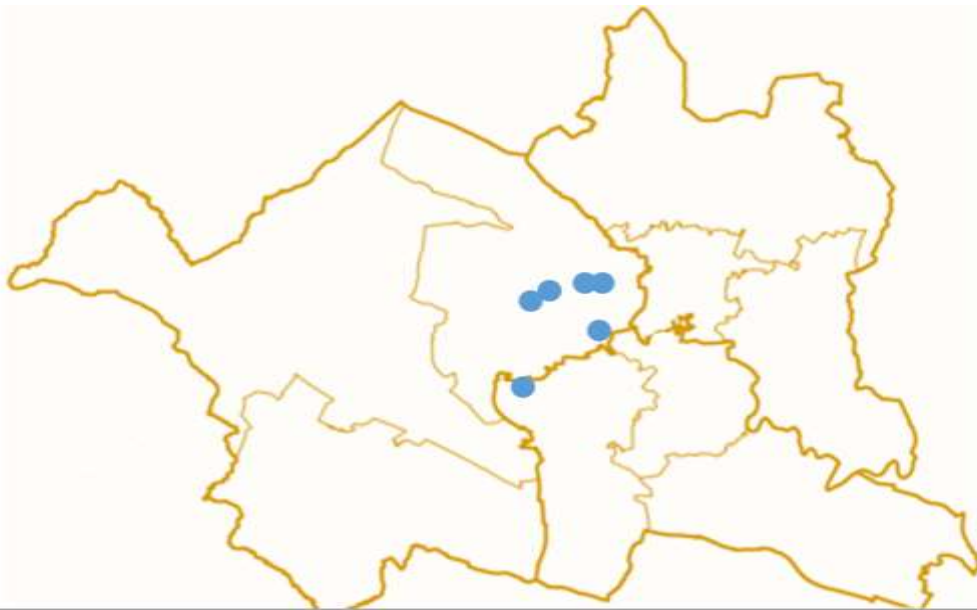


# Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



• Chorley Roads



# Context



329

Responses collected



## Theme 1 - Assets

### 89 mentions of local assets

- Community assets  
43%
- Neighbourhood assets  
39%
- Personal assets  
18%

*“We have lots going for us...although I feel there is no system in place to support it.”*

“Community Champions- i.e. like a school governor, finger on local pulse.”

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

Buses from Johnson Fold to supermarket and surgery.

More time for home helps at each visit.

Reaching out to people to support access to services

Buses from Montserrat to supermarket

Place Based Integration

Local GPs surgeries extended hours

Local podiatry service

Workplace health assessments

More NHS Dentists

Better mental health provision

Bus routes

Work with faith groups to remove religious connotations to focus on community

Develop other dementia friendly venues like pubs and cafes, non-stigmatising  
GPs having more facilities- foot, dentists, etc.



## 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 be able to meet residents' concerns around access leaving many feeling disempowered and excluded.

This community articulated well the feeling of disempowerment. Their comments encompassed lack of involvement, lack of information, feelings of exclusion and learned helplessness. They also articulated a wide range of other challenges.

### Disempowerment

Not knowing what's available

Residents feel excluded - talk to people

Residents could take pressure off GPs - improve relationships with residents

Local people - speak to local groups

Involvement - is everyone aware? Young/old

There is a need to recognise people's assets and get people involved

It feels like no one has bothered asking us on the front line what we think or want.

There appears to be learned helplessness (Feelings of nothing is ever done so do not bother)

Residents fed with conflicting information about services-they just go along

You want to do something for yourself but things are not always available. You just do not know where to start, who talk to and what support you can access and how.

Like front line staff, community groups and residents are also doing different things.





### Transport

Montserrat hasn't got a 519 bus to enable us to get to GP and Morrisons  
Accessibility and transport/bus route/can't get to doctor/chemist/GP  
need home visits



### Disconnect

Services available for free in some parts and not others  
Large GP practice - no consistency - GP relationship to patient  
Disjointed provision  
Specialist hospitals "Super hospitals" - not easy to get there, do we  
become second class if we find it difficult to get there?  
Communication and joining up provision is a big problem.



### Waiting

Long wait for drugs and alcohol services  
Long wait for mental health services  
A culture of first come first served disadvantages the sick, the weak  
and the vulnerable

### Lifestyle Choices



Obesity  
Alcoholism  
Limited health awareness in the community  
High levels of diabetes  
Isolation and loneliness

