



# Blackpool South Health and Wellbeing Inquiry

A Citizens Inquiry 2017



## Acknowledgements

Thank you to the members of the Citizens Inquiry, who placed their trust in the process and us as facilitators. This diverse, inspiring group of local people came together week after week to share their opinions and experiences with each other and us in the hope that their efforts, openness and commitment might make a difference to their own communities.

## About the author

The recommendations produced by the members of the Citizens Inquiry are reproduced here in their own words. The remaining content was written by Peter Bryant and Nick Beddow of Shared Future. No legal responsibility can be accepted for any loss or damage resultant from the contents of this document. It does not necessarily represent the view of Shared Future in relation to particular policy or projects.

## About Shared Future

We are a community interest company primarily serving the North West of England, and with associates based across the UK. Our aim is to provide an excellent service that makes a difference to communities and individuals and works towards a fairer, more equal society.

Through our commitment to creating a fairer and more sustainable world, we decided to set up Shared Future in 2009. We've built a team of experienced consultants and practitioners with a diverse range of skills. We work together on worthwhile and stimulating projects that reflect our personal values.



[www.sharedfuturecic.org.uk](http://www.sharedfuturecic.org.uk)

February 2018



This work is licensed under a Creative Commons Attribution-NonCommercial-ShareAlike 4.0 International License.

## Contents

Summary .....	3
1. Introduction .....	4
Process .....	4
Recruitment .....	4
Why Blackpool South? .....	6
2. The Citizens Jury sessions .....	8
Sharing experiences and ideas: sessions one and two .....	8
Commentator sessions: deliberation in action .....	11
Recommendation writing .....	14
3. Recommendations .....	15
Inquiry Launch Event, 25 <sup>th</sup> Jan 2018 .....	18
Appendix 1: Commentator sessions ..	20
Appendix 2: Evaluation .....	24

# Summary

---

Between October and December 2017 eighteen residents from Blackpool South were invited to take part in nine sessions of deliberation to try and produce a set of recommendations that attempted to answer the question:

*‘for people living in Blackpool South what are the main things that affect people’s health and well-being and what can be done about them?’*

Members of the Citizens Inquiry shared their experiences and opinions in a highly participatory process.

After the nine Inquiry sessions, the group hosted a launch event at which the group’s recommendations were shared and discussed with invited local stakeholders.

This report summarises the process and lists the group’s recommendations.



# 1. Introduction

The Blackpool South Health and Well-Being Inquiry brought together a group of local residents to discuss the main things that affect people's health and wellbeing and what can be done to address them. A Citizens Inquiry is an example of a mini public, in which a diverse group of local people are given the opportunity to share opinions and experiences with each other and to hear from others before producing a set of recommendations.

## Community orientated primary care

Part of the aim of the Citizens Inquiry process is to attempt to encourage a move from a largely medical model (which encourages services which respond to people's health to focus mainly on diagnosis) to one which recognises the social and other determinants of health and well-being.

In order to achieve this it is essential to enable citizens and stakeholders to work closely together so that they are able to jointly examine what the reality is now (what is working and what isn't) and to chart a course forward together.

## Process

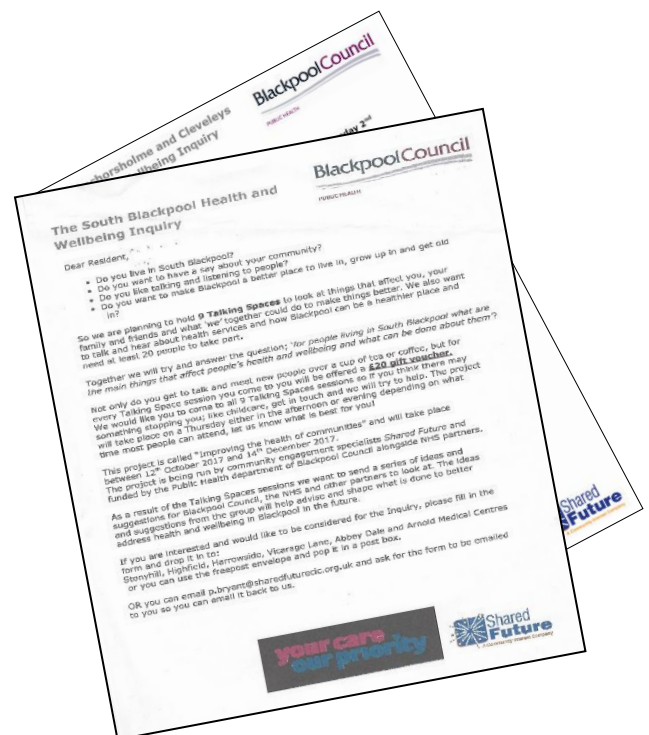
The Inquiry took place on Thursdays from October to December 2017. Each of the sessions lasted some two and a half hours. During these informal and relaxed sessions a diverse group of local residents were encouraged to think and talk about well-being and health in their neighbourhood. A number of experts ('commentators') were invited to come and speak at some of the sessions to add knowledge and to help them explore how things could be changed.

