

Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



• Central/Great Lever

November 2017



Context



Responses collected



The workshop consisted of local residents, community groups and professionals. Discussions revolved around five main themes: existing strengths/assets); challenges to managing health and wellbeing; perceptions of new roles in primary care; ways in which residents can support local services develop; and finally, working towards achieving outcomes that works for all residents.

122

Comments relating to 'Assets'

There was a wide recognition of the existence of a wealth of assets locally. Many residents spent a great deal of time describing assets in their area. Most of these descriptions were attributed as 'community' assets due to their responsiveness to residents needs and their emphasis on grassroots community development. The word cloud shows what assets were mentioned

70%

Community assets (VCSE & clubs)

20%

Neighbourhood assets (libraries, & leisure centre)

10%

Personal assets (knowledge, skills)



97

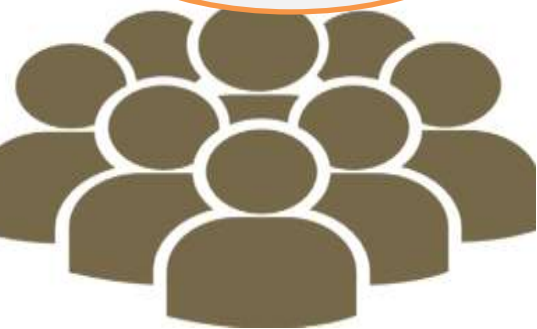
Existing community assets identified

25

Community assets to be developed

Charities & voluntary	Art & music	Education	Cleaner Bolton	Green spaces
Social clubs	Retail & eateries	Religion & worship		Single sex provisions
Public record directory	Community	Community information		
Food & drinks	GPS & Doctor's surgeries	Health champions		Sports & music
Fitness & wellbeing	Mentors & trainers	Pocket neighbourhoods		Apprenticeship schemes
Sports & recreation	Mental health support	Funding community/voluntary groups		Sports & music venues
Children & young people		Modern central library		Walking & cycling routes
Community champions	Travel & Transport	Transport		

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



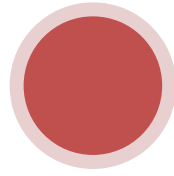
But
We would need:

- 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

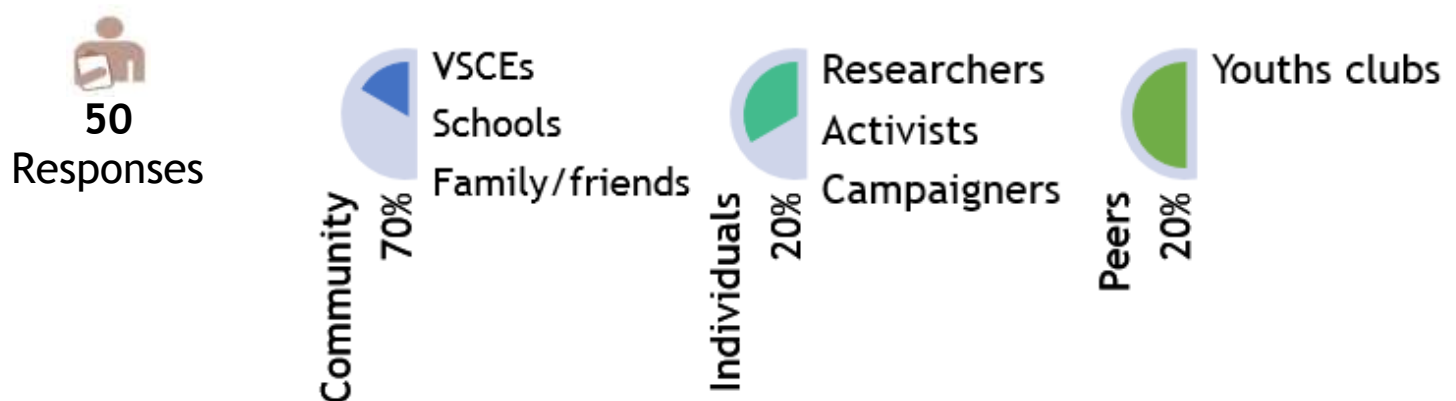
- Provide quick access to health information
- Ease pressure of GPs
- Not 'reinvent the wheel'

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."



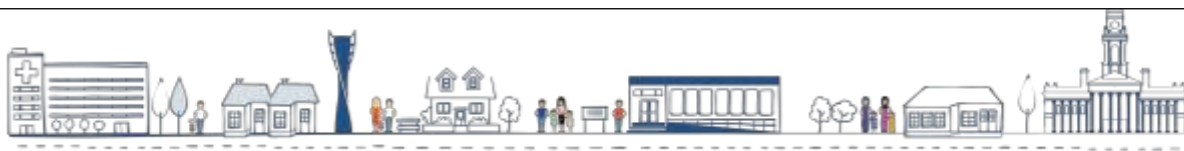
Residents recognised that in order to take tangible steps towards achieving outcomes that work for all, the following priority areas need to be addressed.

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.





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



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