated with drug and alcohol use and with poor mental health were included alongside fragmented services, access problems, and poor information as barriers to managing health and wellbeing.
- Residents valued the new roles in primary care and were particularly enthusiastic about more community based provision.
- Good connections between services at a local level are seen as vital if progress is to be made.
- Residents want to be part of the decision making/service development process via local steering groups or forums



Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



● Brightmet/Little Lever



Context



536

Responses collected

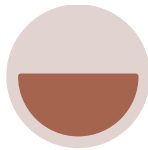
47
Respondents

203 existing 'Assets' comments

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

We have...

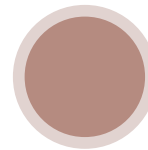
Age UK lunch club
Tonge lunch and leisure club with chair
Health visitors
Midwives
Community Choir
Shine Community Bus



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

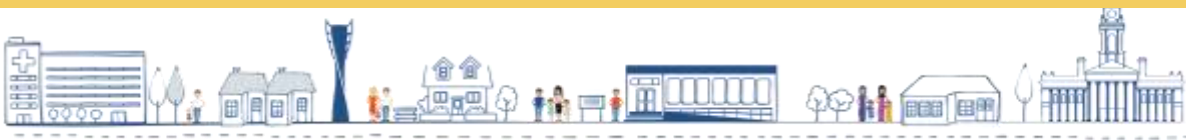


Services

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

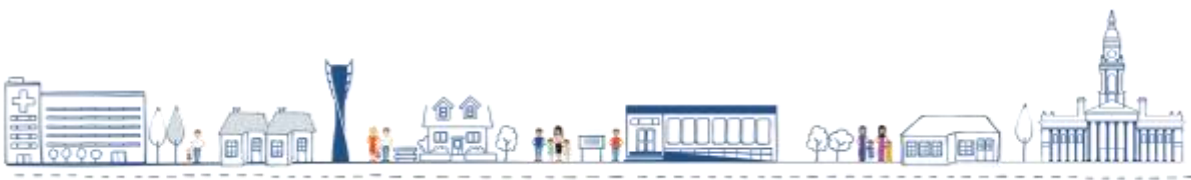
- ✚ Share information
- ✚ Be there - attend
- ✚ More sessions like this to continue development.
- ✚ Discuss as a group and pass on to either surgery managers or feedback to the GP direct.
- ✚ Pass on information to nurses to bring up with the GP on ways to make improvements.
- ✚ Introduce new way of 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.



Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



Context



220

Responses collected

19

Respondents

60 comments about existing 'Assets'

- Community assets
63%
- Neighbourhood assets
25%
- Personal assets
12%

We have...

Swimming pools
Individual and group expertise
Manor gardens
Notice boards in parks
Ring and ride
Scouts and Brownies
Bromley Cross village hall

We would like these assets and services developed...

- Harwood Magazine. Can this be used more effectively?
- Not a great range of cultural or faith groups
- Use school newsletters to pass on community information
- What's on guide
- Newsletter/publicity that is effective for all/what's going on in community
- More communication resources
- More community based groups
- A way of communicating in a simple way of groups/events going on
- Health drop-ins health checks in place of work
- Befriending service needed in Harwood, Edgeworth, Bromley cross, Edgerton, and Turton to reduce isolation in adults.



Theme 2 -

Challenges to managing health and wellbeing

Residents identified a range of challenges to managing their own care though many of the responses focussed on a frustration around lack of information and the inability of the system to move from talk into action on the self-help agenda

Challenges

- ✚ The message of people taking ownership of their health and wellbeing is swept aside/not supported into action
People not listened to
- ✚ Focus on the individual rather than family and environment
- ✚ Plan for integration but needs steps to act upon intentions.

Language and information

- ✚ Information on local services
- ✚ Language of communication (jargon)
- ✚ Knowledge of what is out there to support with wellbeing -changes day to day/need accurate information.
- ✚ Need information place/resource for doctors & professional teams.

