

Oldham



**MAKE IT  
HAPPEN!**

Local Involvement Network

**Royton, Shaw & Crompton  
Health & Wellbeing  
Engagement Project**

**April 2011**



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## **1. Introduction**

- 1.1 Gaddum Centre was commissioned by the Royton, Shaw & Crompton District Partnership in 2010 to undertake the Health & Wellbeing Engagement Project. This was to provide a 'vox-pox' consultation to support existing public health data and to inform the 2011/12 District Plan. The project brief can be found at Appendix 1.
- 1.2 The staff of Oldham Local Involvement Network (LINK), which is managed by Gaddum Centre, comprised the Project Team of four staff, along with the Associate Director of Stakeholder Engagement at NHS Oldham, who had a role to oversee the work.
- 1.3 The indicative budget for this work was £2,500 with £2,000 coming from the District Partnership and the remainder being management time from the Primary Care Trust.
- 1.3 Existing Oldham LINK resources were used to add extra value to the work and to enhance the breadth of what could be achieved within the project brief and budget.

## **2. Aim**

To inform the 2011-12 Royton, Shaw & Crompton District Plan by supplementing public health data with evidence of public opinions on the health and wellbeing needs and priorities at ward level.

### 3. Objectives

- To gather information from local residents about their health and wellbeing needs and priorities.
- To help stimulate local debate on the longer term future of health and wellbeing services in the District (bearing in mind the financial context going forward).
- To assist elected members in preparing for their future enhanced role in NHS governance by giving them additional opportunities to engage with their constituents on health matters.

### 4. Methodology

#### 4.1 Phase 1 - Scoping

4.1.1 The project began with a mapping exercise of key community hotspots or hubs within each ward, from which to begin the public consultation process. A scoping exercise of a number of potential sites was undertaken in terms of the practical and logistical viability as well as determining which venues would promote maximum participation.

4.1.2 Royton Health Centre was selected as being a central, accessible and co-operative venue within Royton North and Royton South; and Asda Shaw was selected as the busiest place with the highest footfall for the Shaw & Crompton area.



4.1.3 Phase 1 also included promotion of the event via a leaflet insert in the Advertiser Newspaper, which was delivered to 17,000 homes within the OL2 postcode area and by promotion within retail outlets and other public places within each of the areas.

## 4.2 Phase 2 – Information Gathering

4.2.1 The main part of the project took part during Phase 2: a Big Brother-style Diary Room booth was erected in each of the venues. This was used to capture people's thoughts about their health and wellbeing. The Project Team conducted circa 60 semi-structured interviews with local people throughout the day to gather information on:

- what concerns people had about their area that had an impact on their health and wellbeing;
- what health worries people had, both now and for the future, either for themselves or their families; and
- what barriers people experience to their health and wellbeing



4.2.2 Some interviews were captured on camera in the 'Diary Room', which have been edited into a short DVD to accompany this report. A number of people however, were happy to talk to us about the issues but preferred not to be filmed. The Project Team ensured that both options were available so that a greater number of people could be



engaged with and henceforth a broader number of views captured. Face-to-face interviews were recorded in writing and analysed along with the data captured on film.

4.2.3 This approach enabled the Project Team to capture from people how they understood health and wellbeing and in particular what environmental and practical factors influence their health and wellbeing.

4.2.4 The morning session took place at Royton Health Centre between 9am – 12.30pm, and the afternoon/evening session was held at Asda Shaw between 3.30pm – 7pm, both on 13<sup>th</sup> December 2011.

### 4.3 Phase 3 – Prioritising the Issues

4.3.1 The raw data recorded throughout the consultation day was analysed to identify the range of issues that are important to people in each ward. Themed priorities were identified for the basis of Phase 4 work.



## 4.4 Phase 4 – Focus Group

4.4.1 A Focus Group session involving 13 people was held on 15<sup>th</sup> March 2011 for the purpose of further discussion and action planning. Participants included people who took part in the project at Phase 2, as well as other interested local residents. One local Councillor was also in attendance for part of the session.

4.4.2 Project staff facilitated a focused discussion around each identified key theme, to stimulate a consideration of:

- What actions need to be taken against each identified priority
- Which statutory agency should assume responsibility
- How local communities/groups could be engaged in this
- Timescales for action, based on local views, perceptions and experience
- How the District Partnership and other statutory organisations can begin to address the issue
- What role community and voluntary organisations within the ward can play to support this and collaborate where appropriate



## **4.5 Phase 5 - Analysis & Report Write-Up**

4.5.1 Information from each of the information gathering phases has been analysed, so that the key findings and recommendations can be presented within this report.

