



# HEALTH AND SOCIAL CARE DEVOLUTION COMMUNITY ENGAGEMENT

Summary Report for Bury area

April 2016

Healthwatch Bury  
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## Summary Report

### Health and social care devolution community engagement

4<sup>th</sup> April 2016

1. 7 ‘conversations’ were held with local people during the project.
2. 96 people in total participated in the ‘conversations’.
3. Demographic breakdown of participants:

*Please note that not all participants shared their demographic information with Healthwatch Bury and Bury Third Sector Development Agency.*

19 or less	11
20 – 34	21
35 – 44	18
45 – 65	22
66 – 79	10
80 or more	5
Rather not say	1
<b>GENDER</b>	
Female	55
Male	30
Non-binary	1
Rather not say	2
<b>WHERE DO YOU LIVE</b>	
City of Manchester	3
Stockport	1
Tameside	0
Oldham	0
Rochdale	1
Bury	75
Bolton	3
Wigan	0
City of Salford	2
Trafford	0
Outside of Greater Manchester	0
Rather not say	2
<b>ETHNIC GROUP</b>	
Asian British or Asian: Indian	0
Asian British or Asian: Pakistani	19
Asian British or Asian: Bangladeshi	0
Asian British or Asian: Chinese	0
Asian British or Asian: Other	0
Black British or Black: Caribbean	1
Black British or Black: African	0
Black British or Black: Other	0

White: British	61
White: Irish	2
White: Gypsy or Irish Traveller	0
White: Other	1
Other	1
Rather not say	4
<b>CURRENT EMPLOYMENT STATUS</b>	
Employed	16
Unemployed	23
Not working – due to ill health	6
Not working – due to disability	8
Not working - retired	17
Student	12
Rather not say	5

**4. A short narrative summary:**

**a. Important themes emerging from these conversations:**

- Tackling isolation and loneliness was an important theme for most of the groups we engaged with. Many people stated that it can have a really negative effect on an individual’s health and wellbeing.
- Voluntary sector organisations provide enormous support to individuals in the community and have a significant positive effect on their health and wellbeing. Many people visit these organisations regularly, to take part in various activities and to meet new people.
- Early intervention – many groups recognised that healthy lifestyles and self-care start from early childhood. Many participants stated that more targeted campaigns at children and young people would significantly improve public health.
- Having a support network, happy family or friends, helps you to take charge of your own health.
- Setting yourself goals and having a positive attitude and strong mind was also recognised as one of the key elements for being able to take charge of your own health.
- Lack of transport was a major barrier for many groups we engaged with. Several participants stated that it is often not accessible or affordable.

**b. Key enablers that emerged from these conversations were the following:**

- Have a support network and community group to go to. Participants in different groups stated how much support they have received from third sector organisations.
- Have a purpose or a reason
- Set yourself a goal
- Have a strong mind and positive attitude
- Have friends and someone with whom to share different activities.

- Have a happy family
- Childhood interventions – you are more likely to be healthy and active if you have been taught that lifestyle from the early age.
- Reduced waiting times for services
- Sufficient money

**Key barriers that emerged from these conversations were the following:**

- Isolation and loneliness were key barriers identified by several groups.
- Disability
- Feeling low/down
- Being depressed
- Lack of transport
- Access to services
- Shortage of money
- Fear
- Lack of support for families with mental health conditions
- Lack of mental health training often means that people with mental health conditions are frequently misunderstood.

**c. Many examples of good practice that were highlighted by the participants:**

- Streetwise 2000 – many young people stated that the organisation has significantly improved their life by providing them with one to one support and peer support.
- I Will If You Will Programme in Bury – exercise programme targeting women to become more active. The programme was highlighted as a good example in various ‘conversations’.
- BIG in Mental Health – the group members all stated that they had received more help from BIG in Mental Health than their GP. Everyone felt very strongly about the positive support they receive from the organisations and how that has helped them with their illness and recovery. Many suggested that GP’s could signpost patients to this group while waiting for their appointment with a mental health professional.
- Age UK Bury Jubilee Centre – participants stated that the centre was their lifeline and has helped them to make friends and participate in various activities. Many of the group members are regular visitors to the centre.
- ADAB – Many participants said how they enjoy attending ADAB for different classes or activities.
- Bury Society for Blind and Partially Sighted People – Group members highlighted the importance of the difference that the organisation has made to their lives. One person stated: ‘I have made more friends since I became visually impaired than I have ever done before.’

- Communic8te – all the participants stated that it is a great place for them to meet like-minded people. The organisation holds different activities for the people who attend the centre e.g. Social evening and self-defence classes.
- The Housing Link – the group members stated that they did not know how they would manage without the Housing Link support workers.
- Fairbridge programme in Bury
- BEATS – Bury Exercise and Therapy Scheme
- Creative Living
- Healthy Cooking classes
- Jigsaw Link Bury
- Manchester United Deaf Football Club

In conclusion it emerged from these conversations that voluntary sector organisations provide enormous support to individuals in the community. Although this impact on individual's lives cannot always be measured these organisations are often a lifeline for people who are isolated or have a disability.

#### **d. Case studies:**

- a) Lack of communication was one of the key issues for people. One service user missed her mental health appointment and despite having attended all the previous appointments was discharged at a time when she was at her most vulnerable. The situation was desperate, so one of the community organisations in Bury found some funding to pay for the client to receive therapy privately. Following therapy, she fell through the gap as there was no follow up service available.
- b) A further key issue to have emerged from these conversations is, undoubtedly, isolation and loneliness. There was an elderly man at the Age UK Bury 'conversation' who explained that he was feeling very isolated and lonely after his wife died and he decided to start visiting the Age UK Bury Centre to meet new people and make friends. He met a lady who had lost her husband and since then they have remarried and they feel very lucky to have met each other. They were both present at the session.

