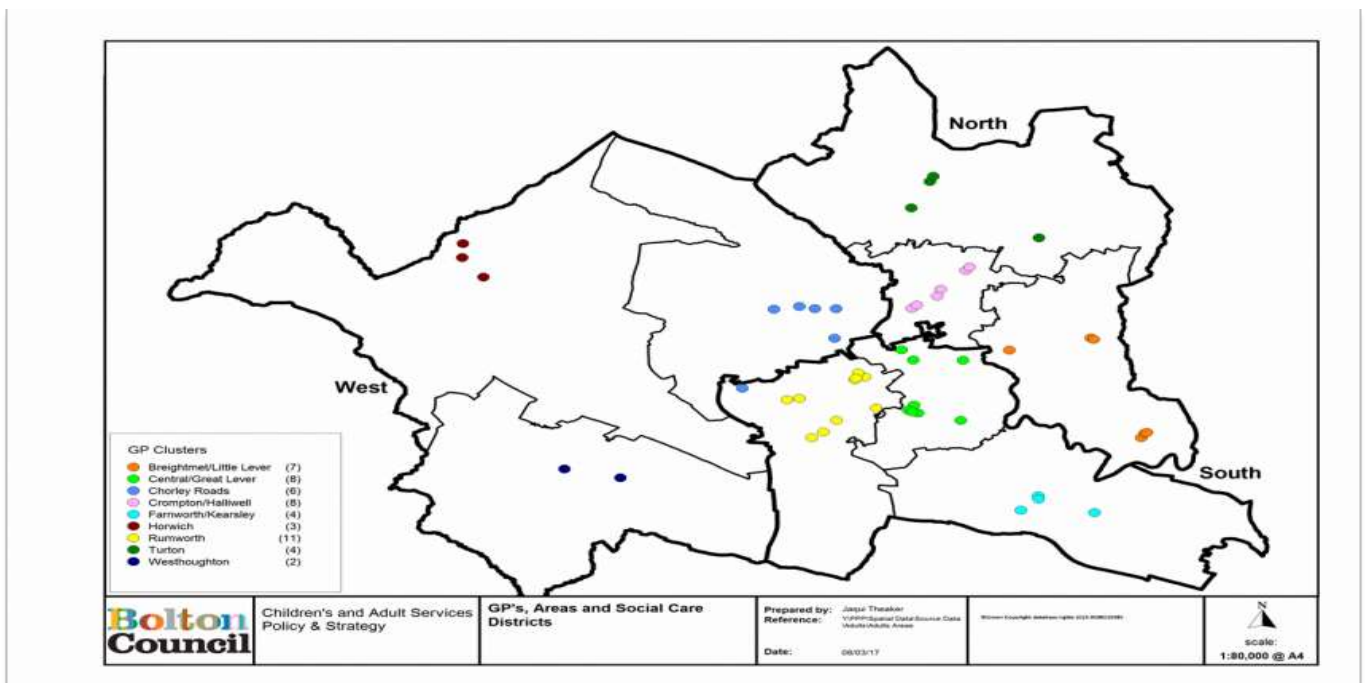




Bolton Neighbourhood Engagement Report 2017

Bolton Locality Plan and Greater Manchester Health and Social Care Devolution



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Executive Summary

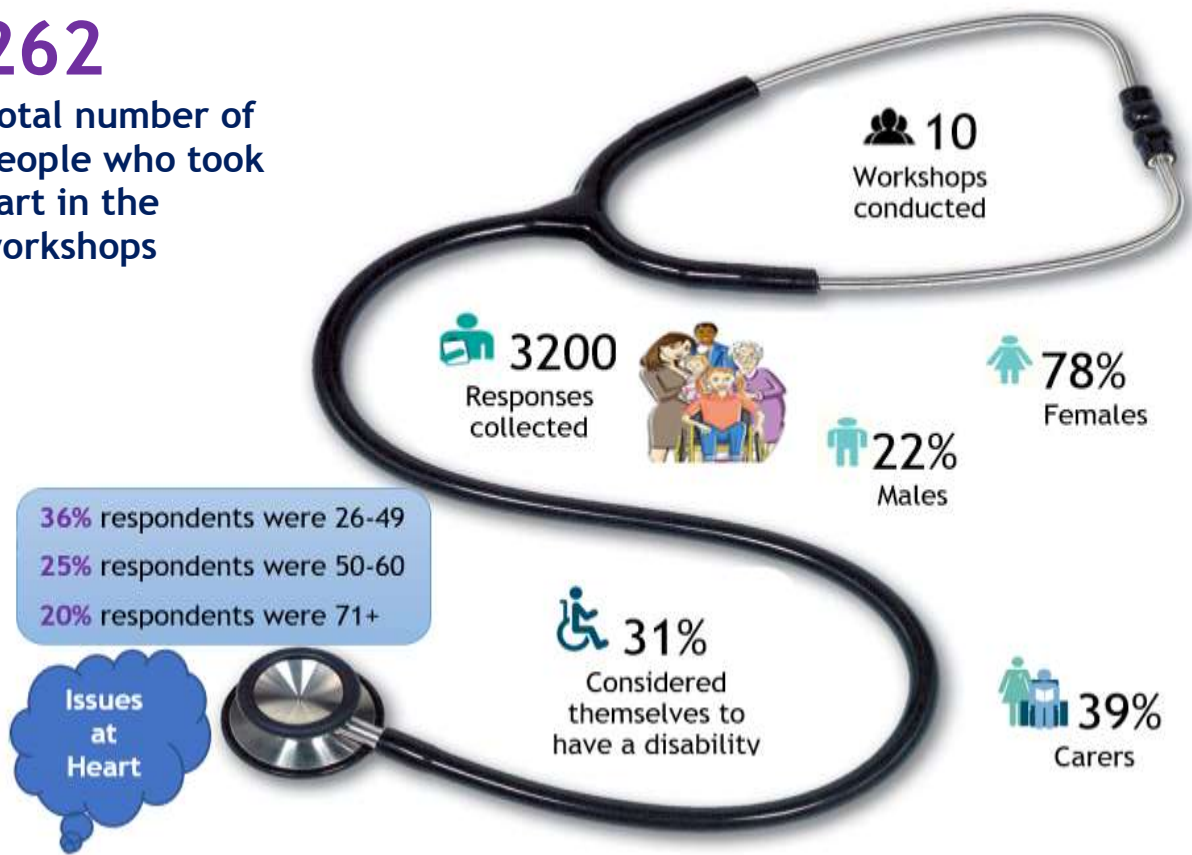
This report provides the main findings of Neighbourhood workshops aimed at bringing Bolton residents together to explore Bolton's Locality plan and share ideas, experiences and opinions under the following key themes:

- 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

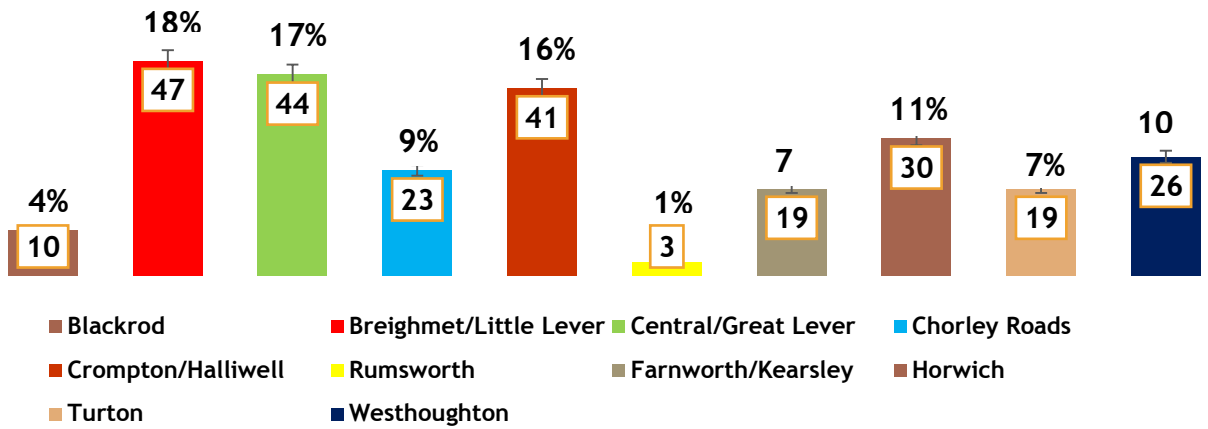
262

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 2 - Challenges: Key Findings

1. Residents were able to articulate a wide variety of challenges to managing their health and wellbeing.
2. Unhelpful system behaviours ranging from lack of continuity, appointment times, waiting times, poorly managed hand-offs between services, lack of co-location of services, contradictory information, silo working, lack of community-based services and lack of self-management support all featured strongly in responses from all neighbourhoods. Attitudes of professionals were often felt to be 'top-down' and 'we know best' which people found disempowering. All of these problems need to be tackled if people are to take control of their health and wellbeing in a meaningful way.
3. Transport at community level was discussed in all communities. Poor transport within Neighbourhoods is a huge problem for people and should be a major consideration when planning services. The Neighbourhood workshop approach allowed detailed discussion and individual neighbourhood chapters give a clear steer to which routes, sites and areas need attention.
4. Long-term health conditions and wider issues such as housing, work and benefits were all mentioned as challenges for people suggesting that a more holistic response to health and wellbeing is long overdue.
5. Trust and confidence in services featured in many discussions. Where these have been eroded residents feel less motivated and confident about managing their health and wellbeing. Themes 4 and 5 discuss these points in more detail and suggest concrete mitigating actions to improve the situation.