## **5. Results**

### **5.1 Phase 2 Findings: Royton**

#### **5.1.1 Worries People Have About Where They Live**

- One older man was worried about being attacked in his area at night. This was mimicked by a few older people that stressed there was much anti-social behaviour from teenagers aged 15-16, he noted they were able to easily buy alcohol in local shops, however he was not sure which one it was from, this was in the Heyside area.
- Two ladies complained that when it snowed and it was icy they had trouble in Royton on the footpaths as they were treacherous, especially for people with mobility problems. Other people also said they were disappointed that there weren't any grit bins in their area. Also in the Royton area some grids get blocked and when there is torrential rain this causes floods and it is hard to walk.
- People raised concerns regarding violence, burglaries, vandalism and anti-social behaviour

## **Community**

- Children play on computers and are less active than previous generations

## **Shopping**

- A few people said they would choose to go to Manchester or Oldham to spend money instead of spending it in Royton, as it is lacking what would be perceived as good shops.
- Prefers Aston and Bury Markets to that of Royton and Oldham

### **5.1.2 Barriers to Health & Wellbeing**

- One person did not know that there was information available regarding fall prevention, but had been having trouble balancing after a stroke.
- One person commented on the lack of advice they received both from the council and the health services in regards to mobility issues.
- Would like to go to the Gym in Royton but it is not big enough.
- The council's decision to demolish the Royton football field changing facilities, due to vandalism, has resulted in users having to change in cars.
- Those surveyed perceived the Assembly Hall/Civic Centre to be a disgrace in Royton and the council should address this issue
- Those surveyed considered the roads to be of poor condition i.e. potholes. One respondent reported these potholes to the council over a year ago; however no maintenance work has yet taken place.

- One respondent stated that they preferred to visit Royton, as the environmental quality of Oldham Town Centre retail area was 'scruffy'.

### **Barriers & facilities**

- One person commented that the zebra crossing in Royton Town Centre should be a Pelican Crossing, as teenagers had pretended to cross to disrupt traffic
- When heading towards Tandle Hills there is only one pelican crossing, which when busy is off putting for older people who may find difficulty crossing the road.
- A large proportion of respondents highlighted free swimming as great for older people and younger people to keep fit. One person added that they had purchased an annual pass for £159, which they felt was too expensive for low income people and in particularly families. A woman over 65 was unhappy with changes to free swimming, as she could no longer afford to take her grandchildren. The women also stated that there was a lack of activities that she could undertake with her grandchildren.
- There is no walking club in Royton as there was little interest, which was perceived to be because of poor promotion
- Royton Park was identified by respondents as disgraceful. This view was derived from the lack of tarmac on the pavement in place of wood chip, which was highlighted as a significant barrier for people with mobility issues. Grandparents commented that the poor environmental quality of the park resulted in their grandchildren becoming covered in mud.

## Worries

- Pensioners said that they could not afford adequate heating in their homes. This concern was prevalent during winter months particularly amongst those suffering joint problems i.e. arthritis.
- One lady was worried about who would pay for her care, as she gets older and requires greater levels of support. She was particularly concerned that she could lose her home, which she hopes to leave to her kin, and felt this was unfair as she has paid into the system all her life. The respondents other concerns centred on the amount of people who have children and live on benefits, as well as the amount of people from BME communities living in her area that do not work.



## Parking

- Parking was a huge issue when at the Royton Health Centre, most were disturbed there was ample room at the front of the health centre, which could have been used for parking, but was instead used for a communal area. One older man said this may in future be used for younger people to drink on. Another person added that the

car park elsewhere was a dirt car park which was bumpy and was hard for people with mobility issues to walk on, especially in the winter.

### **Environment**

- A few people commented on the environment saying it was scruffy and dirty and that in terms of the environment as a whole, there is no longer any community cohesion. These comments also highlighted that although people live in close proximity it is rare that people talk to their neighbours.

### **Unemployment**

- There are no real jobs for young people apart from working shops, meaning that young people are not taking up apprenticeships and the workforce is not skilled-up. The change in the most predominant secondary sector to the tertiary sector has had a bad effect as there have been incentives in the south for businesses to move closer to London. The council should try and attract larger businesses with a more varied workforce need to the area.

### **Crime & Community Safety**

- One person said they would like more police on the street to curb anti-social behaviour.

### **Perception of Royton & Shaw and the Council's input**

- One person stated that Councillors can't do anything right. People also added that they had no faith in the council and that they were a waste of time.

- Some commented that when Royton had its own Councillors it was much more effective, that they didn't get paid to do the job and they did it for the good and not for money. They added that they would know how to contact their Councillor but they would rarely do so because of this lack of faith.
- Political correctness has gone mad and people feel censored and that they can't stand up for what they believe in.