**5. 91 people completed the health snapshot survey during these conversations.**

**6. No one was referred to the carers' survey.**

**7. No one was interested in becoming more involved but there were a number of people who were interested in finding out how their views will affect the Devolution Manchester programme.**

**8. A list of any mailings or communications initiatives undertaken to raise awareness:**

- B3SDA monthly newsletter – February 2016
- B3SDA weekly bulletins
- B3SDA website
- Healthwatch Bury website
- Healthwatch Bury e-bulletin March 2016
- Healthwatch Bury Twitter page
- Healthwatch Bury Facebook page
- Healthwatch Bury public meeting – 26.02.2016
- Healthwatch Bury regular drop in sessions
- Email updates to Healthwatch Bury mailing list including local voluntary sector organisations, Bury CCG, Pennine Acute Hospitals NHS Trust, Pennine Care Foundation Trust, Bury Council.

## Appendices

### Appendix 1

# FEEDBACK FORM

**GMDEVO #takingcharge (Healthy Lifestyles) ENGAGEMENT EXERCISE FEB/MARCH 2016**

Place of Session/Conversation	<b>Streetwise 2000, 3 Wash Lane, Bury</b>							
Area	<b>Bury – Children and Young People</b>							
Date of Session/Conversation:	<b>Tuesday, 23<sup>rd</sup> February 2016 4.30 – 6pm</b>							
Facilitator (Name and organisation):	<b>Barbara Barlow and Annemari Poldkivi – Healthwatch Bury Derek Burke – Bury Third Sector Development Agency</b>							
Brief Information about the group /people you spoke to:	<b>Streetwise 2000 is a group for young people who are experiencing severe difficulties with their health or social wellbeing. Clients (young people aged 16-25 who are in crisis) are supported by group work and one to one support.</b>							
Number of people spoken to:	Male	<b>6</b>	Disabled	0	U 25	<b>11</b>	White British	9
	Female	<b>5</b>	Carers	0	25-40	0	White other	0
			LGBT	0	40-65	0	BAME British	1
					65 +	0	BAME other	0
Number of people who left contact information:	0							
Number of people directed to the questionnaire:	<b>19</b>							

### Key themes/Facilitators Summary

No one had heard about GM Devolution before the session. There was a good knowledge about healthy lifestyles amongst the participants. Young people felt that in order for them to be healthier they should:

- Eat healthily
- Exercise frequently
- Avoid addictions
- Have better mental health and wellbeing

Some of them already have a healthy lifestyle and many of them already go to the gym, go swimming, drink plenty of water, read books and attend the youth club (Streetwise 2000) to socialise and meet like-minded people.

Some of the issues that came out for this group were the following:

- There are not enough accessible mental health services for young people.
- Healthy lifestyles start from an early age. More campaigns targeting children and young people.
- Healthy lifestyle is too expensive. ('It is cheaper to have a mortgage than buy healthy food')

The young people made the following suggestions to improve public health:

- Have 'Pay as you go' gym rather than an annual membership
- Transport to other specialised activities (e.g. Bus service to take part in boxing in Manchester)
- Free fruit and vegetables to be given out.
- There's not enough time to be healthy when trying to juggle studies or work commitments. Employers could have a lunch break exercise session (yoga, dancing etc.) in the office that is built in as a part of the working day.
- Childhood interventions – you are more likely to be healthy and active if you have been taught that from an early age. Participants were aware that it will take a long time to change the culture.

### Feedback against each question/topic

Knowledge of GM DEVO	No one in the group had heard about GM Devolution before the session.
Knowledge about healthy lifestyles	<ul style="list-style-type: none"> <li>• "Eat healthily"</li> <li>• "Exercise frequently"</li> <li>• "Have friends"</li> <li>• "Being active"</li> </ul>
What should we do to stay fit and healthy?	<ul style="list-style-type: none"> <li>• "Mental wellbeing"</li> <li>• "Not doing drugs, alcohol or smoke"</li> <li>• "Avoid addictions"</li> </ul>

	<ul style="list-style-type: none"> <li>• “Sleep well”</li> <li>• “Eating well”</li> <li>• “Early intervention”</li> <li>• “Have better mental health and wellbeing”</li> </ul> <p><b>How do we know we should do this stuff?</b></p> <ul style="list-style-type: none"> <li>• “The NHS is ‘drumming’ it into us”</li> <li>• “Individual knowledge”</li> <li>• “News”</li> <li>• “Media”</li> <li>• “Newspapers – media overdose about healthy lifestyles”</li> <li>• “Everything gives you cancer” – mixed messages</li> </ul>
<p>Baseline Info</p> <p>What do we do to stay fit and healthy?</p>	<ul style="list-style-type: none"> <li>• “Go walking”</li> <li>• “Drink water”</li> <li>• “Go to the gym on a regular basis”</li> <li>• “Have a routine”</li> <li>• “Socialising”</li> <li>• “Go swimming”</li> <li>• “Have a routine (pattern)”</li> <li>• “Read (exercising your mind)”</li> <li>• “Go to the youth club”</li> <li>• “Mild exercise”</li> <li>• “Achievements”</li> <li>• “Plan/organise ourselves”</li> <li>• “Help one another”</li> <li>• “Do things for a purpose”</li> </ul> <p>N.B. Diet and food was not something that was discussed.</p>
<p>Enablers</p>	<ul style="list-style-type: none"> <li>• “Money”</li> <li>• “Favourite activity – enjoying a healthy activity”</li> <li>• “Having someone to do it with”</li> <li>• “Doing it with other people”</li> <li>• “Having a goal/achievements”</li> <li>• “Campaigns”</li> <li>• “Having a reason”</li> <li>• “Lack of time/opportunities”</li> <li>• “Habits”</li> <li>• “Childhood interventions – you are more likely to be healthy and active if you have been taught that from an early age.”</li> </ul>
<p>Barriers</p>	<ul style="list-style-type: none"> <li>• “Shortage of money”</li> <li>• “Lack of time.”</li> <li>• “Lack of opportunity”</li> <li>• “Bad habits”</li> <li>• “Poor peer pressure”</li> <li>• “Disability”</li> <li>• “Mental wellbeing”</li> <li>• “Expensive to eat healthily”</li> <li>• Mental health particularly in early stages not taken seriously by health people e.g. GP’s</li> </ul>