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;

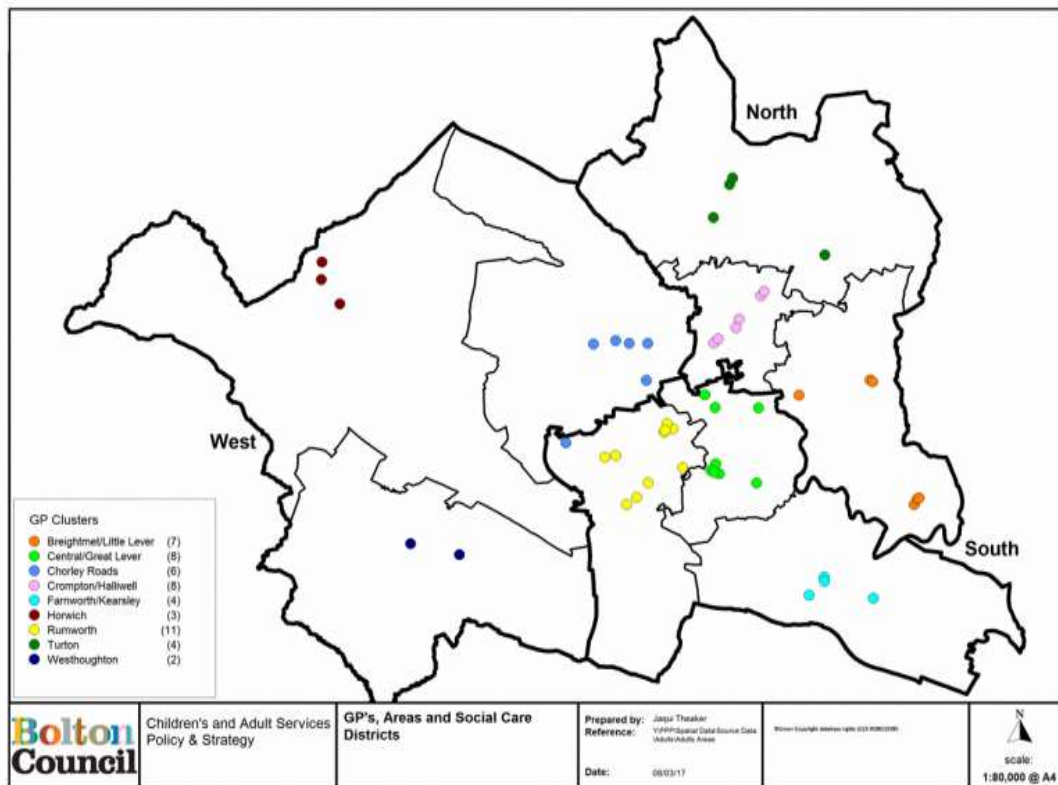
- build community knowledge about, and interest in, the transformation of services
- create a dialogue between people and service providers about community interests, views and assets
- anchor community voice, and agency, in the development of the Bolton Plan
- explore and celebrate the diversity of 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.

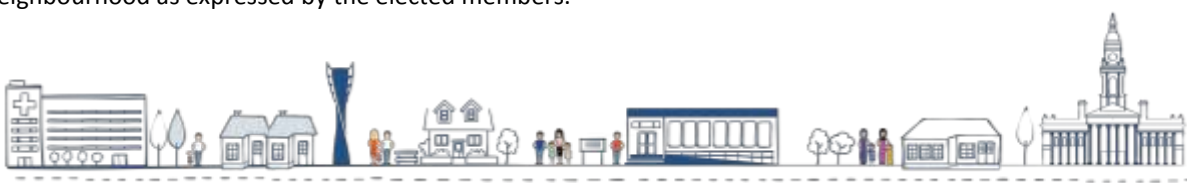
Neighbourhood	Host Organisations
Central/Great Lever	St George's Day Centre
Farnworth/Kearsley	Groundwork
Horwich	The Horwich and Blackrod Neighbourhood Planning Groups
Chorley Roads	Time 2 Communities
Westhoughton	Westhoughton Community Vision
Brightmet/Little Lever	Arts for You CIC
Turton	Time 2 Communities
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.





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



December 2017