### **Transport**

- There was major disappointment that there is no longer a train line to get off at Shaw
- Free public transport is very helpful for older people
- A big problem which was highlighted several times was the lack of a bus service on Turf Lane. Therefore it is hard to access the hospice and garden centre. It was said that nearest bus service was a half a mile and was harder for older people to access. This trapped people with mobility problems in the winter.
- However, there are good transport links to the hospital but not to the health centre.

### **Good things about Royton**

- The Royton health centre is a massive improvement on the last centre.
- Residents receive information regarding services from the council, but unfortunately would not necessarily read it unless they need a specific service.
- One person was impressed with Tandle Hill Court and how it keeps older people included in society.

### 5.1.3 Health Concerns

- Concerns Mobility issues
- Three people mentioned that they had Diabetes
- Stomach trouble
- Worried about who will look after them when they need additional care when they are older.
- Worries about getting Dementia and where the person will get help
- Living with kidney problems and is worried about who will help when it gets so bad they cannot look after themselves, as they have no one living with them or family to help with caring with them.
- Two people mentioned they had Asthma
- Progressive vascular disease
- Heart disease
- Disabilities
- Bad knee, which prevents them from walking
- One person had a stroke and was concerned of the after effects and where they would get help if it was needed.
- Treated for cancer at the Royal Oldham Hospital - they saved his life and has no complaints about any of the health services in Oldham.
- Lady had breast cancer and had treatment at the Royal Oldham Hospital and was very pleased with the treatment she received, however was disappointed that there was no real after treatment for the psychological problems she faced.

## **Doctors and other health service provision**

- People were very happy with the new Royton health centre and thought it was much better than the previous centre. They also commented that they managed to get appointments in the centre. However people commented that use of the LCD TV's to announce your appointment could be problematic, as if you missed the scrolling across the screen, you could miss your slot. There were multiple comments on the health centre being much better than the last centre and that
- People also commented on the quality of service they received at the new Royton health centre as being very good.

## **5.2 Phase 2 Findings: Shaw & Crompton**

### **5.2.1 Worries People Have about Where they Live**

#### **Disability/Access Issues**

- Mobility problems
- cars parking on pavement
- high kerbs
- wheelchair users find it hard to exercise
- Royal bank of Scotland has no dropped kerb, bad for chair users

#### **Environmental Issues**

- Dirty streets

- Peaceful in Shaw but nothing to do (x3)
- Young people hang around on market at night especially on weekends (and are noisy)
- Shaw dirty and scared of stepping in something

### Crime & Community Safety

- Car theft - nothing happens when you report it stolen or vandalised
- Maybe more cohesion with residents/council/police or community watch/home watch

### Under 16's comments

- Don't play out as much, used to go out on bikes
- Felt safe though, mum happy to let her do it
- Play on Nintendo rather than go out
- 17 year old brother stays in all day – he used to play football but doesn't anymore
- Likes to go for meals, cinema (Sandbrook Park in Rochdale, but nowhere in Oldham)
- Like where they live, although it is not well lit and get lonely
  - Can't go out and don't feel safe
  - A lot of gangs are older and are intimidating
  - Intimidated in the park. Bad at weekends and even worse at night



- (Bullying) police have helped putting camera up but is still scared and feel unsafe
- Worried about park being dark
- Police tell us not to play football in the park
- Parks – good but not in Winter
- Young people go to ASDA as there is nowhere else to go

### **General Comments**

- Happy that more people are in work and family seems to make it a better place.
- Hardly any unemployment in comparison to rest of Oldham.
- No worries, feel safe [in Shaw] (x3)
- Over 60s club
- Happy with High Crompton
- Council should keep on spending
- Littlewoods distribution centre expansion is worrying, although it would bring jobs.
- Good schools in Shaw
- Good nurseries in Shaw
- Happy that ASDA is in Shaw

### **5.2.2 Barriers to People's Health & Wellbeing**

- Better gym needed
  - Gym at Shaw is not good enough
  - Need better classes at Tara Leisure's Gym

- Not enough parks that aren't vandalised
- Shaw baths needs updating
- Not enough activities, especially for families
- Not enough emphasis on family
  - Joint activities in summer?