QZ Good practice examples	<ul style="list-style-type: none"><li>• “Fairbridge programme in Bury”</li><li>• “Streetwise 2000 provides enormous support for young people in Bury.”</li><li>• “I Will if You Will programme”</li></ul>
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## Appendix 2

# FEEDBACK FORM

**GMDEVO #takingcharge (Healthy Lifestyles) ENGAGEMENT EXERCISE FEB/MARCH 2016**

Place of Session/Conversation	<b>Communic8te, 8 Tenterden Street, Bury</b>							
Area	<b>Bury, People with a hearing impairment</b>							
Date of Session/Conversation:	<b>Wednesday, 24<sup>th</sup> February 2016 3 – 4.30pm</b>							
Facilitator (Name and organisation):	<b>Annemari Poldkivi – Healthwatch Bury Rhona Morrissey – Bury Third Sector Development Agency</b>							
Brief Information about the group /people you spoke to:	<b>Communic8te is a support group for people with a hearing impairment. 11 people attended the session.</b>							
Number of people spoken to:	Male	<b>6</b>	Disabled	<b>6</b>	U 25	<b>0</b>	White British	<b>9</b>
	Female	<b>5</b>	Carers	<b>0</b>	25-40	<b>3</b>	White other	<b>1</b>
			LGBT	<b>3</b>	40-65	<b>4</b>	BAME British	<b>0</b>
					65 +	<b>4</b>	BAME other	<b>1</b>
Number of people who left contact information:	<b>0</b>							
Number of people directed to the questionnaire:	<b>11</b>							

## Key themes/Facilitators' Summary

There was a good understanding about healthy lifestyles amongst the participants. A number of participants found that socialising, eating well and keeping their mind active is a good way to keep themselves healthy and fit. Practicing religion and going to the church is also part of their healthy routine. All the participants regularly attend Communic8te and meet like-minded people; this plays a significant role in the participants' self-care.

Biggest barriers for people for taking charge of their own health are their disability, transport and lack of money. The main issues that came out were:

- The lack of British Sign Language (BSL) interpreters
- Isolation and loneliness

The lack of BSL interpreters frequently left people, in the group, feeling very frustrated and often isolated. The participants were often left confused after visiting their GP or seeing their social worker as there were no BSL interpreters available and they were unable to ask questions or understand their care professional. This can have a significant negative effect on their health and wellbeing.

One excellent example was the patient with a hearing impairment who had an unfortunate incident by not understanding a dentist. The dentist was wearing a mask, so the hearing impaired man couldn't hear what was being said to him after the treatment. The client went to have a hot cup of coffee later and had to be rushed to BARDOC, due to his mouth, tongue and throat swelling and causing considerable pain. The dentist did tell him earlier not to drink anything hot as he was still numb from the injections given. There should be some other form of communication to make certain that hearing impaired clients are aware of what instructions they have been given.

Many participants often felt very isolated due to their disability or age. One participant spoke little English and often found it very challenging to communicate meaningfully with anyone, until he met someone who could do the signing in his own language.

Some of the attendees suggested that one way to improve the issue of loneliness and, therefore, public health would be to have befrienders knocking on the doors and checking on people who are known to be isolated. Although this happens in certain areas of Bury, it does not cover the whole borough.

## Feedback against each question/topic

Knowledge of GM DEVO	No one had heard anything about GM Devolution before this conversation.
Knowledge about healthy lifestyles  What should we do to stay fit and healthy?	<ul style="list-style-type: none"> <li>• "Walk regularly"</li> <li>• "Hill walking"</li> <li>• "Stop smoking"</li> <li>• "Swimming"</li> <li>• "Having pets/walking a dog"</li> <li>• "Going to the gym on a regular basis"</li> </ul>

	<ul style="list-style-type: none"> <li>• “Do regular exercise”</li> <li>• “Play football”</li> <li>• “Do physical exercise”</li> <li>• “Eat healthy”</li> <li>• “Do not drink alcohol”</li> <li>• “Have positive relationships with others”</li> <li>• “Cut down on salt”</li> <li>• “Keeping clean/ Being hygienic”</li> <li>• “Freeze food”</li> <li>• “Being organised and planning your shopping”</li> </ul> <p><b>How do we know we should do this stuff?</b></p> <ul style="list-style-type: none"> <li>• “Looking in the mirror – being self-aware”</li> <li>• “Feeling good inside”</li> <li>• “Feeling well inside”</li> <li>• “Learning from family members and parents”</li> <li>• “Controlling the food”</li> <li>• “Taking slimming tablets”</li> <li>• “Going to the church/finding out information through the church”</li> <li>• “Television”</li> <li>• “Internet”</li> <li>• “Doctors tell us about healthy lifestyles”</li> </ul>
<p>Baseline Info/ What do you do to stay healthy?</p>	<ul style="list-style-type: none"> <li>• “Eat breakfast”</li> <li>• “Socialise”</li> <li>• “Coming to Communic8te Bury to meet like-minded people”</li> <li>• “Eat five portions of fruit a day”</li> <li>• “Make friends”</li> <li>• “Do gardening”</li> <li>• “Learn about history and other information”</li> <li>• “Walk in the countryside”</li> <li>• “Eat super foods”</li> <li>• “Drink plenty of water”</li> <li>• “Play pool”</li> <li>• “Learn about healthy lifestyles”</li> <li>• “Solve puzzles and do crosswords”</li> <li>• “Read books about mental health”</li> <li>• “Do craft and other hobbies”</li> <li>• “Practice religion”</li> <li>• “Play darts”</li> <li>• “Go to a car boot sale”</li> <li>• “Learn new things”</li> </ul>
<p>Enablers</p>	<ul style="list-style-type: none"> <li>• “Have a happy family”</li> <li>• “Cut down on junk food”</li> <li>• “Exercise three times a week”</li> </ul>
<p>Barriers</p>	<ul style="list-style-type: none"> <li>• “Disability”</li> <li>• “Health condition”</li> </ul>