Inconsistency and disjointedness

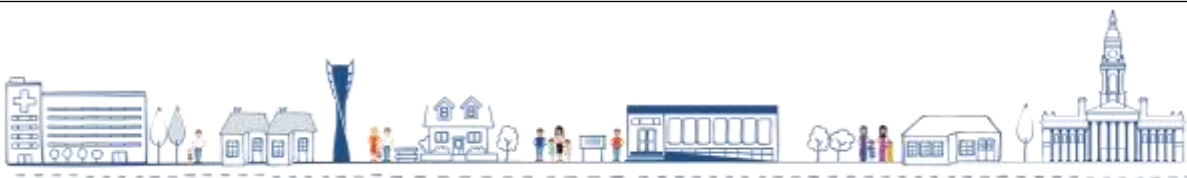
- ✚ Inconsistency of advice
- ✚ Disjointed services
- ✚ Limited care continuity
- ✚ Appointment waiting times
- ✚ Need triage to call back - working full time, difficult

Wider determinants of health

- ✚ Inadequate housing
- ✚ Social isolation & loneliness
- ✚ Cost of public transport

Lack of support for community groups

- ✚ Limited funding for self-help groups
- ✚ Advice and support in community-short term funding - causes difficulties in terms of sustainability & building local knowledge.
- ✚ Local voluntary activities and services with ambassadors who can signpost, their expertise is not utilised by decision makers and professionals



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 could be better utilised to support local services.

Come in between seeing a doctor and waiting for specialists

Provide transition mental health services for young people

Mental Health Practitioners (MHPs)

- Be easy to access
- Provide non-appointment based services
- Support and treat patient with repeat prescriptions
- Receive referrals from GPs

GP Pharmacists

- Be more accessible in the community
- Be more visible in community settings
- Provide advice on healthy living

Health Improvement Practitioners (HIPs)

- Be placed in community settings
- Complement existing services
- Work with 'Staying Well' services
- Support community and self-help groups

Community Asset Navigators (CANs)

- Be referred to by doctors
- Reduce congestion
- Provide pain relief for patients
- Be located in GPs and surgeries

Musculoskeletal Practitioners (MSK)

“These roles, although interesting, can work better in the community and with the support of the community.”



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:

- ✚ Draw on the experiences and expertise of voluntary and community groups
- ✚ Regularly engage with residents and build relationships
- ✚ Recognise residents as 'experts' of their locality and services, and should work 'with' and not 'for' them
- ✚ Listen to people's conversations and make information about services and their locality more generally to them
- ✚ Access vulnerable groups and minorities at a grassroots level.
- ✚ Feedback to residents in relation to conversations, pledges and possible changes to services in their areas
- ✚ Provide people a voice and a mechanism to contact local services and ask questions or make suggestions

Bright ideas

YOUNG PEOPLE: Bolton together consortium for voluntary organisations for young people could lead on engagement of young people. Go into schools/have conversations.

HARD TO REACH GROUPS: We need people/ navigators to go out into the community to provide this information in an accessible way, e.g. CVS/voluntary groups etc.

PEOPLE WITH DISABILITIES: Specialist in SEN.



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. The residents of Turton made the following suggestions.

- The phrase '*help us to help ourselves*' echoed in much of the conversations with residents. Decision makers and practitioners should invest in existing community assets and networks to enable them support health and wellbeing and promote local services
- Lack of information about services and 'what's going on'. Information hubs and community information resources could be used much more. We could remove communication bottlenecks and explore more community based options of circulating information