#### **General comments on other Shaw/Oldham facilities**

- Good shopping facilities (x2) (ASDA + Cafe)
- Oldham Coliseum. Disabled badge holders all received tickets. Not fair.
- New parks
- Shaw should have a new leisure centre to inspire people.
- People with cars seem to find it easier to find things to do

#### **Under 16's comments**

- Play at each other's houses as there's nowhere to go (10-year-old's comment)
- There should be a boating lake in Shaw (10-year-old's comment)
- Only exercise in school

#### **Facilities & Activities People Would Like Available**

- Dancing clubs/light exercise (to feel happier)

- Gentleman would like to run more, but fears he may have MS
- (Under 16) More after school clubs that travel (i.e. cheerleading)
- (Under 16) Sporting tournaments – play football in school but are intimidated by older, bigger children in school. Would like an outside of school club comprising of children similar to their own age.
- Different areas of park for younger people

### **Things People Would Like To Do Now**

- Would like to travel
- Shopping, spending time with daughter

### **5.2.3 Health Concerns**

- Not eating healthily
- Smoking
- Cancer
- Care in future when older
- Heart problems
- Alzheimer's
- Frightened of having a condition (MS)

### **Mental Health**

- Depression

- Mental health issues after high stress in job
- Dyslexia (Individual struggles in school)
- [Individual is] very motivated but has physical problems

### **Other Related Issues**

- Drinking in moderation is OK
- Would like to improve fitness

### **Comments on Doctor's/Health Services**

- Health Centre is well placed
- Royton Health and Wellbeing centre is great (x2), but there is no parking (excuse is that you should walk, however the lady cannot walk)
- Local place to have blood pressure and cholesterol level taken.
- Good advice from Doctors (regarding ailments)
- Finds it hard to navigate the health services (Specifically regarding Birch Hill Hospital in Rochdale). Thinks vulnerable people would find it hard
- Good support managing diabetes.

### 5.3 Key Themes & Priorities

A number of themes can be identified from the work, about what is important to support people's health and wellbeing. They are:

- Transport
- Social, leisure & physical activities
- Physical environment
- Crime & Community Safety

The following pages describe the main issues for people within each theme and their priorities and timescales for appropriate solutions/actions by the District Partnership.

## 5.4 Thematic Action Plans

<b>Transport</b>			
Issue	0-6 months	6-12 months	12 months +
<p><b>Poor bus routes &amp; limited provision.</b></p> <p><b>409 service alone is not adequate.</b></p>	<p>Raise awareness of voluntary transport services available. (Ring &amp; Ride however does not provide enough flexibility for some residents).</p> <p>Make links with the relevant transport committee, with a view to beginning negotiations for increased bus services.</p> <p>Better communication. Cllrs/OMBC to trial routes in order to understand the difficulties of local transport routes.</p>	<p>Work with GMPTE to develop better local bus routes</p> <p>Provision of improved bus routes, in particular:</p> <ul style="list-style-type: none"> <li>• along Turf Lane</li> <li>• 915 service</li> <li>• 58 service (at weekends)</li> <li>• 418 service to Lees</li> <li>• 24 service to stop at more stops to prevent having to change to get the 409 bus, which is difficult for older or frail people and when transporting heavy shopping bags</li> <li>• to local supermarkets</li> </ul>	<p>Review with local population about the adequacies of local transport and any necessary actions to address.</p>
<p><b>Local transport in bad weather</b></p>	<p>Better links with bus companies.</p> <p>Begin work to plan for better provision for disabled people during bad weather.</p>	<p>Provision ready to activate in the event of bad weather</p>	<p>Review if changes made have had good effect for frail/disabled people in particular.</p>

<p><b>Lack of trains and trams</b></p>	<p>Provision of community link buses.</p> <p>Raise awareness of voluntary transport services as an alternative.</p> <p>Consider any further barriers to using alternative provision.</p>	<p>Increase uptake of alternative voluntary transport schemes.</p> <p>Address any barriers to using alternative provision.</p> <p>Put in place adequate support to overcome any barriers.</p>	
<p><b>Detrimental impact on people with limited mobility</b></p>	<p>Research/audit of key places people need to access</p>	<p>Implementation of transport routes to x3 main identified places (e.g. Hospital, hospice. Shopping facilities, DR's, OCHS services).</p> <p>Evaluation and consideration of additional routes, as identified within audit at 0-6 months.</p>	<p>Continual evaluation and action.</p>
<p><b>Detrimental impact on social and leisure pursuits (young people)</b></p>	<p>Identification and scoping by Council of possibility for inward investment.</p>	<p>Progression of related work plans by OMBC</p>	<p>Private investment for a leisure complex.</p>
<p><b>Affordability – buses are very expensive (e.g. costs £2.80 to travel 2 miles).</b></p>	<p>Evaluation of cost for young families, commuters and pensioners getting around.</p> <p>Begin consultation with community.</p>	<p>Suggested solutions to these findings, in consultation with community.</p>	