Elements of the inquiry process are based upon the model of the citizens jury. Deliberative processes such as Citizens' Juries have been praised for their

ability to allow citizens to question the 'expertise' of others, to appreciate the knowledge and opinions of others and after intense deliberation to strive towards producing agreed conclusions which are for the public good. Similar citizens juries have been organised across the world on a variety of topics; some at a local neighbourhood level, some at a regional level and on occasion at a national or on an international scale.

## Recruitment

Central to a citizens jury process is the recruitment of participants. A large amount of effort was put into making sure that a diverse group of local residents were able to take part. The aim was to recruit people who are usually excluded from participatory processes. The project steering group met on a number of occasions to identify a strategy for reaching people in the target area.



Following on from successful practice used in previous Inquiries a recruitment letter was written outlining the aims of the Inquiry and explaining that in recognition of the time commitment required,



payments in the form of vouchers and expenses were available.

To incentivise consistent attendance, participants received shopping vouchers at the end of the Inquiry process (equivalent to £20 per session). There was also a budget for participant support costs (including child care).

In the letter, residents were invited to complete a very simple one page form to register their interest in taking part, and express their preference for afternoon or evening sessions. They also had the option of filling-in the form over the telephone to receive additional support. Freepost envelopes were included within the letter.

Volunteers from the Streetlife Trust posted letters through every single letterbox in the target area (2,000 letters). Streetlife is a Blackpool-based youth work charity whose aim is to assist vulnerable young people in the area <http://www.wearestreetlife.org/>. The volunteers from Streetlife were given vouchers to deliver the letters and to further assist with recruitment. Blackpool's Clinical Commissioning Group (CCG) encouraged all local practice managers to promote the opportunity.

As a result of the recruitment process 52 applications were received. The majority of the applicants were available during the day rather than in the evening and some of the applicants were from outside of the target area. This gave us a short list of applicants. In an attempt to ensure we had a diverse group of participants some additional outreach work was carried out (walking the streets adjacent to and surrounding Highfield Road and talking to parents and carers at collection time at two local primary schools).

A total of 20 people were invited to the first session. A total of **18 people** attended at least one session with an average attendance over the 9 sessions of 11 people.

The main group of 18 people had the following demographics:

- 5 males and 13 females.
- Four 20 to 35-year-olds.
- Eight 36 to 45-year-olds.
- Three 46 to 60-year-olds.
- Three people older than 60

None of the applicants required childcare

Blackpool Council's community engagement team identified the South Shore Community centre on Highfield Road as a suitable venue due to its central nature, access for wheelchair users and large

### ***Why did I take part?***

'I am a mother of two, one with Asperger's and the other with mental health problems. I have my own health problems and I am a carer for my mum and son.

I put my name down for the meetings because I wanted to meet new people to give me a break from my caring role and feel less lonely. The vouchers were an incentive and also to help improve services for Blackpool South.

This group has helped me to access the right help for my family and I'

meeting room.

All participants were spoken to on the phone (or met in person) prior to the first session. This is important in establishing a relationship and checking that anybody's support needs were being met.

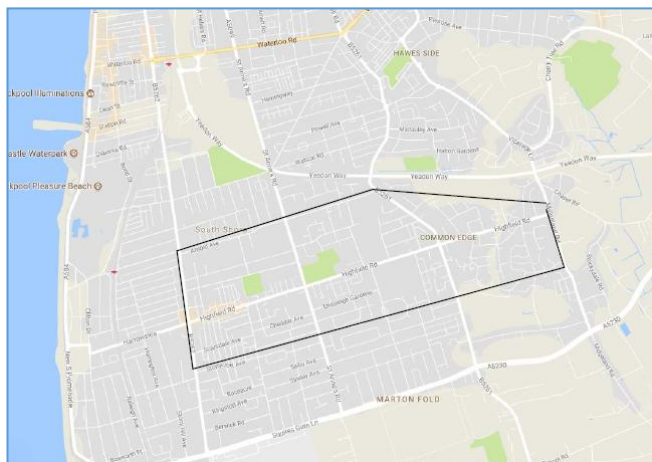
### **The Inquiry answered the following question:**

***'for people living in Blackpool South what are the main things that affect people's health and wellbeing and what can be done about them?'***

## Why Blackpool South?

Discussions between Blackpool Clinical Commissioning Group and Blackpool Council's Public Health Department decided to focus the work of the Inquiry in Blackpool South.

### The boundaries of the target area in Blackpool South'



Blackpool experiences significant levels of disadvantage; the 2015 IMD ranks Blackpool as the most deprived local authority area in the country based on a number of indicators including health, income, employment, and education and skills. The South has slightly better deprivation levels to the Blackpool average, though approximately 39% live in areas in the most disadvantaged quintile in England.