Conclusions

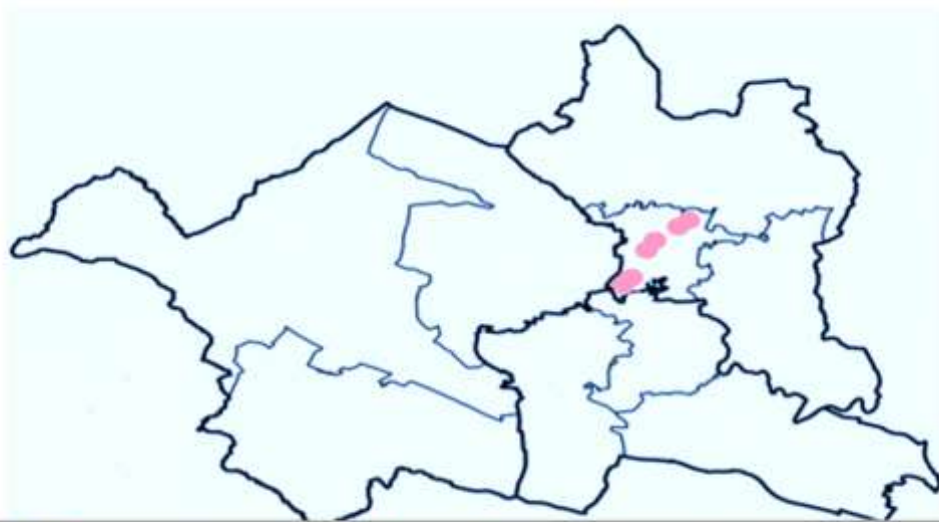
These conclusions represent the views of Turton residents.

- Residents had good knowledge of local assets and were focussed on how these could be harnessed to improve communication about what is going on in communities.
- Lack of information about existing services and new developments was a frustration for the residents of Turton.
- Residents welcomed new roles in primary care. They suggested that such roles are more effective if they work in partnership with community groups.
- The residents of Turton wanted grassroots approaches to service development and wanted to be '*helped to help themselves*'.



Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



• Crompton/Halliwell



Context

341

Responses collected

41
Respondents

85 comments about existing 'assets'

- Community assets
70%
- Neighbourhood assets
20%
- Personal assets
10%

We have...

"Halliwell has a strong sense of community and is quite diverse."

Halliwell UCAN centre
Salvation Army drop in
Pay what you feel Café
Ambition For Ageing
Voluntary Groups
St Luke's Church- ESOL class
Over 60's Lunch Group
Tots Group
Venue for groups to meet; Tyskley
society (?); Saxophone Group;
Hungarian weekly service

We would like these assets and services developed...

...Out of door days..... Better care for the elderly.....Improve bus service 501Family planning clinics at the UCANFund leisure provisions for the youngFund life coaching Fund community groups that promote healthy eating



Theme 2- Challenges to managing health and wellbeing

Residents of Crompton and Halliwell recognised underlying health conditions and communication issues as challenge but were most frustrated by inconsistent and unhelpful behaviours by service providers.

Challenges

Limited technology use	Communication and Technology
Language of communication (jargon)	
Lack of awareness of local services	
Inadequate communication by professionals	Unhelpful Behaviours
Conflicting processes and guidelines	
Fear of being passed around	
Inconsistencies between practitioners and diagnosis	
Standardised services (one size fit all)	
Receptionists-unqualified gatekeepers	
Competition in wanting to 'the best' - little room for sharing information	
Health conditions such as dementia	Underlying Conditions
Conditions such as deafness and blindness	



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 could be better utilised to support local services.

- Be based in the community
- Provide sign posting and referrals to more specialised mental health teams

Mental Health Practitioners (MHPs)

- Be open to all
- Provide non-appointment based services
- Be placed in surgeries
- Offer health awareness advice

GP Pharmacists

Health Improvement Practitioners (HIPs)

- Be more accessible in the community
- Raise awareness about health and care more generally
- Provide advice on healthy living and eating

- Be placed in community or GP settings
- Provide support in the community
- Offer advice on technology for health
- Support community and self-help groups

Community Asset Navigators (CANs)

- Be referred to by doctors
- Relieve pressure off doctors
- Offer drop in sessions
- Be located in GPs and surgeries

Musculoskeletal Practitioners (MSPs)

'People need different approaches, we are not all the same'

'All these roles need to link up together'



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:

Enable residents to have a say in how services should be designed and delivered

Regularly engage with residents and build relationships

Grant some health and social care roles to residents and provide them with continuous support and assistance

Fund existing community and voluntary groups to deliver community service engagement works

Be honest about what can or cannot be achieved with residents. People are more likely to support local services when they are made aware what is at stake and what difference they can make.