<p><b>No transport out of Oldham to Bury on Saturdays (important due to accessing its local market not available in Oldham).</b></p>	<p>Cllrs to live local people's lives for a day on public transport to gain understanding. (409 bus service is not adequate as suggested by authorities).</p> <p>Raise awareness of voluntary transport services available.</p> <p>Make links with the relevant transport committee, with a view to beginning negotiations for increased bus services – in particular the 413 bus service.</p> <p>Better communication.</p>	<p>Work with GMPTE to develop better local bus routes</p> <p>Provision of improved bus routes (including 58 service to Bury to run on a Saturday).</p>	<p>Review with local population about the adequacies of local transport.</p>
<p><b>Poor transport over the Christmas period</b></p>	<p>Make links with the relevant transport committee, with a view to beginning negotiations for increased bus services.</p>	<p>Work with GMPTE to develop better local bus routes</p> <p>Provision of improved bus routes</p>	
<p><b>Reduced bus services when schools close.</b></p>	<p>Make links with the relevant transport committee, with a view to beginning negotiations for increased bus services.</p>	<p>Work with GMPTE to develop better local bus routes</p> <p>Provision of improved bus routes</p>	

## Social, Leisure & Physical Activities

Issue	0-6 months	6-12 months	12 months +
<p><b>No real social and leisure opportunities locally (e.g. cinema, bowling, eateries, etc)</b></p>	<p>Identification and scoping by Council of possibility for inward investment.</p> <p>Audit of available social activities, particularly for young people, including voluntary provision (e.g. community choirs, art clubs, music sessions etc) and existing statutory youth work provision.</p> <p>Identification in consultation with young people (especially those not accessing statutory youth service provision) of appropriate and desirable youth services that would encourage better usage of the service,</p>	<p>Progression of related work plans by OMBC.</p> <p>Infrastructure support for available (voluntary) activities and promotion and awareness-raising thereof to increase the usage.</p> <p>Availability and greater uptake of social activities (especially by young people), with proactive outreach to encourage better usage.</p> <p>Redesign of available statutory youth service provision within the borough to meet the needs of young people not currently accessing it &amp; proactive outreach to encourage better usage.</p>	<p>Private investment for a leisure complex.</p>
<p><b>Unsafe and unattractive parks.</b></p>	<p>Clean up of parks, especially address excessive mud during bad weather, which leads to not</p>	<p>Better facilities for all age groups.</p> <p>Better spaces for young people to</p>	<p>Open air gyms (for older and disabled people in particular).</p>

<p><b>Intimidation by large groups of (young) people congregating and loitering in parks (particularly in Royton Park).</b></p>	<p>being able to use the parks and travelling out of the borough to use parks at Milnrow and Heywood.</p> <p>Audit of parks.</p> <p>Development of voluntary park warden schemes.</p>	<p>congregate. (Heywood Park is a good example where there activities for different age groups so they can all access activities at the same time, in one place, which is good for families).</p> <p>Implementation of voluntary park warden schemes (successful example in High Crompton Park).</p> <p>Lighting scheme implemented in parks to discourage anti-social behaviour and loitering, and to enable better use of the parks in winter months.</p>	
<p><b>Few leisure opportunities for families</b></p>	<p>Better awareness raising campaigns of what is available.</p> <p>Different modes of communication of available activities (not just Internet).</p> <p>Better access to info/website</p> <p>Website Optimisation needed to provide accurate information</p>		

	when searching Internet for local activities.		
<b>Cost of swimming</b>	Talks with OCLS about free passes & activity on prescription.	Schemes available to make swimming (particularly for young families and older people) affordable.	Refurbishment at Royton and Shaw swimming baths.
<b>Lack of sporting facilities and clubs within the borough (particularly for children and young people).</b>  <b>Extra-curricular activities for children and young people are often not affordable.</b>	Audit of sporting and physical activities/facilities available within the borough, including Guides and Scouts and other community/voluntary groups.  Begin work to address the gaps and consider under-utilised public spaces/facilities and buildings.  Consider infrastructure support arrangements for existing organisations, such as Guides and Scouts – e.g. work with schools and other public buildings to open up their facilities to such organisations.	Provision of additional sporting facilities available within the borough (such as cheer leading, football, dancing, martial arts, rock climbing for example).  Better infrastructure support arranged, organised and supported for Guides, Scouts and other similar organisations and groups offering sporting/physical activities for children and young people.	Accessible & better gym and sports facilities. (Chadderton is a very good example. Royton & Shaw gyms are very poor).
<b>Local access to physical activity</b>	Continued support of existing yoga, swimming schemes etc.	Continued support of yoga, swimming etc.	Places to play (for children and young people).

