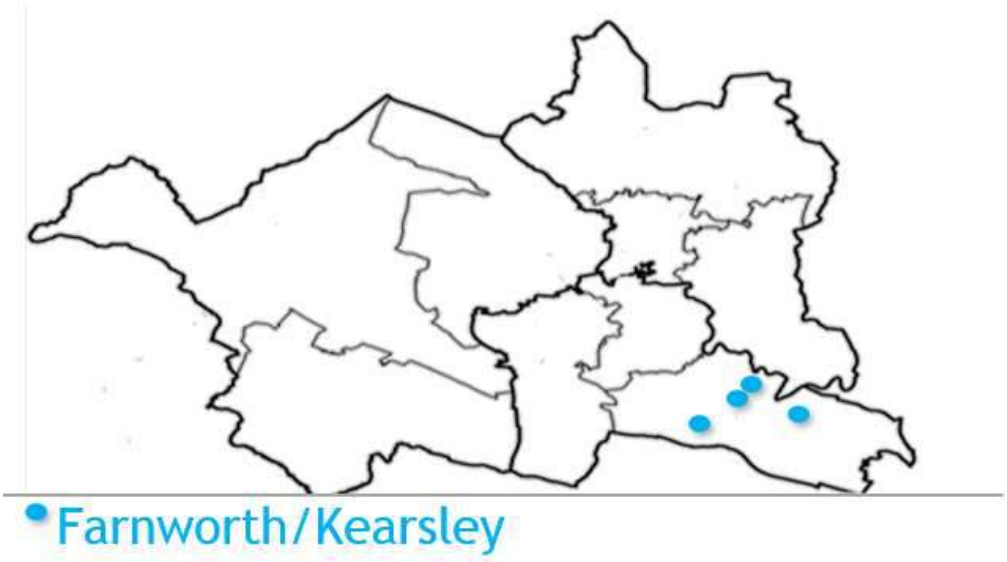
Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



Context

444

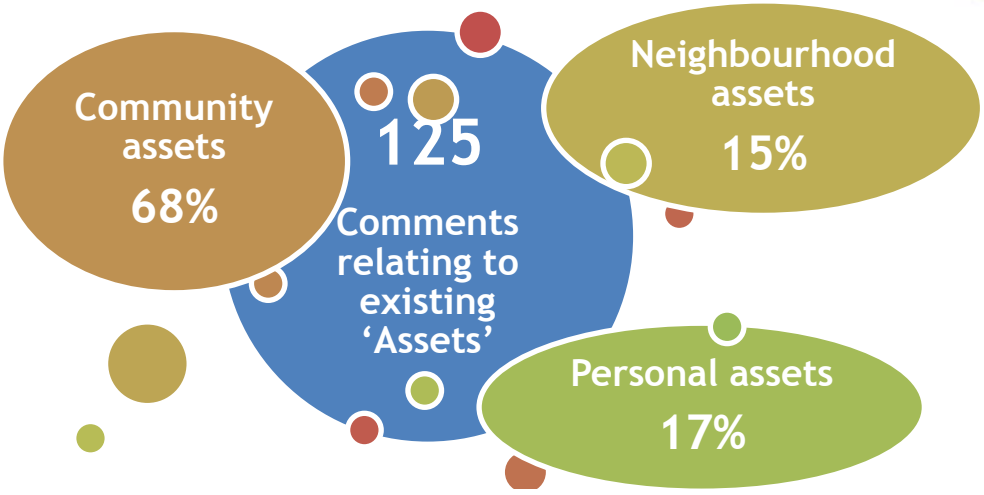
Responses collected

19
Respondents

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.

Theme 1- Assets

Residents understood they had a wealth of assets at their disposal. Some of these assets existed at 'personal' level; others existed at 'community' and 'neighbourhood' level. Community assets were frequently mentioned throughout the workshop. The word cloud shows what things people mentioned as assets,



"...We [residents] have lots of things working for us...parks, community groups, people looking after each other, UCAN centre.."

"We thrive because try to utilise what we have-parks, libraries, self-help groups-these are our lifeline."

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

Transport

- 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

Employment

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

Access to Services

- 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

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 provisons are inaccessible to resdients "...some services such as 'walking stick allocation' and mental health provison 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/decisons 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."

Conclusions

These conclusions represent the views and experiences of Farnworth and Kearsley residents. The recommendations are summarised below.

- Residents appeared to take much pride in existing assets in their neighbourhood, service managers should tap into these useful resources and encourage residents to manage their health and wellbeing.
- Some assets in the neighbourhood appeared to be better developed than others, considerations should be given to reviving underdeveloped assets to build trust and to bridge provisions.
- 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 are often asked to take responsibility for their health and wellbeing without proper mechanisms in place for this to happen. Consideration should be given to recognising residents as 'active' stakeholders while at the same time redressing some of the common challenges they face (i.e. participating in service design) in managing their health and wellbeing.
- The residents of Farnworth and Kearsley were particularly keen to find viable mechanism for being heard and for continuing to participate in deliberations and decision making.
- Residents felt their area was disadvantaged in the funding stakes by being on the edge of Bolton and by backing onto Salford.

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

December 2017