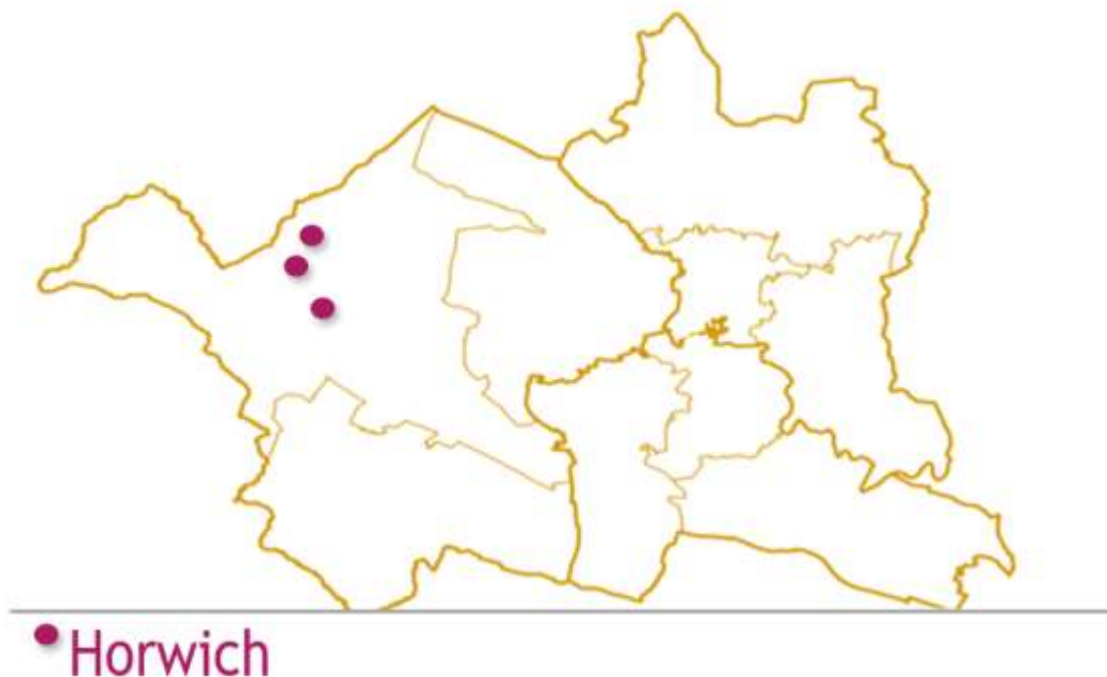


# Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



**‘Horwich is not Blackrod...but Blackrod is Horwich’**

*Horwich proved to be a contested Neighbourhood with Blackrod residents not participating in the Horwich event as they did not recognise themselves as belonging to Blackrod. To ensure that the people of Blackrod participated a second shorter workshop was held in the Neighbourhood. The data from the two workshops is presented separately but we have produced a single set of conclusions for the Neighbourhood as a whole.*



# Context- Horwich



401

Responses collected

30  
Respondents

## THEME 1 - ASSETS

The workshop consisted of local residents, community groups and professionals. The participants from Horwich identified a good number of existing assets but also recognised some gaps.



108

Existing 'Assets'

- Community assets  
68%
- Neighbourhood assets  
15%
- Personal assets  
17%

## Our Assets

Good selection of schools  
 Groups for children  
 Horwich in bloom  
 Lots of charity shops  
 Community spirit  
 Heritage centre

Good transport network  
 Bolton arena  
 New health centre to be developed  
 Good transport to Bolton town centre

*“People say we are doing better than most areas of the borough...our strength is ourselves...people look after each other.”*

*“A lot of what we've got is very good but we can do better...”*

*“People who work in communities know how to get things done...we have a few brilliant ones...”*



## Participants made a raft of suggestions of asset based innovations that could support their health, care and the community.