	Scoping exercise to consider enhanced street and park lighting	Implementation of lighting scheme in parks. Improvements to the skate park (for young people).	
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## Physical Environment

Issue	0-6 months	6-12 months	12 months +
<b>Poor road quality</b>	Audit the condition of the roads.	Implement improvements where possible.	
<b>High curbs and poor quality pavements/outdoor access for wheelchair users and disabled people</b>	Audit condition of streets from a disability perspective	<p>Planning process to rectify poor streets, high curbs etc.</p> <p>Commencement of schemes to improve disabled access within the District, at least in central locations such as the town centres.</p>	Long term consideration of disability access in town planning
<b>Unclean and dirty streets</b>	<p>Provision of more bins on the streets. Examples from Holland/Belgium of animal-shaped bins may encourage better usage.</p> <p>Ash trays on walls on the streets installed.</p> <p>“Street scene” implemented.</p> <p>Segregated recycling bins</p>		

	<p>available in public places.</p> <p>More street cleaning provision.</p> <p>Drains cleaned properly.</p>		
<b>Unsafe and unattractive parks.</b>	<p>Clean up of parks, especially address excessive mud during bad weather, which leads to not being able to use the parks and travelling out of the borough to use parks at Milnrow and Heywood.</p> <p>Audit of parks.</p> <p>Development of voluntary park warden schemes.</p>	<p>Better facilities for all age groups.</p> <p>Better spaces for young people to congregate. (Heywood Park is a good example where there activities for different age groups so they can all access activities at the same time, in one place, which is good for families).</p> <p>Implementation of voluntary park warden schemes (successful example in High Crompton Park).</p> <p>Lighting scheme implemented in parks to discourage anti-social behaviour and loitering, and to enable better use of the parks in winter months.</p>	
<b>Street lighting</b>	<p>Audit of current street lighting.</p> <p>Identification of 'hot-spots' that</p>	<p>Commencement of street lighting scheme.</p>	<p>Continuation of street lighting schemes.</p>

	<p>would benefit from street lighting.</p> <p>Further consultation with residents about key places in need of better street lighting.</p>		
<p><b>Lack of gritting upon snowfall leading to further decreased mobility for disabled people; inability to leave one's home; falls and injury.</b></p>	<p>Identification of additional areas in need of gritting upon snowfall.</p> <p>Preparation for increased gritting to be available during bad weather.</p>	<p>Increased gritting available for activation in the event of bad weather.</p>	

## Crime & Community Safety

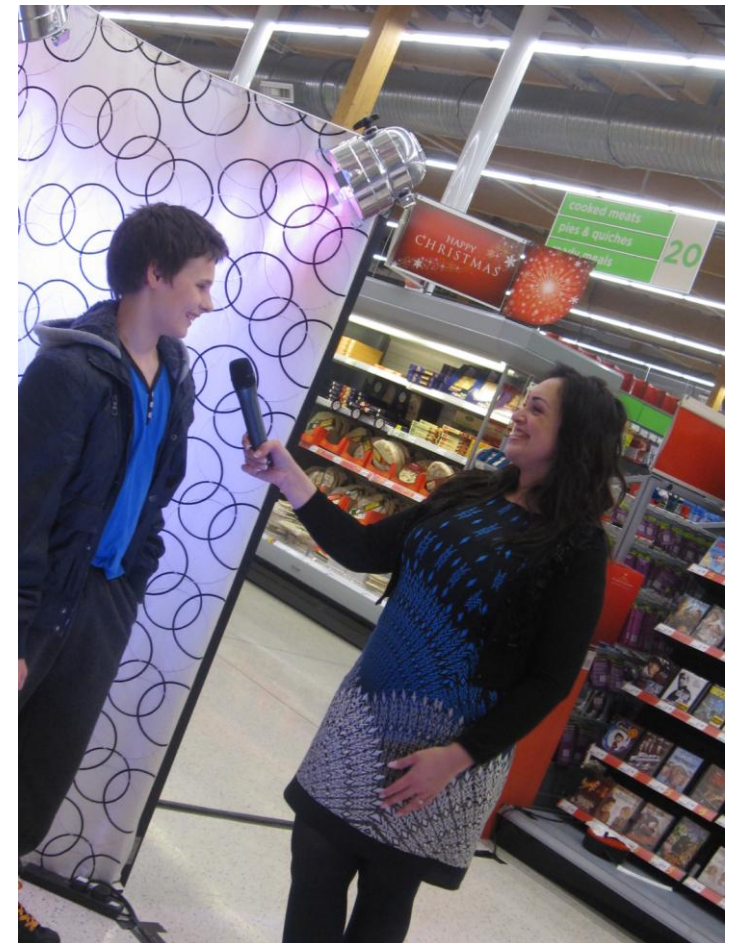
Issue	0-6 months	6-12 months	12 months +
<b>Young people congregating in public places</b>	PCSO's to have greater presence in problem areas and disperse groups.	Underlying causes to be addressed.	
<b>Lack of diversionary activity for young people is causing congregation and loitering in public places and associated community safety issues</b>	<p>Identification and scoping by Council of possibility for inward investment.</p> <p>Audit of available social activities, particularly for young people, including voluntary provision (e.g. community choirs, art clubs, music sessions etc) and existing statutory youth work provision.</p> <p>Identification in consultation with young people (especially those not accessing statutory youth service provision) of appropriate and desirable</p>	<p>Progression of related work plans by OMBC.</p> <p>Infrastructure support for available (voluntary) activities and promotion and awareness-raising thereof to increase the usage.</p> <p>Availability and greater uptake of social activities (especially by young people), with proactive outreach to encourage better usage.</p> <p>Redesign of available statutory youth service provision within the borough to meet the needs of</p>	<p>Private investment for a leisure complex.</p> <p>Accessible &amp; better gym and sports facilities. (Chadderton is a very good example. Royton &amp; Shaw gyms are very poor).</p>