	<ul style="list-style-type: none"> <li>• “Drinking alcohol”</li> <li>• “Not taking certain tablets on time (stops people with a hearing impairment going out)”</li> <li>• “No work”</li> <li>• “Temptation”</li> <li>• “Depression”</li> <li>• “Addiction”</li> <li>• “Stress”</li> <li>• “Busy lifestyle”</li> <li>• “Anxiety”</li> <li>• “Poverty”</li> <li>• “Lack of transport”</li> <li>• “Money”</li> <li>• “Smoking weed”</li> <li>• “People on benefits can’t afford a car”</li> <li>• “One to one support needed”</li> <li>• “Not having friends/family support”</li> <li>• “Language barrier”</li> <li>• “There are not enough GP Interpreters for people with a hearing impairment and communication is often really poor.”</li> <li>• “Communication”</li> <li>• “Money”</li> </ul>
<p>Good practice examples</p>	<ul style="list-style-type: none"> <li>• “‘I Will If You Will’ yoga class for different age groups in Bury.”</li> <li>• “Communic8te provides essential peer support for people who are deaf or have a hearing impairment. They hold different activities for the people who attend the centre.”</li> <li>• “Manchester United Deaf Football Club”</li> <li>• “Castle Leisure Centre”</li> <li>• “Self-defence classes”</li> </ul>

### Appendix 3

## FEEDBACK FORM

**GMDEVO #takingcharge (Healthy Lifestyles) ENGAGEMENT EXERCISE FEB/MARCH 2016**

Place of Session/Conversation	<b>Bury Unitarian Church, 1 Bank St, Bury BL9 0DN</b>							
Area	<b>The Housing Link service users - homeless people</b>							
Date of Session/Conversation:	<b>Wednesday, 2<sup>nd</sup> March 2016 11am – 12.30pm</b>							
Facilitator (Name and organisation):	<b>Barbara Barlow and Andrea Wilson – Healthwatch Bury</b>							
Brief Information about the group /people you spoke to:	<b>The Housing Link works with single people who are homeless or threatened with homelessness from the Bury Metropolitan Borough and who have complex support needs.</b>							
Number of people spoken to:	Male	<b>2</b>	Disabled	0	U 25	0	White British	5
	Female	<b>3</b>	Carers	0	25-40	5	White other	0
			LGBT	0	40-65	0	BAME British	0
					65 +	0	BAME other	0
Number of people who left contact information:	0							
Number of people directed to the questionnaire:	<b>3</b>							

## Key themes/Facilitators Summary

### Key themes from the session:

- A lack of understanding regarding the needs of patients with both physical and mental illnesses.
- Previous mental health issues often are used as an excuse for lack of improved outcomes of physical assessments/diagnoses e.g. failure to diagnose a fracture – accused of making a lot of fuss and imagining things.
- Need to assess patients in a holistic manner and treat them as individuals.

### Some of the case studies are listed below:

- ‘Communication between services is poor’  
One client missed one mental health appointment and, despite having attended all the previous appointments, was discharged at a time when she was at her most vulnerable. As the situation was desperate, The Housing Link found some funding to pay for the client to receive therapy privately. Following therapy, she fell through the gap, as there was no follow up service available.
- Computer systems don’t link up i.e. GP’s and partner organisations (disjointed). ‘GP’s don’t have time to go through the records.’ It is not always clear where patients need to go for their appointment when dates/times are changed – sometimes it involves a different hospital.
- ‘Different specialist say different things’. People who deliver services need to realise that when patients with mental health are at their worst, they even switch off their mobile phones to disassociate themselves from everyday life.
- One client has currently been signed off the mental health services list. He only receives treatment when he reaches crisis point (arrested). He is scared to say how he feels and what he needs in case of probation recall.
- Some mental health services are not contacting patients to invite them back. People then self-medicate with drink or drugs as they are not getting the help they need. Some of the support workers stated that many of the service users rely on them for support, due to poor, or lack of, communication and they do not have any mental health qualifications.

## Feedback against each question/topic

Knowledge of GM DEVO	The group had heard nothing about GM devolution so Barbara gave a brief talk about how lots of services will be commissioned locally and why Healthwatch are having these conversations.
Knowledge about healthy lifestyles	The participants were aware that healthy lifestyles involve: <ul style="list-style-type: none"> <li>• “Healthy eating”</li> <li>• “Exercise”</li> <li>• “Not smoking/drinking”</li> </ul>

What should we do to stay fit and healthy?	<ul style="list-style-type: none"> <li>• “Everything in moderation”</li> </ul>
Baseline Info	<p>The participants were very much aware of the need to exercise etc. however, the problems they are facing far outweigh the positives in their lives.</p>
Enablers	<ul style="list-style-type: none"> <li>• “Receiving the help needed from mental health services in a timely fashion.”</li> <li>• “More discussion when medication is prescribed e.g. the possible side effects, consideration of other means of support.”</li> <li>• “Treating people as individuals whatever their previous problems”</li> <li>• “Where possible, support given to improve their environment”</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• “Poor communication between the services”</li> <li>• “Mental Health Services are oversubscribed.”</li> <li>• “There are too many hurdles and the services can’t see everyone.”</li> <li>• “Clients need to go back to their GP to be re-referred back to the original specialist.”</li> <li>• “Patients fall by the wayside when they need to chase up their own referrals because they can’t cope.”</li> <li>• “One of the service users often only receives treatment when he reaches crisis point (arrested).”</li> <li>• “Clearly a lack of trust in the services.”</li> <li>• “Lack of mental health training, often means that clients are misunderstood.”</li> </ul>
Good practice examples	<ul style="list-style-type: none"> <li>• “The Housing Link”</li> </ul>