- Someone at the end of the phone you can actually talk to
- People driven volunteering
- People inviting other people - talking about supporting each other, through social interactions
- Community activists-
- Human google- in the heart of the community. E.g. Emma Gregson of Horwich Hub- although we need champions to relate to people on every social strata.
- Local Buddy match agency/favour bank e.g. tech savvy young person help older techno-phobe, older nurse could help
- Join up toddler groups and older people
- Join up student accommodation with homeless or elderly care facilities to be mutually beneficial.
- Senior School-underachieving young people being mutually beneficial to the elderly with IT skills and benefit entitlement thus hopefully making both parties feel valued and useful.
- A meeter greeter person to communicate for the more vulnerable
- Admiral Nurse, Employment worker, Social worker
- Services to offer home visits



- Mental health drop in
- One stop health check shop
- Community based care
- Community services steering groups
- Patient groups
- Mobile clinics
- Access to professionals in the community and at home
- some low level staff to manage wellbeing in the community
- ICT drop ins to enhance computer literacy
- Information hub (with audio and braille facilities)
- Service hubs (i.e. where to find local services)



## Theme 2 - Challenges to Managing my Health and Care

Residents identified a number of barriers to managing their health and care. These mainly revolved around transport difficulties and service failings.

### Transport

- Bus routes from Blackrod
- Bus routes from Horwich to Middlebrook
- Public transport (Rand estate)

### Stretched services

- Fewer health visitors
- Over subscribed GPs
- Fewer out of hours services
- Long wait for services make conditions worse, some people use A and E in desperation

### Confusing system

- *'The system is confusing and not very reliable. Where does information go?'*
- *'My GP is at Blackrod HC but Chorley hospital sent my discharge information to Westhoughton.'*



# Theme 3- Residents' perceptions of new roles in primary care

Residents felt additional roles in primary care would:

- Ease pressure off existing provisions
- Give people more opportunities to participate in the health and wellbeing system

Residents commented on the new roles in primary care as follows:

- Be in the new health centre
- Be placed in hospital waiting rooms or in schools
- Be placed in the community for wider person centred coverage

## Mental Health Practitioners (MHPs)

- Have a nationalised system where people can access any GP pharmacy anywhere in the UK
- Put in place mechanism to maintain privacy

## GP Pharmacists

- Blend in the 'stay well' team pharmacy anywhere in the UK
- Be located in the community-people talk more openly about themselves to people like them

## Community Asset Navigators (CANs)

- Be more accessible in surgeries so people can see them instead of GPs
- Compliment Physiotherapists.

## Musculoskeletal Practitioners (MSK)

- Promote lifestyle choices
- Empower people to stay on top of their health and wellbeing without being too medical about it

## Health Improvement Practitioners (HIPs)



## Theme 4 - Ways in which residents can support local services develop

*“To help ourselves, we need a first point of contact with time, information and a recognition by practitioners and managers that we can manage ourselves with very minimal help.”*

For residents to support local services and participate in their own health and wellbeing, practitioners and decision makers should:

- Support community groups and use them as a platform to communicate to residents about plans and activities in their areas.
- Attend community meetings and encourage community participation in service design.
- Identify what is available and then use this to identify what's needed. Output of today to be made available to attendees. Follow up meetings to be arranged for specifics.
- Follow up on their promises and cultivate trust.
- Identify a facility for feedback to be acted on. Use community and neighbourhood assets such as CVS and the library.

The agency of local residents to support themselves and local services is hindered by:

- Inaccessible professionals and decision makers.
- Lack of transparency in funding and service design.
- Conflicting information about services and more specifically around devolution.
- Lots of consultations happening on different things and it's hard to see how they all fit as part of the same plan.
- A culture of 'us' and 'them' - professionals do not always see residents as qualified assets.



## Theme 5- Working towards outcomes that work for all residents

Residents appeared to be aware of the current changes happening in their neighbourhoods including the 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. The following issues were specifically mentioned.

- Equitable funding

*“We want our fair share, as large a part of the pie as everyone else...we do not want to be ignored because our area is just about doing ok.”*

- Community and voluntary groups investment

*“It would be useful to share professional expertise across community and voluntary groups. Lots of people do great things and with a bit of support it could be better joined up and targeted. We used to have health development workers at the PCT, they worked with communities to build assets and [foster relationships].”*

- Community participation

*“you hear services have been introduced or changed but you [residents] never get the opportunity to have their say...talk to people so they can talk to you.”*

- Boundary-less provision

*‘Location of services can alienate residents. Consideration should be giving residents the option of where to access services without geographical politics.’*



# Context



120

10  
Respondents

## Responses collected Blackrod

### 54 mentions of Existing 'Assets'

- Community assets  
56%
- Neighbourhood assets  
26%
- Personal assets  
18%

*"We have active outdoor activities- walking groups, open spaces, and footpaths."*

*"Social activity for people with disabilities e.g. AFC masters."*

*"Community centre activities- sports, and fitness."*

### We would like these assets and services developed...

- Triage Nurse
- Community Transport
- Clinical practitioners not just GP's on site at Blackrod
- Longer opening hours at GPs Befriending service for older people
- GPs recommending exercise, leisure like yoga, Pilates, walking initiatives
- Increased communication through leaflets, one to one and newspaper
- Raise awareness of public conveniences
- Dentist
- Late night medical service
- A list of accessible defibrillators - where are they, how many?





