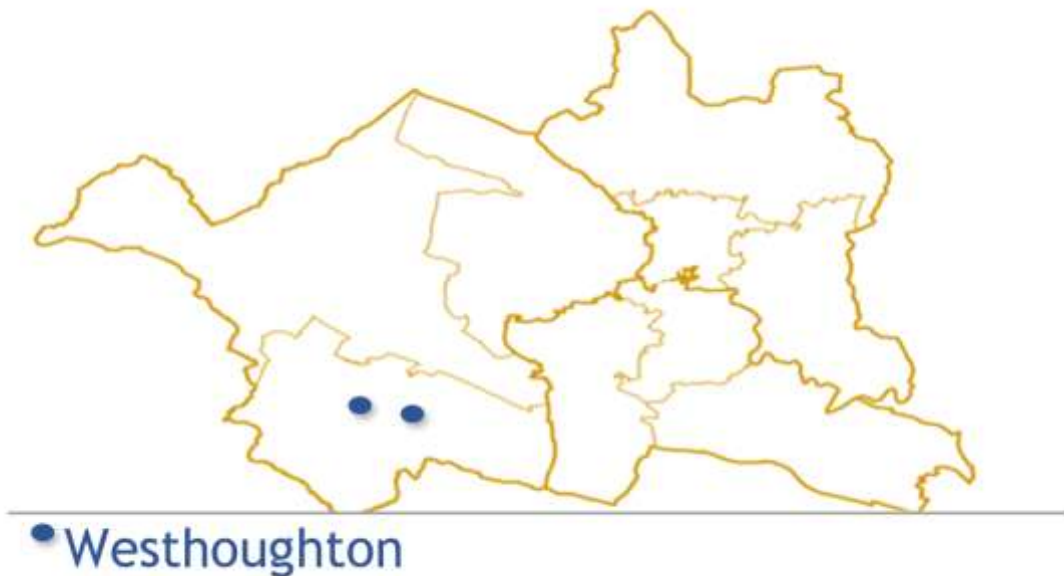


Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



Context



221

26
Respondents

Responses collected

116 mentions of existing 'Assets'

- Community assets
60%
- Neighbourhood assets
24%
- Personal assets
16%

We have...

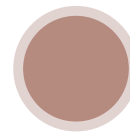
Community spirit
Professional and great minds
Health walks
Health champions
Kids workshops
Angel card readings
Libraries, schools, and community centres

We would like these assets and services developed...



Groups

Self help groups
Alternative therapies
Get Active Groups- NUT
Child Carer Groups
Adult Carer Groups
Muskoskeletal Groups
Alternative therapy -Yoga for disabilities
Drugs Groups and Alcohol Groups
Mental health Groups
Complex needs Group
Dementia Groups



Services

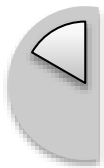
Awareness- advertisements for services and what is available.
Service information hubs
Local out of hours
Improved bus routes
Counselling services
CAB type services
'Know your community services
Children's Counsellors



Theme 2- Challenges to managing health and wellbeing

“There is a perception that Westhoughton residents are affluent but there are pockets of deprivation that miss out on any funding by authorities.’

There was an overwhelming desire by residents to take responsibility for their health and wellbeing and a strong interest in developing peer support activities (see assets section). However, lack of support groups, lack of information, difficulties with access and entrenched social problems hindered progress towards community goals.



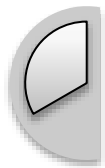
Transport

Transport- cost, services, frequency, accessibility,

Lack of bus routes to GP surgeries

A lack of community transport

Mobility- limited access to transport



Services

Dentists- long waits fo non emergency, have to rely on cancellations.

Continuity of Doctor- have to wait longer if you want to see the same one next time.

Lack of doctors makes it difficult to have GP access

Lack of support to manage long term conditions and repeat prescriptions.

Lack of access to local specialists services eg mental health, physio



Information

we need a centralised Hub- one stop shop with signposting.

Lack of information about what services are available locally

Technology- more services now have have electronic access which scares people or puts them off, undervalues human contact

Substance misuse, mental health and healthy lifestyles issues were mentioned as barriers

Alcohol and drugs problems among adults and young people
 Drug dealing and use
 Social anxiety,
 Psychological issues
 Limited ‘get out’ and do ‘exercise’ community based programmes.



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

Residents expressed confidence and support for additional roles in primary care. They suggested such roles could be a catalyst for a change to more community based and person centred care.

- Provide support to young people as well as adults
- Target stigma and isolation
- Provide home visits for the elderly, disabled and vulnerable groups

Mental Health Practitioners (MHPs)

- Be voluntary based
- Provide drop in sessions
- Treat common conditions
- Not substitute for existing provisions such as GP services

GP Pharmacist

- Be more accessible in the community
- Have a preventative role
- Provide choice and not impose healthy lifestyle regimes

Health Improvement Practitioners (HIPs)

- Compliment work done by community groups and health visitors
- Bridge gaps and networks
- Target hard to reach groups
- Empower residents and community groups to take control of their health and wellbeing

Community Asset Navigators

- Be based in communities or in health centres
- Provide support for people in pain
- Provide advice on falls and physical conditions
- Work closely with other professionals such as GPs and physiotherapists

Musculoskeletal Practitioners (MCKs)

- Person of trust to bring together service user, individual, family, professionals
- Link worker
- People with knowledge of services and what is available locally
- Person of trust to bring together service user, individual, family, professionals
- A Macmillan type nurse but for dementia and Alzheimer's, someone who can share information and support the whole family.
- A gatekeeper team- more than one position. Could be a volunteer



Theme 4-

Ways in which residents can support local services develop

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

- ✚ Create a continuous consultation
- ✚ Create a forum
- ✚ Have a feedback process
- ✚ Community champions and steering groups
- ✚ Central community hub
- ✚ People
- ✚ Listen to people. People participating in local services need to see results
- ✚ Share overviews and assessments.
- ✚ Build on the assets they already have and not introduce new initiatives that cannot be actioned.

There are challenges to mobilising residents

- ✚ Residents are often let down by services and professionals
- ✚ Some residents feel they cannot influence or have a voice

“For years, there has been no opportunity to ask any questions...it can be very challenging to engage with people who don't get heard.”

“You need to go into pubs and libraries to engage better.”



Theme 5-

Working towards outcomes that work for all residents

There was an enthusiasm among residents to participate in local services and take charge of their health and wellbeing. Moving forward, residents made the following suggestions.

- Information about services appears to sit with professionals and decision-makers. There is a need for information to be filtered down to community groups and residents.
- Services and professionals operate in silos. There is an urgent need to link up provision to allow residents access to services in a more timely manner.
- Create resident steering groups and forums and utilise them as channels to mobilise and engage with residents
- Decision makers and professional should action pledges and provide residents practical support to help themselves and contribute to local services



CONCLUSIONS

These conclusions represent the views and experiences of Westhoughton residents.

- Residents felt that Westhoughton was sometimes mis-represented as affluent however there are pockets of deprivation which often seem to go unnoticed.
- There is a strong desire to develop group based support for a wide variety of issues in this area.
- Residents felt 'information poor' which left them feeling disempowered.
- There was lots of support for the idea of a 'community hub'.
- Problems associated with drug and alcohol use and with poor mental health were included alongside fragmented services, access problems, and poor information as barriers to managing health and wellbeing.
- Residents valued the new roles in primary care and were particularly enthusiastic about more community based provision.
- Good connections between services at a local level are seen as vital if progress is to be made.
- Residents want to be part of the decision making/service development process via local steering groups or forums





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



December 2017