## Appendix 4

# FEEDBACK FORM

**GMDEVO #takingcharge (Healthy Lifestyles) ENGAGEMENT EXERCISE FEB/MARCH 2016**

Place of Session/Conversation	<b>Bury Society for the Blind, Wolstenholme House, 4 Tenterden Street, Bury, BL9 0EG</b>							
Area	<b>Bury Society for Blind and Partially Sighted people is a local charity offering equipment, information and support to visually impaired people in the Metropolitan Borough of Bury.</b>							
Date of Session/Conversation:	<b>Thursday, 3<sup>rd</sup> March 2016 10.30am – 12.30pm</b>							
Facilitator (Name and organisation):	<b>Rhona Morrissey – Bury Third Sector Development Agency Annemari Poldkivi – Healthwatch Bury</b>							
Brief Information about the group /people you spoke to:	<b>People who are blind or visually impaired.</b>							
Number of people spoken to:	Male	<b>0</b>	Disabled	<b>0</b>	U 25	<b>0</b>	White British	<b>11</b>
	Female	<b>11</b>	Carers	<b>0</b>	25-40	<b>1</b>	White other	<b>0</b>
			LGBT	<b>0</b>	40-65	<b>5</b>	BAME British	<b>0</b>
					65 +	<b>5</b>	BAME other	<b>0</b>
Number of people who left contact information:	<b>0</b>							
Number of people directed to the questionnaire:	<b>11</b>							

## Key themes/Facilitators Summary

The participants had not heard about Greater Manchester Devolution prior to the session. Most of the ladies in the group knew what to do to stay fit and healthy. Some of the participants already take charge of their own health by doing the following activities:

- Walking, swimming, jogging
- Running up the hill
- Listen to live music
- Go dancing
- Horse riding
- Attending the Bury Society for Blind and Partially Sighted People
- Having a good laugh
- Socialising

One of the ladies said she had decided to cut out sugar from her life, temporarily, to see if it would have any effect on her wellbeing. She has been doing it now for several months and has seen a significant change in the way she's feeling. Her joints have stopped aching, she gets less pains and has more energy.

Some of the barriers the group members were facing when trying to take charge of their own health include the following:

- Losing sight – (although since that has happened one of the ladies has made more friends that she has ever had, as that is when she started coming to Bury Society for Blind and Partially Sighted.)
- Depression. One of the ladies said when she tried talking to her GP about it, she was told that it is a natural part of getting older and GP's do not do anything about it.
- Public transport and taxis. Sometimes taxi drivers refuse to take guide dogs.
- Isolation and loneliness

When the participants were asked if they had any ideas that would improve public health, the following suggestions were made:

- Bigger and clearer print for food labelling
- Bigger prescription labels
- Make visual aids more affordable
- More community nurses
- Announcement for bus stops – talking bus system
- Allowing guide dogs in taxis and coaches

### Feedback against each question/topic

<p>Knowledge of GM DEVO</p>	<p>No one in the group had heard about GM Devolution prior to the session.</p>
<p>Knowledge about healthy lifestyles</p> <p>What should we do to stay fit and healthy?</p>	<ul style="list-style-type: none"> <li>• “Have plenty to eat”</li> <li>• “Listen to music/radio”</li> <li>• “Have plenty of fresh air”</li> <li>• “Reduce the traffic (pollution)”</li> <li>• “Better bus service and better public transport”</li> <li>• “Having hobbies”</li> <li>• “Keeping your mind active (reading)”</li> <li>• “Exercising”</li> <li>• “Healthy food”</li> <li>• “Good meals”</li> <li>• “Have porridge in the morning”</li> <li>• “Taking medications”</li> <li>• “Control things you can change”</li> <li>• “Be happy and stress free”</li> <li>• “Be positive”</li> <li>• “Get out”</li> <li>• “Meet people”</li> <li>• “Go on holidays”</li> </ul>
<p>Baseline Info</p> <p>What do you currently do to stay healthy?</p>	<ul style="list-style-type: none"> <li>• “Walking”</li> <li>• “Running up the hill”</li> <li>• “Swimming”</li> <li>• “Go to the gym”</li> <li>• “Jogging”</li> <li>• “Live music”</li> <li>• “Dancing”</li> <li>• “Horse riding”</li> <li>• “Plenty of water”</li> <li>• “Fruit and vegetables”</li> <li>• “TV”</li> <li>• “Attend the Bury Society for Blind”</li> <li>• “Having a good laugh”</li> <li>• “Socialising”</li> <li>• “Go for meals out”</li> <li>• “Meeting up with friends”</li> </ul>
<p>Enablers</p>	<ul style="list-style-type: none"> <li>• “Strong mind”</li> <li>• “Goals”</li> <li>• “Having a role model/inspiration” (some of the group members inspire each other)</li> <li>• “Motivation”</li> <li>• “Having a purpose”</li> <li>• “Speaking up”</li> <li>• “Volunteering”</li> </ul>

	<ul style="list-style-type: none"> <li>• “Having a bicycle”</li> <li>• “Find somewhere to go during the day”</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• “Aching joints”</li> <li>• “Dizziness/being light headed”</li> <li>• “Accidents”</li> <li>• “Losing confidence”</li> <li>• “Bad back/physical”</li> <li>• “Cancer/health condition”</li> <li>• “Depression (GP told me that depression was part of getting older)”</li> <li>• “Losing sight (Although I have made more friends since it happened than I have ever had)”</li> <li>• “Money”</li> <li>• “Can’t see the bus number (472 and 474) because of sight impairment. Bus number was not lit up”</li> <li>• “Transport and different seasons”</li> <li>• “Public transport”</li> <li>• “Crime”</li> <li>• “Fear”</li> <li>• “Scams”</li> <li>• “Getting older/Visual Impairment”</li> <li>• “Isolation/loneliness”</li> </ul>
Good practice examples	<ul style="list-style-type: none"> <li>• “Cut sugar out – stops joints aching”</li> <li>• “Bury Society for Blind and Partially Sighted people – gives an opportunity for like-minded people to make friends and meet up.”</li> </ul>

