Neighbourhood Engagement Workshop

A report of the Bolton Neighbourhood Engagement Workshop

16 January, 2018

Background

On the 16th of January a workshop event was held in Bolton to present the recently completed Bolton Neighbourhoods research report; part of the Locality Plan.

The Neighbourhoods research was completed for the Bolton Alliance; research by Healthwatch Bolton and Bolton CVS. This major report looks at different areas of Bolton, classified into nine neighbourhoods, as part of the ongoing plans to reshape healthcare provision in the local area.

The Chief Officer of Healthwatch Bolton presented the report to those at the workshop. Those attending were offered a printed copy of the report for their neighbourhood area, a full version of the report can be found online (http://healthwatchbolton.co.uk/news/reports/bolton-plan-neighbourhood-engagment-report/) .

A panel was then available to comment on the report should anyone have questions. The panel was formed of the Research Officer for Healthwatch Wigan and Leigh, the

Healthwatch Bolton Engagement officer that conducted the work, and the Co-Design and Engagement Officer from Bolton CVS.

There were **42+** people attending.
Total **89** comments gathered, and used here.

Many participants were, or have previously, attended Healthwatch Bolton events. As well as the general public, representatives, or members, of the following groups gave their opinions during the workshop table discussions:

Bolton Council, Staying Well Team, Health Improvement Teams, Health Trainer Teams, GMMH, Integrated Neighbourhood Teams, NHS, Healthwatch Bolton/Wigan and Leigh, Bolton CVS, Local Charities, Bolton YMCA, Groundwork, BAND, Time 2 Communities, Bolton Centre Chaplaincy, St Georges Day Centre.

Questions for discussion

Following the presentation of the report, each table of attendees had a different question or idea given to them. These questions and ideas relate to what actions should follow the report.

The questions and ideas were:

- How can we move this work forwards?

- Considering a local information hub.

- How do we develop the community asset mapping?

- How do we carry on engagement?

- How can we build links with new professionals?

- Relationships between community and professionals.

Key Findings

Moving forwards – good choice of language key; the idea of 'neighbourhoods', is this representative of local definitions?

Considering a local information HUB – support for this to happen, people want there to be assistance at these sites, and assurance they will be easy to use.

