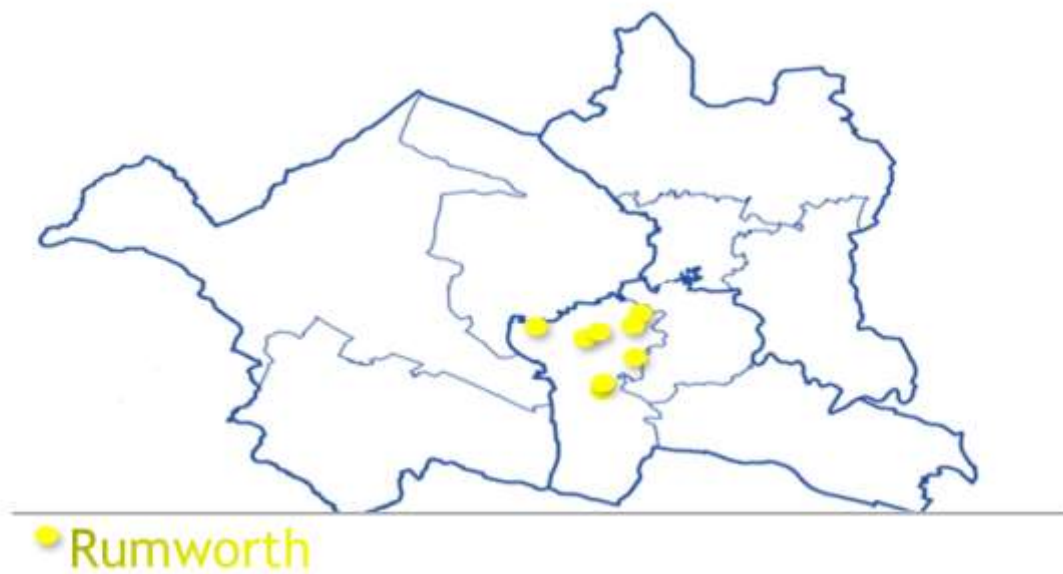


Bolton Neighbourhood Engagement 2017

Bolton Locality plan and Greater Manchester Health and Social Care Devolution



CONTEXT

180

Responses collected

3

Respondents

40 existing 'assets' were mentioned

- Community assets
70%
- Neighbourhood assets
25%
- Personal assets
5%

We would like these assets and services developed...

We have...

- BCOM groups- women's groups etc.
- Deane UCAN
- Shops and restaurants
- Yoga at BCOM
- Hearing Clinic at BCOM
- Over 50's football group at Ladybridge
- PLCC Saturday football
- Netball and fitness group at Gosha
- Diabetes Champions- did some research and now stuck together as peer support

- Befriending services- classes are not always appropriate for everybody. Sometimes you just need someone to talk to.
- Cooking classes for boys
- A health hub
- Need women's provisions for fitness and wellbeing
- Better changing rooms at the sports centre



Theme 2- Challenges to managing health and wellbeing

Residents recognised a wide range of challenges including, cost, cultural and religious expectations, lack of information and problems with appointments with health services.

Challenges

Cost

Cost of accessing services and healthy life styles particularly for families

Most of the free services are now charging

Some community groups charge people seeking support services

Lack of information

Lack of awareness of local services

Cultural and religious barriers

Some residents cannot access some services because of cultural and religious beliefs

Appointments not working

Being rushed at appointments

Long wait for appointment

Lack of feedback

No feedback from managers and practitioners

Community not listened to.

“There's a cultural expectation that women stay at home with the kids while they are young...we lose them for all that time. We used to have a swimming lesson for mums and kids at Ladybridge but it shut down... they start charging too much.”



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

Residents were generally supportive of additional roles in primary care. They wanted more accessibility and wanted the practitioners to work with communities around stigma and mis-conception.

- Challenge misconceptions About mental health among Muslims
- Challenge mental health stigma among BME communities

Mental Health Practitioners (MHPs)

- Have privacy
Be based in central hub
Like a GP
- Be easily accessible

GP Pharmacists

- Be more accessible in the community
- Target all age groups
- Promote healthy eating and lifestyles
- Train communities about staying well

Health Improvement Practitioners (HIPs)

- Be placed in community settings
- Provide support in the community
- Support people in their communities
- Inform gaps in practice

Community Asset Navigators (CANs)

Musculoskeletal Practitioners (MSK)

- Share some of the work of physiotherapists
- Provide relief for muscular conditions
- Provide advice on correct posture

Residents raised three important questions about the additional roles in primary care

“Is this a trap? Are we moving towards privatisation?”

“Will these people have an extra (training) module about Greater Manchester?”

“Who will triage and signpost to these workforce roles?”



Theme 4 & 5- Ways in which residents can support local services develop and move forward

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

- ✚ Develop and invest in neglected community assets and groups. Engage with residents from different walks of life and backgrounds and learn with them
- ✚ Regularly engage with residents particularly those from hard to reach communities
- ✚ Grass roots engagement- support community groups to engage with local residents because they have a better understanding of what works, when, and most importantly how.
- ✚ Create better channels so grass roots groups can better be supported to inform local services
- ✚ Get to know local residents before making decisions for them
- ✚ Trust local expertise and knowledge and use it as a means to design services and allocate provisions
- ✚ Provide honest and prompt response to residents' queries. There is a feeling among residents that the battle is lost by the time their voice gets to the people who should be listening.



Conclusions

These conclusions represent the views and experiences of the Rumworth participants.

- Residents recognised a wide range of community assets as well as a broad range of challenges.

Cost and cultural expectations were recognised as challenges for the people of Rumworth.

- 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 wanted the new roles in primary care to be well informed about Greater Manchester issues
- Residents wanted the new roles to work on challenges to stigma and to work with or challenge cultural barriers.
- The residents of Rumworth wanted an honest dialogue and better engagement with grassroots groups and community leaders.





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



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