## Appendix 5

# FEEDBACK FORM

**GMDEVO #takingcharge (Healthy Lifestyles) ENGAGEMENT EXERCISE FEB/MARCH 2016**

Place of Session/Conversation	<b>Age UK Bury, The Jubilee Centre, Mosley Avenue, Bury, BL9 6PQ</b>							
Area	<b>Age UK Bury – people aged over 50. Local charity supporting older people in Bury.</b>							
Date of Session/Conversation:	<b>Wednesday, 16<sup>th</sup> March 2016 10.30am – 12pm</b>							
Facilitator (Name and organisation):	<b>Derek Burke – Bury Third Sector Development Agency Annemari Poldkivi – Healthwatch Bury</b>							
Brief Information about the group /people you spoke to:	<b>Older people in Bury. These people are often isolated.</b>							
Number of people spoken to:	Male	<b>4</b>	Disabled	<b>0</b>	U 25	<b>0</b>	White British	<b>9</b>
	Female	<b>5</b>	Carers	<b>0</b>	25-40	<b>1</b>	White other	<b>0</b>
			LGBT	<b>0</b>	40-65	<b>1</b>	BAME British	<b>0</b>
					65 +	<b>7</b>	BAME other	<b>0</b>
Number of people who left contact information:	<b>0</b>							
Number of people directed to the questionnaire:	<b>9</b>							

## Key themes/Facilitators Summary

Some of the participants had heard about Greater Manchester Devolution previously through various sources. Most of the group members had a good knowledge about healthy lifestyles and what they should do to stay healthy. Some of these included exercising, having a job, going to parks and being mentally well.

Many elderly people in the group already do various things to stay healthy and fit, such as the following:

- Positive thinking
- Eating five portions of fruit and vegetables a day.
- Confidence/assertive
- Swimming
- Doing different activities at Age UK Bury Jubilee Centre

One of the elderly men in the group told us how he has been keeping himself fit and healthy since he was young by swimming half a mile every day. Recently he has taken up a new activity and he has started biking on a regular basis. He strongly believes that it is up to individuals to take responsibility for their own health.

The most important issue for this group was undoubtedly isolation and loneliness. Everyone in the group agreed that it is one thing that can have a huge negative effect on their health and wellbeing and can be a big barrier when trying to be healthy. There was an elderly man who explained that he was feeling very isolated and lonely after his wife died and he decided to start visiting Age UK Bury Centre to meet new people and make friends. He met a lady who had lost her husband and since then they have remarried and feel very lucky to have met each other. The lady was also present at the session. Many people in the group felt that the Jubilee Centre is their lifeline and has helped them to make friends and meet new people. Some of the group members stated that voluntary sector organisations provide enormous support to individuals.

The participants felt that other barriers that can stop people being healthy and fit are disability, poor transport links and attitude.

When asked about any ideas that people may have to improve public health, the following ideas were suggested:

- GPs doing more active signposting and signposting isolated and lonely people to various community groups rather than giving them antidepressants.
- Signposting within the hospitals to be improved.
- Find a way to tackle isolation and loneliness
- Group of volunteers to come together and set up an organisation where they could meet other people of their own age for dating and friendship purposes. Anyone joining the organisation would have to have a DBS check done.

### Feedback against each question/topic

<p>Knowledge of GM DEVO</p>	<p>There were four people in the group who had heard about the GM devolution prior to the session.</p> <p>Two people had heard about it through their jobs. One person knew about it through volunteering for HomeWatch and another lady through Healthwatch Bury.</p>
<p>Knowledge about healthy lifestyles</p> <p>What should we do to stay fit and healthy?</p>	<ul style="list-style-type: none"> <li>• “Educating the young”</li> <li>• “Socialising/talking to others”</li> <li>• “Not drinking too much alcohol”</li> <li>• “Eating well”</li> <li>• “Not having junk food”</li> <li>• “Having breakfast”</li> <li>• “Going to parks”</li> <li>• “Exercising”</li> <li>• “Social areas”</li> <li>• “Walking”</li> <li>• “Having a job (when you’re younger)”</li> <li>• “Emotional wellbeing”</li> <li>• “Mental health”</li> <li>• “Cultural awareness”</li> <li>• “Young people looking after elderly”</li> <li>• “Families”</li> <li>• “Flexible services (open at Christmas time)” – Bury Carers Centre is a brilliant place but was closed over the Christmas period when it’s most difficult time for isolated and lonely people.</li> <li>• “Asset Based Community Development”</li> <li>• “Volunteering”</li> </ul>
<p>Baseline Info</p> <p>What do we do to stay fit and healthy?</p>	<ul style="list-style-type: none"> <li>• “Positive thinking”</li> <li>• “5 a day”</li> <li>• “Confidence”</li> <li>• “Exercise”</li> <li>• “Having a strong mind”</li> <li>• “Losing weight”</li> <li>• “Music”</li> <li>• “Drinking less alcohol”</li> <li>• “Chair exercise at the Jubilee Centre”</li> <li>• “Football”</li> <li>• “Plenty of sleep”</li> <li>• “Taking Vitamin D”</li> <li>• “Line dancing”</li> <li>• “Taking responsibility for your own health”</li> <li>• “Singing/Choir”</li> <li>• “Self- help”</li> <li>• “Swimming”</li> <li>• “Biking”</li> <li>• “Continuation of funding”</li> <li>• “How to get people to go out?”</li> </ul>

Enablers	<ul style="list-style-type: none"> <li>• “Having a strong mind”</li> <li>• “Self- help”</li> <li>• “Positive thinking”</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• “ISOLATION and LONELINESS”</li> <li>• “Illness”</li> <li>• “Not being able to drive”</li> <li>• “Disability”</li> <li>• “Negative attitude”</li> <li>• “Way of thinking”</li> <li>• “Upbringing/family values”</li> <li>• “Money”</li> <li>• “Transport”</li> <li>• “Access to the services (including parking)”</li> <li>• “Physical capability”</li> <li>• “Travel card for elderly (starts from 9.30am) but appointments are often booked for early mornings.”</li> </ul>
Good practice examples	<ul style="list-style-type: none"> <li>• “The Jubilee Centre”</li> <li>• “Social aspect from health funding”</li> <li>• “Continuity of the services”</li> <li>• “Jigsaw Link”</li> <li>• “Ambition for Ageing in Bury”</li> </ul>