Developing community asset mapping – important that anyone involved gets experience of the local community.
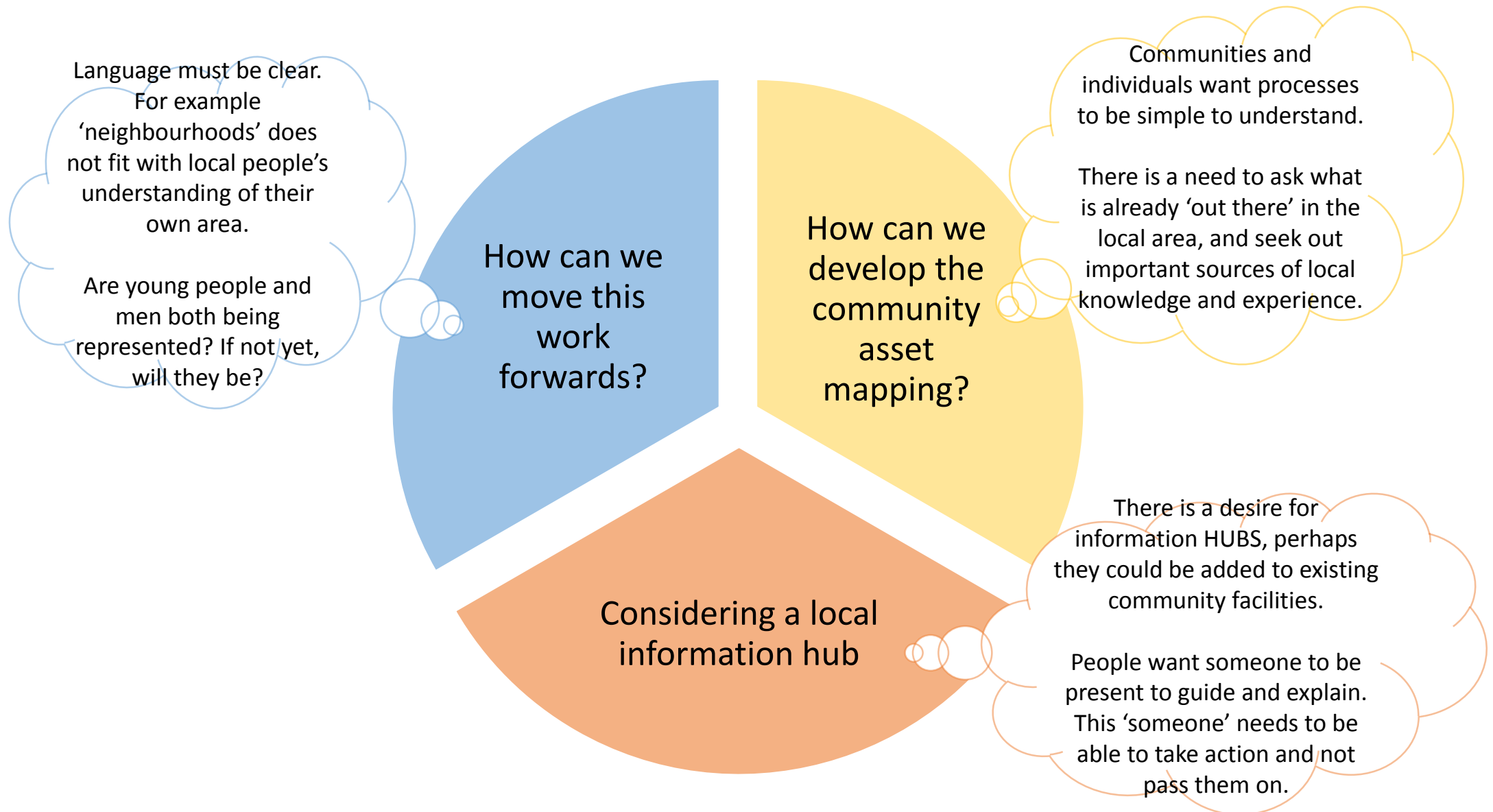
How do we carry on engagement – sharing widely on established and new digital channels, as well as remaining in touch with locals through clear language, and being open to feedback.