Theme 5- Working towards outcomes that work for all residents

Support individual communities differently

Have people in specialist roles go to ESOL classes and explain what's available

Grass roots engagement- trust people to engage with their community in a way that they know works

Have information in different languages

Develop community leaders to do research

Education not just in schools but in specific communities by members of that community and families. For people who are unaware of local culture

Explain the decision making around the Neighbourhoods

Residents need to be better informed about the neighbourhood approach and the decision making behind it so as not to be put off. People do not understand why, when they live in Halliwell their services are in Crompton, and vice versa.

"I live in the Halliwell neighbourhood but I access services in Crompton which is also called Halliwell."

"Why does the map of Halliwell not include within its boundaries the area marked as Halliwell on the map?"

People want to know how to get things done!

'The walk through path from Vallets Lane through to Oxford Road primary- half of it is rocky and unstable for the kids as it is a walk through to the school. Also the dogs they walk through leaving dog muck and the owners just leave it especially for me as I have a 5 year old and a buggy and it is really a nightmare. I have been told it is not a council property and that is why it won't be done but when the workmen were digging up a hole in the road on Vallets Lane they actually used some of the tarmac on the first part of the path and it's really good. I and many others have said it should all be like this my son has fallen so many times as it's a muddy mess and I have also fell before. Something needs to be done please!'



Conclusions

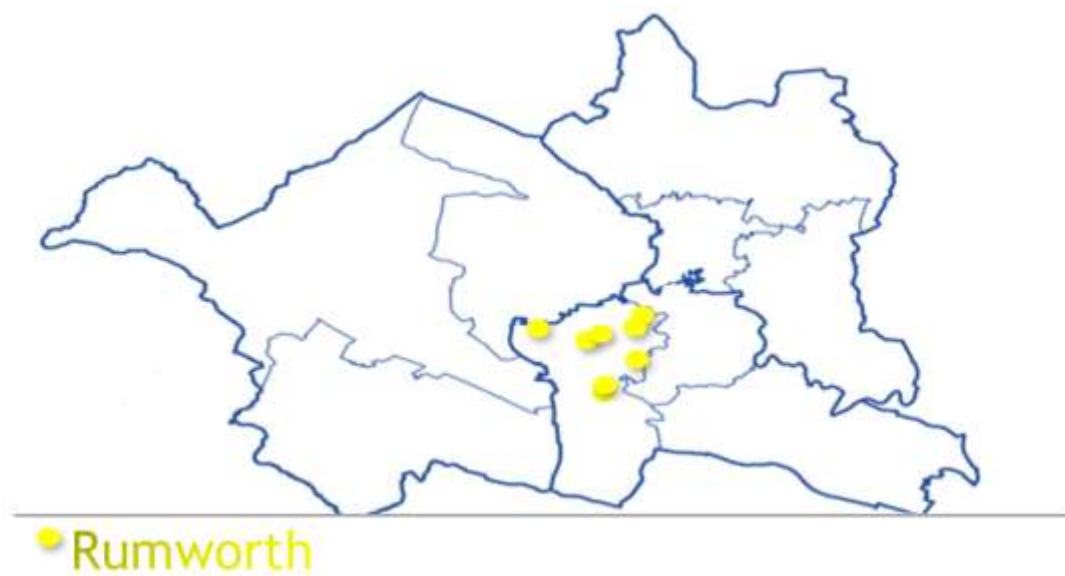
These conclusions represent the views and experiences of Crompton and Halliwell residents.

- Crompton and Halliwell has a strong sense of community and values its diversity.
- There is a strong sense that different approaches are necessary for different people and communities
- There is a desire for mainstream services to recognise, value and utilise grassroots leadership to mobilise all the people of the Neighbourhood.
- Residents welcomed new roles in primary care, they are looking for these practitioners to be more active at community level and link with community leaders and resources.
- Residents of Crompton and Halliwell value transparency and openness, they want to be informed regularly and they respect honest answers about what is being proposed.
- Residents articulated a number of unhelpful behaviours in services, they want to know how feedback, how to report issues and how to get things done.
- The Neighbourhood geography caused confusion for some, more explanation about this approach and decision-making will help people to understand and engage with the neighbourhood concept better.



Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



CONTEXT

180

Responses collected

3

Respondents

40 existing 'assets' were mentioned

- Community assets
70%
- Neighbourhood assets
25%
- Personal assets
5%

We would like these assets and services developed...

We have...

- ✚ BCOM groups- women's groups etc.
- ✚ Deane UCAN
- ✚ Shops and restaurants
- ✚ Yoga at BCOM
- ✚ Hearing Clinic at BCOM
- ✚ Over 50's football group at Ladybridge
- ✚ PLCC Saturday football
- ✚ Netball and fitness group at Gosha
- ✚ Diabetes Champions- did some research and now stuck together as peer support

- Befriending services- classes are not always appropriate for everybody. Sometimes you just need someone to talk to.
- Cooking classes for boys
- A health hub
- Need women's provisions for fitness and wellbeing
- Better changing rooms at the sports centre



Theme 2- Challenges to managing health and wellbeing

Residents recognised a wide range of challenges including, cost, cultural and religious expectations, lack of information and problems with appointments with health services.

Challenges

Cost

Cost of accessing services and healthy life styles particularly for families

Most of the free services are now charging

Some community groups charge people seeking support services

Lack of information

Lack of awareness of local services

Cultural and religious barriers

Some residents cannot access some services because of cultural and religious beliefs

Appointments not working

Being rushed at appointments

Long wait for appointment

Lack of feedback

No feedback from managers and practitioners

Community not listened to.

“There's a cultural expectation that women stay at home with the kids while they are young...we lose them for all that time. We used to have a swimming lesson for mums and kids at Ladybridge but it shut down... they start charging too much.”



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

Residents were generally supportive of additional roles in primary care. They wanted more accessibility and wanted the practitioners to work with communities around stigma and mis-conception.

- ✚ Challenge misconceptions About mental health among Muslims
- ✚ Challenge mental health stigma among BME communities

Mental Health Practitioners (MHPs)

- ✚ Have privacy
Be based in central hub
Like a GP
- ✚ Be easily accessible

GP Pharmacists

- ✚ Be more accessible in the community
- ✚ Target all age groups
- ✚ Promote healthy eating and lifestyles
- ✚ Train communities about staying well

Health Improvement Practitioners (HIPs)

- ✚ Be placed in community settings
- ✚ Provide support in the community
- ✚ Support people in their communities
- ✚ Inform gaps in practice

Community Asset Navigators (CANs)

Musculoskeletal Practitioners (MSK)

- ✚ Share some of the work of physiotherapists
- ✚ Provide relief for muscular conditions
- ✚ Provide advice on correct posture

Residents raised three important questions about the additional roles in primary care

“Is this a trap? Are we moving towards privatisation?”

“Will these people have an extra (training) module about Greater Manchester?”

“Who will triage and signpost to these workforce roles?”



Theme 4 & 5-

Ways in which residents can support local services develop and move forward

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

- ✚ Develop and invest in neglected community assets and groups. Engage with residents from different walks of life and backgrounds and learn with them
- ✚ Regularly engage with residents particularly those from hard to reach communities
- ✚ Grass roots engagement- support community groups to engage with local residents because they have a better understanding of what works, when, and most importantly how.
- ✚ Create better channels so grass roots groups can better be supported to inform local services
- ✚ Get to know local residents before making decisions for them
- ✚ Trust local expertise and knowledge and use it as a means to design services and allocate provisions
- ✚ Provide honest and prompt response to residents' queries. There is a feeling among residents that the battle is lost by the time their voice gets to the people who should be listening.



Conclusions

These conclusions represent the views and experiences of the Rumworth participants.

- Residents recognised a wide range of community assets as well as a broad range of challenges.

Cost and cultural expectations were recognised as challenges for the people of Rumworth.

- Residents welcomed new roles in primary care and made suggestions for others. They suggested that such roles are more effective if they reach out to respond to community problems
- Residents wanted the new roles in primary care to be well informed about Greater Manchester issues
- Residents wanted the new roles to work on challenges to stigma and to work with or challenge cultural barriers.
- The residents of Rumworth wanted an honest dialogue and better engagement with grassroots groups and community leaders.





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



December 2017