	<p>youth services that would encourage better usage of the service,</p> <p>Begin work to address the gaps and consider under-utilised public spaces/facilities and buildings.</p> <p>Consider infrastructure support arrangements for existing organisations, such as Guides and Scouts – e.g. work with schools and other public buildings to open up their facilities to such organisations.</p>	<p>young people not currently accessing it &amp; proactive outreach to encourage better usage.</p> <p>Provision of additional sporting facilities available within the borough (such as cheer leading, football, dancing, martial arts, rock climbing for example).</p>	
<b>Intimidation and fear</b>	Police/PCSO interventions & pro-active policing.	Challenge 'fear' and perception, particularly poor perceptions of young people.	
<b>Underage drinking and associated anti-social behaviour</b>	<p>Work with Alcohol Strategy team/partnership</p> <p>Diversions activities via youth service and others (see above).</p>	Addressing of underlying causes (e.g. lack of alternatives, as above) via suggestions above.	

## 6. Key Reflections

- 6.1 What is most striking about the findings of this research is how the things most important to people's health and wellbeing go much beyond the pathological presentations of ill health and concern more the environmental and social circumstances that surround them. A recent review by Marmot (2010) highlights the importance of the wider determinants of health as being most important to the population's health. Public health information also tells us that of its three domains of Health Improvement; Health Protection; and Health Services, it is the latter that actually has the least impact on health too.
- 6.2 From this point of view, we can see the importance of how local people in this instance have identified their health and wellbeing needs and it is encouraging that these findings are supported. This has particular resonance with the approach of public health at this time, as the recent Public Health White Paper (DofH, 2010) emphasises Marmot's assertions, as well as the Health and Social Care Bill (DofH, 2011) that calls for a greater co-ordination of the organisations and services that have a part to play in health and wellbeing, much beyond those of just health and social care which have been traditionally considered.
- 6.3 It seems that a number of the suggested actions cross-cut some of the identified themes, and as such should be considered in unison by the District Partnership. A lot of the actions identified within these plans require a broader approach from the Council and its partners to address these issues and cannot be considered in isolation by the District Partnership alone. It is for the District Partnership however to outline the issues raised here and to instigate and/or lead appropriate partnership responses.

- 6.4 A number of the issues seem to have underlying causes, and so addressing the issue itself without appreciating where its foundation lies will perhaps reflect a shortcoming of any approach. For example, the issues of crime, fear of crime, under-age drinking, anti-social behaviour, the loitering of gangs of young people, lack of social, leisure and physical activities and poor transport all seem to be inter-related and inter-dependent.
- 6.5 Without exception, all of the young people that were interviewed talked about how either there were not enough social, leisure and physical activities available locally. Those that were quite active were able to travel outside of the borough to enjoy such pursuits. For some however, this was not a possibility and they were limited to staying within the borough.
- 6.6 Interestingly, public health intelligence data shows that there to have been a direct correlation between the increase in under-age (binge) drinking, particularly at weekends, to when the cinema in Oldham closed. This exemplifies the interrelated nature of available leisure opportunities and the felt problem of underage drinking, anti-social behaviour and fear of crime and intimidation reported.
- 6.7 Issues of obesity which are known to be a major public health problem are also perhaps reflective not just of a lifestyle choice or lack of



education, but equally due to access to sporting and leisure facilities and opportunities locally, particularly for children and young people.

- 6.8 The findings of a related consultation exercise in response to the recent public health white paper “Healthy People, Healthy Lives” (see Gaddum Centre, 2011) may provide information to compliment these findings and to support this evidence in terms of solutions against each of the five public health priorities, of which obesity and alcohol abuse are two. This also shows how these issues are not unique to the District and how they must be understood in their broader context and in terms of response, how it is important to feed this information in to the Joint Strategic Needs Assessments and to the emerging Health and Wellbeing Board, which will have a strategic role to inform the broader commissioning plans of the Local Authority and of those of health.