How can we build links with new professionals – close working and understanding by these professionals needed. Also questions of professionalism and how the role will work.
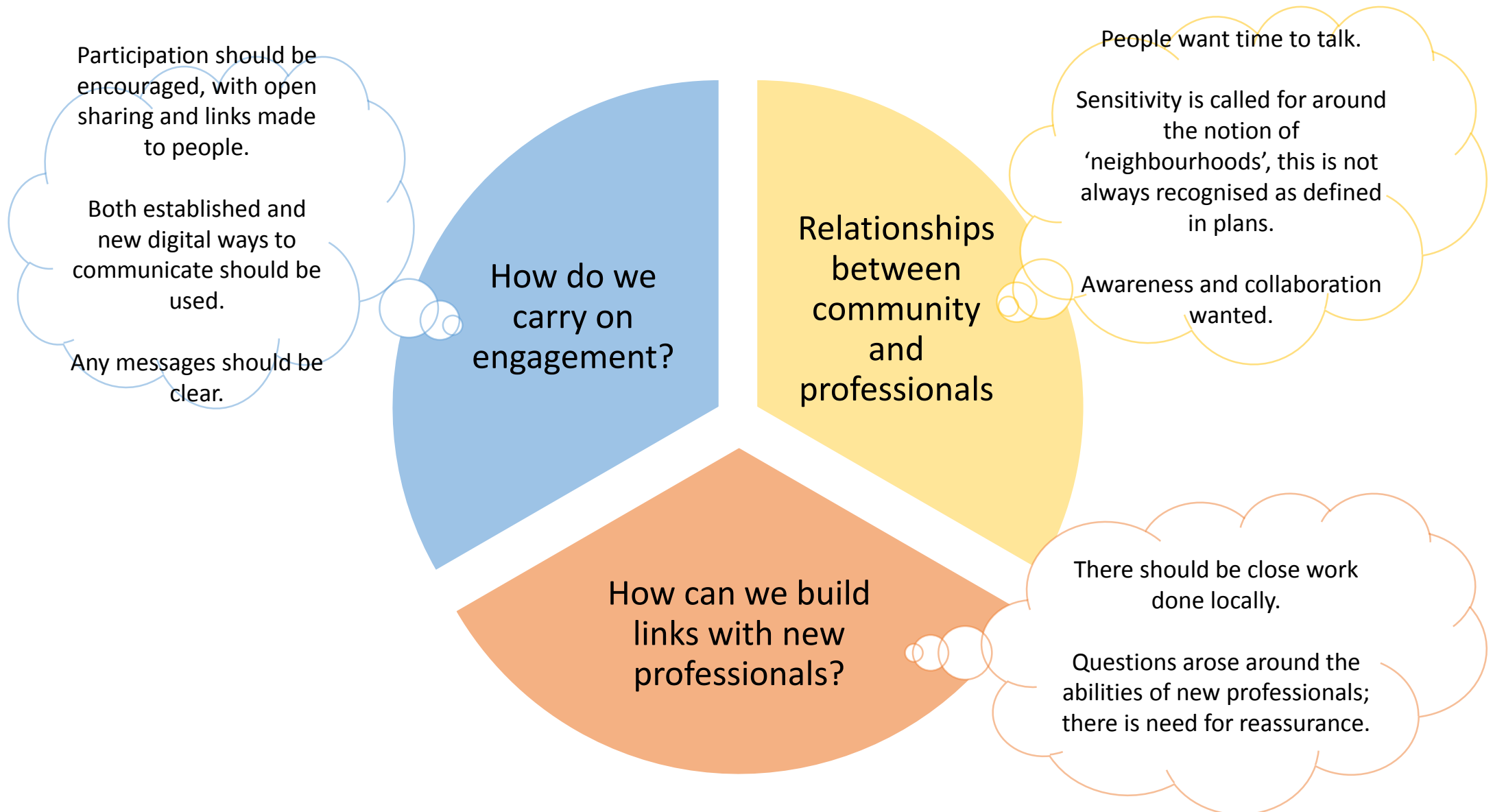
Relationships between community and professionals – people want their areas reflected as they define them. Decision makers should listen and maintain open communication.

Analysis – The future and keeping impetus

Language must be clear. For example 'neighbourhoods' does not fit with local people's understanding of their own area.

Are young people and men both being represented? If not yet, will they be?

How can we move this work forwards?

How can we develop the community asset mapping?

Considering a local information hub

Communities and individuals want processes to be simple to understand.

There is a need to ask what is already 'out there' in the local area, and seek out important sources of local knowledge and experience.

There is a desire for information HUBS, perhaps they could be added to existing community facilities.

People want someone to be present to guide and explain. This 'someone' needs to be able to take action and not pass them on.

Analysis – The future and keeping impetus

Participation should be encouraged, with open sharing and links made to people.

Both established and new digital ways to communicate should be used.

Any messages should be clear.

People want time to talk.

Sensitivity is called for around the notion of 'neighbourhoods', this is not always recognised as defined in plans.

Awareness and collaboration wanted.

How do we carry on engagement?

Relationships between community and professionals

How can we build links with new professionals?

There should be close work done locally.

Questions arose around the abilities of new professionals; there is need for reassurance.

The comments

Below is a summary of the number of comments gathered in this workshop.
All the comments are shown in the next sections of this report.

Question or topic	Number of comments
How can we move this work forward?	9
How can we develop the community asset mapping?	16
Considering a local information HUB	18
How do we carry on engagement?	24
How can we build links with new professionals?	7
Relationships between community and professionals	15
TOTAL	**89**

How can we move this work forward?