## Appendix 6

# FEEDBACK FORM

**GMDEVO #takingcharge (Healthy Lifestyles) ENGAGEMENT EXERCISE FEB/MARCH 2016**

Place of Session/Conversation	<b>Bury United Reformed Church, Parsons Lane, Bury Bury Involvement Group (BIG) in Mental Health weekly recovery group session.</b>							
Area	<b>BIG in Mental Health is a voluntary organisation providing good mental health recovery through providing support and hope; empowering adults to improve their quality of life.</b>							
Date of Session/Conversation:	<b>Tuesday, 22<sup>nd</sup> March 2016 6.15 – 8.15pm</b>							
Facilitator (Name and organisation):	<b>Derek Burke – Bury Third Sector Development Agency Annemari Poldkivi – Healthwatch Bury Barbara Barlow – Healthwatch Bury</b>							
Brief Information about the group /people you spoke to:	<b>Adults who consider themselves to have a mental health condition.</b>							
Number of people spoken to:	Male	<b>12</b>	Disabled	<b>0</b>	U 25	<b>1</b>	White British	<b>21</b>
	Female	<b>9</b>	Carers	<b>0</b>	25-40	<b>7</b>	White other	<b>0</b>
			LGBT	<b>0</b>	40-65	<b>9</b>	BAME British	<b>0</b>
					65 +	<b>3</b>	BAME other	<b>0</b>
Number of people who left contact information:	<b>0</b>							
Number of people directed to the questionnaire:	<b>18</b>							

## Key themes/Facilitators Summary

This conversation was held as a part of BIG in Mental Health regular weekly recovery group session. The participants were adults who consider themselves to have a mental health issue. The conversation flowed naturally and, although we asked the question about what people think they should do to stay fit and healthy, the discussion was more around people’s experiences regarding the services.

The participants felt very strongly about the mental health services. Many of them felt that there was a lack of communication and integration between the services. It was stated that not seeing the same GP and not having a consistency across the services can affect people’s health and wellbeing.

The majority of the group felt strongly about the peer support and voluntary sector organisations. Many of them felt that BIG in Mental Health provides enormous support to individuals and has helped them more than their GP.

The following ideas were suggested to us that might improve public health:

- More holistic approach and having a central person/body (e.g. care coordinator) who would know everything about your health and care and would be able to access your care records.
- Shared records would benefit the patients and the care could be more coordinated.
- More support for families who experience mental health issues. Families are often left isolated and not knowing what to do, or where to go, to get additional support.
- Social prescribing by the GPs. GPs could actively signpost people to community groups and voluntary sector organisations. Voluntary sector organisations are providing enormous support to individuals and in the future could get funding through the health budget.
- More mental health awareness training for public services. Some of the participants had experienced discrimination and negative attitudes towards them when the professionals became aware of their mental health issues.
- More individual approach; each case is very unique.

## Feedback against each question/topic

Knowledge of GM DEVO	1 person had heard about Devolution Manchester prior to the session. ('It is impossible not to know about it when you go to Central Manchester on a daily basis. It is all over the billboards.')
Knowledge about healthy lifestyles	That was not applicable; the group discussion focussed more on the mental health services.
What should we do to stay fit and healthy?	

<p><b>Baseline Info</b> What do you do to stay healthy?</p>	<p>This was difficult for the group as their mental health was central to their lives.</p>
<p><b>Enablers</b></p>	<ul style="list-style-type: none"> <li>• “Mental health support groups”</li> <li>• “Better waiting times for services”</li> <li>• “Care co-ordinator is the central person – having one case worker”</li> <li>• “Holistic approach”</li> </ul>
<p><b>Barriers</b></p>	<ul style="list-style-type: none"> <li>• “Waiting times for mental health services are too long”</li> <li>• “Lack of integration”</li> <li>• “Lack of communication between the services”</li> <li>• “Medical records/notes”</li> <li>• “No consistency”</li> <li>• “Answering machine – rheumatology”</li> <li>• “One central body for records”</li> <li>• “Socialising”</li> <li>• “Not seeing the same GP”</li> <li>• “Lots of mental health places/services are being closed”</li> <li>• “Lack of support for families with mental health conditions (young carers)”</li> <li>• “Physical symptoms are being ignored by the GP if they know about your mental health condition”</li> <li>• “Gap in the mental health services”</li> <li>• “Supported accommodation is open from 9 – 5 not 24 hours”</li> <li>• “Cognitive Behavioural Therapy is not effective and has been known to have a negative impact on people’s lives”</li> <li>• “Often have to fight for the services”</li> <li>• “Not being able to access your GP”</li> <li>• “Lack of understanding about mental health conditions”</li> <li>• “Each condition is very unique - individualising the service”</li> <li>• “Lack of sympathy”</li> </ul>
<p><b>Good practice examples</b></p>	<ul style="list-style-type: none"> <li>• “GP”</li> <li>• “BEATS - Bury Exercise and Therapy Scheme”</li> <li>• “Community groups are already providing an enormous support!”</li> <li>• “BIG in Mental Health”</li> <li>• “Creative Living”</li> <li>• “Service users get more help from BIG in Mental Health than their GPs”</li> </ul>