### Social determinants of health



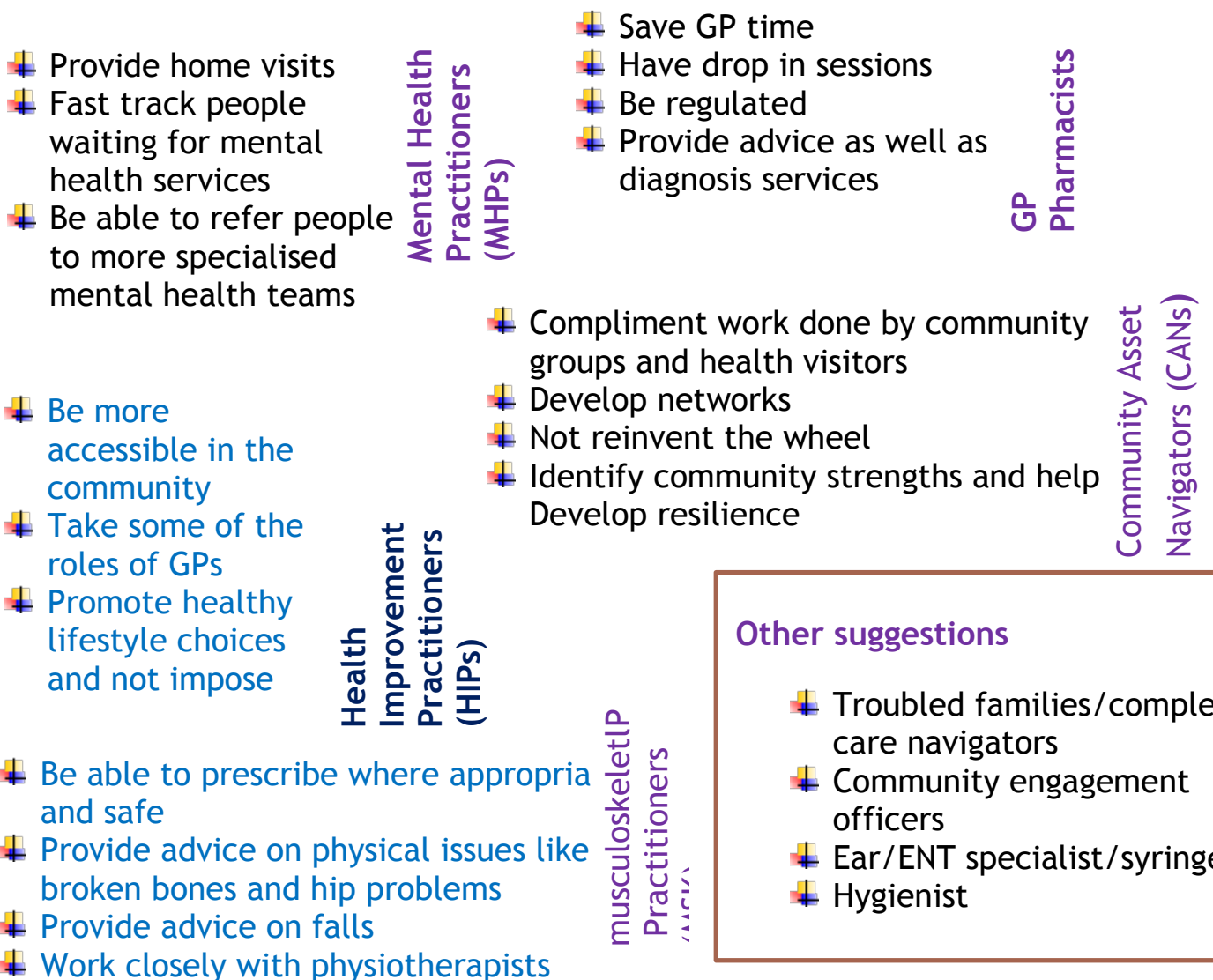
Lack of affordable housing  
Overcrowded homes  
Damp in homes - contributes to mental and physical health  
High levels of asthma  
Unemployment/zero hours  
Need social prescribing



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

Residents welcomed additional roles in primary care. Among other things, they think these roles will build their confidence in local services and help ease pressure on existing provision. Most importantly, residents felt additional roles in primary care could bring services closer to people and encourage local participation in health and care more generally.

Residents commented on the following new roles and suggested new roles in primary care should:



## 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:

- ✚ Mechanisms for residents to mobilise themselves and support local services (i.e. steering groups, etc.)
- ✚ Commitment from the local authority
- ✚ Shift from a culture of invitations and calling residents to meetings to action pledges and promises to residents
- ✚ Adopt 'partnership' model of working with local services to foster ownership and participation
- ✚ Provide residents a defined channel to give feedback to the health/council professionals- are we getting it right?
- ✚ Visible in social and community spaces to cultivate trust and develop partnerships with residents and local community and voluntary groups

There are challenges to mobilising residents

- ✚ Some residents are conditioned to be helpless
- ✚ Some residents are fed up with not being listened and not getting support when they needed it.

*“...you do not see incentives for residents to participate...all you hear and see is residents being patronised for not taking responsibility...”.*



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

There is enthusiasm among residents to participate in local services and take charge of their health and wellbeing. Residents made lots of concrete suggestions as to how this enthusiasm could be harnessed.

- ✚ Professionals and decision makers to involve people in service design and allocation. Current engagement with residents is limited to inviting them to meetings with very minimal actionable outcomes
- ✚ Joining up the dots. Residents highlighted the relationship between inadequate housing, lifestyle choices and ill-health. They call for joined up provisions that allows them to contribute.
- ✚ Create community steering group to voice residents' concerns and facilitate grass root participation
- ✚ Decision makers and professionals attend residents' meetings and provide comprehensive, actionable feedback framework and timeline.



# Conclusions

These conclusions represent the views and experiences of Chorley Road residents.

- Residents appeared to have a good knowledge of their local assets and an intuitive understanding of an asset based approach. Sometimes however, they felt that the assets were disjointed and not working well together.
- Residents in this area particularly recognised the concept of disempowerment and made a lot of practical suggestions as to how this problem could be addressed.
- Residents valued the new roles in primary care especially where they are linked into the community and ease pressure on existing services.
- Residents in this area had a broad view of the challenges faced by people who wanted to take more control of their health and wellbeing, their thoughts on this subject encompassed system challenges, practical/logistical challenges and the wider determinants of health.







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



December 2017