Language used

- *I have a bit of an issue with the word 'system', I think we need to define it more clearly but also think it serves as a bit of a dividing barrier an "us and them". I work in the system but I am also a person who uses health and social care services, people are both and it shouldn't separate. It's very confusing and alienating. How can we make people feel a part of it?*

- *Some of the language being used like assets, barriers, system, will make people not want to engage in conversations.*

Neighbourhoods as an issue

- *I didn't attend a workshop because I didn't know where I belonged (Hunger Hill- Horwich and Blackrod). It's not that we didn't want to engage we just didn't know where to go...How can we work together to ensure that people can see how and where they fit into this, and that communities on the edge of boundaries aren't excluded?*

- *Where does Tonge Moor fall into this, none of those neighbourhoods say Tonge Moor? (Breightmet and Little Lever)*

- *The neighbourhoods are artificial, I need to be able to navigate the care in that area, my social worker might be there, the district nurses, lots of services, and that's really hard when I can't figure out where I am.*

Representation

- *Young people's voices are predominantly missing from the report, are there any plans to go into places where young people are to get their input, as ultimately they are the ones who will benefit?*

- *It kept coming up that young people were missing from the events? Will there be any other work done?*

- *Just a comment really but men were largely missing from the workshops, those who worked and young people?*

- *You can just never tell who is in charge, there are so many people involved, so many numbers, it's just hard to know who to speak to.*

How do we develop the community asset mapping?

Community groups/teams – invest in groups

- *Simple process (expression of interest).*

- *Independent panel away group area.*

- *Line managed by CANs.*

Individuals

- *Ask what is already there through GP, college, development worker.*

Experience/knowledge in the community

- *Face to face.*

- *Website.*

- *Specific to area.*

- *Community minded/gossip- community knows who these are.*

- *Participation.*

- *Don't know where to put info?*

- *Coordination?*

- *Change recruitment process- geographical location.*

- *Lack of employment history not a barrier.*

- *Experience over education.*

- *Secondment.*

- *Value based recruitment - values developed by communities.*

Considering a local information hub

HUBs

- There are lots of spaces and buildings making an attempt at being information hubs and we can build on that and improve their offers or knowledge - i.e. UCAN centres.

- I see the need for a hub as a place to join the dots, a place to connect and to have some social aspect. A cup of tea and a chat whilst you get sorted.

- It would be useful to trial the method somewhere and then replicate in other areas.

- Why has this never been done before?

Hopes for HUBs

- We want the hubs to bring health, social and community sector to work better together so people understand what each other do and how they can support each other for the benefit of the family.

- Frontline people need to have knowledge and authority to act and answer questions, not pass people on to the next helpline or appointment centre.

- We want volunteers and professionals to work together.

- There should be support to complete forms, the forms should be simpler, you can have 33 page documents to fill out just for one aspect of a condition or care need and then have another 3 to fill out afterwards, it's just too complicated.

- There needs to be flexibility and options to suit people's circumstances, needs and capabilities. If you are elderly and stressed you don't want to learn how to use a computer just to get a little bit of support, if you work full time then you need to be able to access things out of hours or online, by phone. It just needs to be flexible so a physical and virtual hub.

- We need consistency and continuity, people want to access things where it is convenient for them, but the offer shouldn't be different just because of where you live.

- We need a "I don't know but I'll find out" not a "I don't know you find out" attitude. People need to take responsibility and initiative.

Considering a local information hub

Information

- *The information needs to be simple and clear.*

- *There needs to be a knowledgeable person who can not only signpost and refer, but work through people's experiences to find the best route for them. Too often people are handed lots of different leaflets and so many options for their one concern that they are overwhelmed with choices. An approachable and accessible person who is an expert in their own community but has a wider understanding of what's available. There needs to be a knowledge or support system behind that person, so that they don't have to hold all their knowledge, but can make it accessible for others to access.*

- *If the system was simpler, more people could navigate it themselves.*

- *There are so many options and services and that's really wonderful, we're lucky to have so many opportunities but that's why it's difficult to connect. We are getting better at acknowledging that one size doesn't fit all and that people need to say what's best for them, but we are still struggling at joining the dots and finding out who does what and then keeping it up to date.*

- *A directory is really useful to collate everything that's happening but the difficulty is in people knowing which is right for them and keeping it up to date. Services get decommissioned and we don't know what's there to replace them.*

- *Communication is key - people don't know what's available and what they are eligible for.*

- *We need flexibility in sharing information between groups and professionals.*
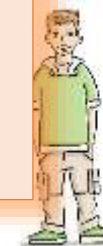
How do we carry on engagement?