## **7. Limitations of Study**

- 7.1 This study was conducted only with a relatively small sample of the population within the District and as such cannot claim to account for a completely representative view of its population. This was however not intended to be a robust empirical study, but more so to provide qualitative information to support and compliment existing and emerging public health data.
- 7.2 Whilst a good proportion of the sample at Phase 2 comprised young people (23%), there were no young people (i.e. under 25 year old) present at the action planning at Phase 4. Whilst those that took part in the action planning focus group were very aware of the need to consider young people’s needs and indeed gave due consideration to this as part of their participation, the priorities of young people with this action plan not be deemed to have been captured first hand. The themes however identified for the focused discussion at Phase 4 were informed by young people.

- 7.3 This exercise was also particularly limited in terms of the ethnic-mix of its participants, with the majority of them being White-British.
- 7.4 It is recognised that the District Partnership will receive this report during a particularly unstable financial climate and that the Local Authority as a whole, as well as other partners, are particularly limited by the financial and human resources available to execute these suggestions. Some of the information here therefore is aspirational, although its importance in terms of the local identification and definition of health and wellbeing needs should be acknowledged.
- 7.5 It has been highlighted that the Advertiser newspaper does not in fact get delivered to every single household in the OL2 postcode area. As such, this may reflect a limitation in terms of the opportunity to engage with the broadest span of residents from within the area. Whilst it was anticipated that this method of promotion would prompt people to purposefully come to the event, this was however not the case. All participants attended either as a result of hearing about the event within the district centres, being within the venues themselves at the time of the event and via the canvassing of local people by the Project Team to take part. This therefore does not appear to have created a disadvantage to any homes that do not receive the Advertiser, as there was no take up of participation from this method from those 17,000 homes that did receive the invitation to participate. This has demonstrated therefore that the other awareness raising methods employed in addition to direct circulation of information to people's homes was in fact wholly more effective and that resources should be directed to these types of approaches.

## 8. Recommendations

- 8.1 This report should be considered alongside the information contained within the accompanying DVD.
- 8.2 The information collected here should be understood as a qualitative identification and definition of local health and wellbeing need and its importance acknowledged.
- 8.3 This information supplements public health intelligence and should be considered alongside it.
- 8.4 A further action planning process should be repeated with young people, if their priorities in terms of actions (although not in terms of key themes) can be captured. This is particularly in reference to the issues highlighted regarding young people.
- 8.5 The needs of BME residents may also need to be more clearly articulated and is a potential focus for future work.
- 8.6 Many of the participants at Phase 4 expressed a clear wish to stay involved in the process and to be kept updated of progress. There was a clear appetite amongst the group to continue with the dialogue about their local issues and health and wellbeing that has begun from this process and so it would be beneficial in terms of continuing engagement and in terms of further resident involvement in the District Partnership's work to maintain contact with the participants of this study and to ensure that future feedback/engagement sessions are provided. This is particularly pertinent if the fears of some of those involved that their involvement would lead to little action are to be allayed.
- 8.6 The information contained here should be communicated by the District Partnership to the emerging Health and Wellbeing Board, fed into the Joint Strategic Needs Assessment and could be used as a means to instigate partnership responses to the issues highlighted.

## 9. References

Department of Health (2011). Health & Social Care Bill. TSO: London.

Department of Health (2010). Healthy Lives, Healthy People: Our strategy for public health in England. TSO: London.

Gaddum Centre (2011). Report of the Public Health Strategy Consultation Event. Gaddum Centre: Manchester.

Marmot, M. (2010). Fair Society, Healthy Lives: Strategic Review of Health Inequalities in England post 2010.  
[www.marmotreview.org](http://www.marmotreview.org)

## Appendix

### Background & Project Brief

1. The PCT lacks the capacity to undertake the engagement but it is able to manage the work and draw up the final report.
2. The PCT, in consultation with the District Partnership, will engage a third party to do the 'spade work'.
3. The engagement will take place at ward level to ensure any different views between wards are picked out.
4. Councillors will be very much encouraged to become involved and, where possible, front engagement activities.
5. The information being collected will be mainly qualitative in nature – it will be focussed on capturing views on “what are the most pressing health and wellbeing issues in this ward?” and “how can the District Partnership and the individual statutory and voluntary sector organisations begin to address these issues?”
6. Methodologies could include a mix of health-themed public meetings, attending existing community meetings and events (including PACTs, luncheon clubs etc.) and surveys including the use of online response mechanisms. There would be a minimum of one activity in each ward and ideally two or more.
7. At the end of the work, the PCT (Mark Drury) will work with the third party to distil the feedback into themes and draw up recommendations for the 2011-12 District Plan and the individual partners.
8. NB This is not intended as a robust research project with specified sample sizes, scientific methodologies etc. It is intended as a vox pops exercise which could be followed up by more detailed research at a later date.



**This report was prepared by Gaddum Centre, the Host Support Organisation for Oldham LINK**



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