## Appendix 7

# FEEDBACK FORM

**GMDEVO #takingcharge (Healthy Lifestyles) ENGAGEMENT EXERCISE FEB/MARCH 2016**

Place of Session/Conversation	<b>Asian Development Association of Bury (ADAB), 7 South Cross Street, Bury</b>							
Area	<b>A community organisation which aims to develop and execute a programme that will improve and enhance the social, educational, economic, cultural and recreational needs of all communities. The services are targeted for all communities but, in particular for those who are disadvantaged. Community cohesion and interogation is a central key component of all their services.</b>							
Date of Session/Conversation:	<b>Thursday, 24<sup>th</sup> March 2016 10.30am – 12pm</b>							
Facilitator (Name and organisation):	<b>Annemari Poldkivi – Healthwatch Bury Rhona Morrissey – Bury Third Sector Development Agency</b>							
Brief Information about the group /people you spoke to:	<b>Asian ladies who have previously attended the course at ADAB regarding healthy lifestyles and self-care</b>							
Number of people spoken to:	Male	<b>0</b>	Disabled	<b>0</b>	U 25	<b>2</b>	White British	
	Female	<b>20</b>	Carers	<b>0</b>	25-40	<b>8</b>	White other	
			LGBT	<b>0</b>	40-65	<b>3</b>	BAME British	<b>20</b>
					65 +	<b>1</b>	BAME other	
Number of people who left contact information:	<b>0</b>							
Number of people directed to the questionnaire:	<b>20</b>							

## Key themes/Facilitators Summary

No one in the group had previously heard about the Greater Manchester Devolution programme. The participants had a good knowledge about healthy lifestyles and wellbeing. These ladies had previously attended a few weeks' course at ADAB that focussed on healthy lifestyles and self-care.

Most of these ladies already live a healthy lifestyle. Some of them do walking, swimming and practice yoga on a regular basis. Religion and reading the Quran plays an important part of their everyday lives. The participants also found that sharing their concerns or worries with their friends and family was really important for their wellbeing.

Many of the ladies found that coming to ADAB and participating in the self-care class really helped them to gain a better understanding about their own health and wellbeing. It also helped them to gain more confidence in themselves.

The main barriers for looking after themselves were the following:

- Lack of money
- No child care
- Caring responsibilities
- Lack of information
- Feeling low
- Illness or a disability
- Cultural barriers (Ladies only classes)
- No company- feeling isolated.

When asked about any ideas that might improve public health the following suggestions were made:

- Men's health classes – there are not enough places for men to learn about health and wellbeing.
- Gyms with childcare facilities
- Free bus passes
- More affordable childcare
- Free gym membership
- Signage in other languages (NMGH)
- Lower university fees
- Services closer to home (maternity)
- More educational sessions regarding health
- Schools and parents informing children about healthy eating
- Healthy, affordable and better quality food in schools
- Lower fines for missing school

### Feedback against each question/topic

<p>Knowledge of GM DEVO</p>	<p>No one in the group had heard about Greater Manchester Devolution before the session.</p>
<p>Knowledge about healthy lifestyles</p> <p>What should we do to stay fit and healthy?</p>	<ul style="list-style-type: none"> <li>• “Healthy food”</li> <li>• “Go to work”</li> <li>• “Exercise”</li> <li>• “Eat well and on a regular basis”</li> <li>• “Go walking”</li> <li>• “Have less stress and tensions”</li> <li>• “Sharing your problems with friends and family”</li> <li>• “Eating fruit and vegetables”</li> <li>• “Talking to someone”</li> <li>• “Keep busy”</li> <li>• “Housework”</li> <li>• “Look after the family”</li> <li>• “Exercise”</li> <li>• “Looking after yourself (appearance)”</li> <li>• “Treat yourself”</li> <li>• “Going to the hairdresser”</li> <li>• “Coming to ADAB”</li> <li>• “Attending group sessions”</li> <li>• “Volunteering”</li> <li>• “Doing different activities”</li> </ul>
<p>Baseline Info</p> <p>What do you do to stay healthy?</p>	<ul style="list-style-type: none"> <li>• “Go walking”</li> <li>• “Eat breakfast”</li> <li>• “Practice yoga”</li> <li>• “Exercise”</li> <li>• “Watch TV programmes to educate yourself”</li> <li>• “Get up early”</li> <li>• “Be organised”</li> <li>• “Have a good meal”</li> <li>• “Read books”</li> <li>• “Eat healthily”</li> <li>• “Arts and craft sessions”</li> <li>• “Coming to Asian Development Association of Bury on a regular basis” (self-care classes)</li> <li>• “Talk to friends and family and share any concerns or worries.”</li> <li>• “Practice faith and do regular prayers”</li> <li>• “Reading”</li> <li>• “Do dancing”</li> <li>• “Go swimming”</li> <li>• “Listen to music”</li> <li>• “Play with children”</li> <li>• “Read Quran”</li> </ul>

Enablers	<ul style="list-style-type: none"> <li>• “Money”</li> <li>• “Asian Development Association of Bury”</li> <li>• “Different activity sessions”</li> <li>• “Media”</li> <li>• “Friends”</li> <li>• “Family”</li> <li>• “GP”</li> <li>• “Developing your own mind/knowledge”</li> <li>• “Your own self”</li> </ul>
Barriers	<ul style="list-style-type: none"> <li>• “Money” (Not being able to afford the gym)</li> <li>• “Time”</li> <li>• “Confidence”</li> <li>• “Children”</li> <li>• “Weather”</li> <li>• “Transport” (not affordable or too far)</li> <li>• “Family responsibilities”</li> <li>• “Caring responsibilities”</li> <li>• “No company”</li> <li>• “Language”</li> <li>• “Fear”</li> <li>• “No support”</li> <li>• “Fitting in other responsibilities”</li> <li>• “Lack of information”</li> <li>• “Poor physical health”</li> <li>• “Lack of sleep”</li> <li>• “Feeling low/down”</li> <li>• “Illness”</li> <li>• “Disability”</li> <li>• “Motivation”</li> <li>• “Language”</li> <li>• “Cultural barriers (Ladies only classes)”</li> <li>• “Health professionals do not understand cultural differences”</li> </ul>
Good practice examples	<ul style="list-style-type: none"> <li>• “ADAB activities”</li> <li>• “Healthy cooking classes”</li> <li>• “Health trainers”</li> <li>• “Ladies only gyms”</li> <li>• “Signage in other languages (NMGH)”</li> </ul>