Participation

- Need options- in person, online, internet, hijack existing sessions and organise new ones.

- Think about timings - different times suit different people - school run, working hours, prayer times.

- Offer travel expenses.

- Incentivise participation.

- Flash mob.

- Flexible.

Message

- Language- keep it simple.

- Keep it simple, tell me why it matters to me, you said we did.

- Pictorial.

Sharing

- To add your own info and intelligence.

- Easy ways to add your own info and intelligence.

Making links

- Be proactive - go out to groups- start with established ones.

- Schools Engagement and Youth Council, BLGC, ZACS, University.

- Who's doing the engagement - tailor it to your audience.

- Not chalk and talk - interactive, practical.

- Service users, existing forums.

- Feedback on outcomes - how is it making a difference?

- Develop teaching resources so engagement can be part of curriculum.

Channels

- Via social media, email, etc.

- Leaflets, posters.

- Pages on existing sites - CCG, Council, CVS, Healthwatch, A4A etc.

- Messages via intranets.

- Community boards in supermarkets, shops, businesses.

- Link to events - e.g. food fest, winter wonderland.

How can we build links with new professionals?

Links with new professionals

- *Close working arrangements with integrated neighbourhood teams.*

- *Mental health practitioners - how will they be allocated to neighbourhoods? Can they refer onto specialist services?*

- *How do new roles work together and know what each other do?*

- *How will non attenders to appointments be followed up?*

- *Would we be able to get advice on new medications and side effects.*

- *Opportunity for families to discuss issues and raise concerns - mental health.*

- *Can be considered through the accountability and supervision.*
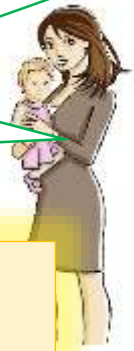
Relationships between Community and Professionals

Time

- Time- to have it (1 hour a month) time to be heard /empathy.

- Professionals acknowledge the need to spend time with groups to build working relationships.

Mapping

- Rename areas/neighbourhoods, not natural boundaries etc. - maybe use the colours so people can decide they are red...

- Mapping - who are the organisations we need to access and build relationships with (access to them).

Partnering

- Increase in networking opportunities, clear where feedback/into is going/influences.

- Breakdown you vs us.

- Waste time moaning- be proactive- use co-design and make it not boring.

- Make sure it is easy to make contacts constructive.

- Accessibility- locally based. Where bus routes line up. Professionals going out and working alongside. They get a taste of what a person's experiences are.

- How can we make relationships with GPs when we don't have enough GPs etc.. Staff move on so how do you build relationships when you keep moving to start again.

Awareness

- Give opportunities to make complaints/concerns so other sessions can be more proactive.

- Quarterly sessions to bring concerns etc. so other sessions can be focused and advise sessions when it's the right place to raise concerns.

- Clear signposting - where service/sessions are.

- Language - make sure it's accessible. Don't get bogged down in terms - what will people understand?

- Advertising - make people aware of what services/help are available.

Feedback sent to Healthwatch about the report

Horwich and Blackrod representatives:

Felt the report for their area reflected what they had said on the engagement day. People were pleased to have been able to speak, and learned a lot about the proposed changes. There is general positivity about the changes, and further consultations are due to occur in Horwich.

Conclusions

The key concern is around terms, definitions, and decisions being made without due consideration for local expertise and ability.

There is an interest to engage, be heard, and clear issues which are there to be responded to.

A HUB for example could assist individuals in navigating what it seen as a complex web of available support – which not only is hard to disentangle, but also interact with once identified e.g. long forms to apply.

People are interested in new professional roles to come, but trust and ability to address needs will be key to their success.

Healthwatch Bolton and Bolton CVS wish to thank those that took part or supported this workshop session.

Engagement: Caroline Tosal-Suprun

Report: Alice Tligui, Alex Tan