## 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.



**Transport**


'We need a bus service to link the outlier estates like Blackrod, Brazley, Old Lords.'

'It is easier and quicker to get into Wigan and for some Chorley than Westhoughton or Horwich.'

'No bus to hospital in the evenings.'

'Ring and Ride won't come to Blackrod'

'We fall under Horwich and Blackrod but our surgery is actually from Westhoughton.'



**Access to Services**

'No access to out of hours services'

'No clinical practitioners other than GPs in practice'

'Lack of Dentist'

'Lack of communication between public and groups'

'Poor access to a good range of shopping, particularly food eg fresh produce.'

'I had to go all the way to Brightmet to have some blood taken and there wasn't even a phlebotmist there, 3 people stabbed me then I never get the results.'



# Theme 3 - Residents' perceptions of new roles in primary care

Residents felt additional roles in primary care would:

- Ease pressure off existing provisions
- Give people more opportunities to access health and wellbeing services

Residents commented on the new roles as follows:

- Be outside GP settings
- Address low level mental health issues
- Be able to refer people to more specialised mental health teams

## Mental Health Practitioners (MHPs)

- Be more accessible in surgeries so people can see them instead of GPs
- Take some of the roles of GPs

## Musculoskeletal Practitioners (MSK)

- Save GP time
- Include preventative measures
- Be rolled to other areas in Blackrod (GP Pharmacies exist in parts of Blackrod)

## GP Pharmacists

- Compliment work done by community groups and health visitors
- Be based in community settings

## Community Asset Navigators (CANs)

- Good knowledge of the community
- Promote healthy lifestyles without antagonising people

## Health Improvement Practitioners (HIPs)



## Theme 4- Ways in which residents can support local services to develop

Residents of Blackrod felt the neighbourhoods approach puts people in silos and imaginary locations. For the residents of Blackrod, it is very difficult for them to keep track of service providers and decisions.

*“We are in Horwich and Westhoughton...We are everywhere. We cannot take control and influence”*

For residents to support local services and participate in their own health and wellbeing, practitioners and decision makers should:

- Share information about what they do, people don't understand all the different roles.
- Make information accessible to people so they can participate in/access local services.
- Build trust and relationships.
- Visit community centres to draw on people's energy and build on what is working for them.
- Think carefully about the impact 'place based' approaches to care can have people. Some residents feel excluded by the system because decisions about their lives are made by practitioners and decision makers in Horwich, Westhoughton and sometimes Chorley.

People felt it was generally difficult to engage residents.

- People only want to be involved in what concerns them and their families.
- It's hard to motivate people to be involved in anything.

*“...Building on what is already working for communities is good, but there's a risk in terms of the community assets. Residents need support, they are great at what they do but [they cannot do much when they do not know who actually provides them services].*



## Theme 5- Working towards outcomes that work for all residents

Residents appeared to be aware of the current changes happening in their neighbourhoods including the 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.

- Professionals and decision makers need to revisit the idea of neighbourhoods and remove service boundaries.
- Streamline communication between professionals and between professionals and residents.
- Create community steering group to bridge communication gaps between services and residents.
- Invest in public transport in Blackrod. Some areas of Blackrod appeared not be covered by public transport.
- Consider more central location of services-some residents expressed frustration in not being able to access some services due to poor coverage of public transport.



# Conclusions

These conclusions represent the views and experiences of Horwich neighbourhood residents, encompassing the views of people in both Horwich and Blackrod. The recommendations are summarised below.

- Residents appeared to take much pride in existing assets in their neighbourhood and had a wealth of interesting suggestions for further innovations.
- Residents in this area particularly recognised the value of community organisers.
- Residents valued the new roles in primary care especially where they are linked into the community.
- Residents in this area often find themselves entangled in service boundaries, residents of Blackrod felt particularly disadvantaged by what they perceive as artificial boundaries that do not reflect their lived reality of service access.
- Transport is an issue for residents of all part of the Borough with some feeling it to be easier to travel to Bolton Town Centre than to other parts of the Neighbourhood.





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



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