

# 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*'.





Thank you  
to the host agencies  
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