This neighbourhood generally has the same population demographic as Blackpool overall, with a larger 65+ population and smaller under 18 population than national averages. South has the second lowest employment rate of all the neighbourhoods and the second highest retired rate. It is a relatively settled community and housing is mainly affordable semi-detached or terraced with 30% being rented.

Life expectancy is one of the key indicators of health in a population and Blackpool has the lowest life expectancy in the country for men (74.2 years) and the second lowest for women (79.5 years). Life expectancy in South neighbourhood is estimated to be approximately 75.6 years for males and 80.5 years for females.

Almost two thirds of the population in South report having a long standing health condition. While similar to the Blackpool average of 62%, it is significantly higher than the national average. The

### Why did I take part?

'I am a married, 31 year old stay at home mum of two daughters, I enjoy eating out, movies & family time. I was born and raised in Blackpool, and find living here to be a love hate relationship, lots of things to see and do, but being a tourist town it has its down sides. My family has been touched many times with both physical and mental health issues, and having used many services in Blackpool I have an avid interest in helping them improve. When I saw the advertisement for the Inquiry, I was intrigued as to what it was as I hadn't heard of anything like this before.

Born and raised in South Shore, Blackpool and now raising children myself in the area I wanted to see how taking part could improve the health and well-being of local people.

I am so glad I took part, I met great people, and learnt so much about services available locally. Being able to direct questions directly to the people who can actually answer them was very interesting, and knowing we could have an impact on improving services for ourselves, family and local people was rewarding. From taking part, myself and a few other members are starting some courses ran by one of organisations that attended the Inquiry.

The Inquiry was very interesting and a useful

proportion of people in paid work/full time education or who are unemployed is similar to the Blackpool and England average. Overall, South has slightly better levels of deprivation than the Blackpool average, though is very similar in terms of employment, life expectancy and general health.

Smoking is the most important cause of preventable ill health and premature mortality in the UK. It is a major risk factor for many diseases, such as lung cancer, chronic obstructive pulmonary disease and heart disease and is a modifiable lifestyle risk factor.

It is estimated almost a quarter (24%) of the South population are currently smokers and although rates are significantly lower than Blackpool overall, they are significantly higher than the national average. However, ex-smoking prevalence is high, suggesting people do want to give up.

### **Why did I take part?**

**'I am 44 years old and have been living in Blackpool South for 5 years, since I moved "up north" after a marriage split. I currently work in a Bookmakers, have a degree in Women's Studies and have been employed - in both paid and voluntary roles - in various different areas.**

**I applied to take part in the Blackpool South Health & Well-being Inquiry after receiving information through the door about it. I thought it sounded interesting, am very much community-minded, and am always looking to meet new people and find new things to do in the area. I honestly did not know what to expect, but told my work colleagues I'd go along to the first session and if it was boring I wouldn't go back! As it turns out, it has been (mostly) extremely interesting and informative, we had some excellent speakers in from local agencies, and some of us residents are now about to start training so that we can run some community activities in our local area. I would 100% recommend participating in similar projects to anyone - who knows, maybe we will even have some effect on shaping the future of Blackpool South'.**

Blackpool has some of the highest levels of alcohol related harm in the country; this not only directly contributes to health effects such as premature death and chronic liver disease but also carries other consequences such as disorder and violence. There are an estimated 22% of adults who binge drink in the neighbourhood and though hospital admissions for alcohol related harm are lower than across Blackpool, they are still 30% higher than the national average.

People are living longer but spending more years in ill-health and for several conditions; although death rates have declined, the overall health burden is increasing. Sickness and chronic disability are causing a much greater proportion of the burden of disease as people are living longer with several illnesses. South neighbourhood generally has similar rates of diagnosed illness to Blackpool, however there are significantly higher rates of diagnosed CHD, hypertension and cancer and lower rates of diagnosed mental ill-health. Depression and

serious mental health are the only conditions where recorded diagnosis is significantly lower than the Blackpool average. High rates of long term conditions in older populations and deprived groups means there will be rising demand for the prevention and management of multi-morbidity rather than of single diseases.

Like all neighbourhoods in Blackpool, mortality is significantly higher than the national average, though rates in South are similar to the Blackpool average. One in 3 deaths in England occur among people who are under the age of 75 and around two-thirds of deaths among the under 75s are caused by diseases and illnesses that are largely avoidable, including cancer, heart disease, stroke, respiratory and liver disease. Approximately 33% of deaths in South were aged under 75 years compared to 36% across Blackpool. Premature mortality rates are slightly lower than the Blackpool average in South for both males and females.

Although poverty affects one in three children in Blackpool today, in South the situation is improving with 1 in 5 children in a low income family. Child development outcomes are similar to national averages with over 60% of children having a good level of development at the age of 5 years. Approximately 50% of older children achieve 5 A\*-C GCSE results although this is lower than the national average of 57%. Data from the National Child Measurement Programme shows that approximately 25% of Reception children are overweight or obese whilst in Year 6 the figure increases to 38%. High levels of sugar consumption are widely recognised as a key driver of obesity levels; however it also contributes to poor levels of dental health in children. South has lower teenage pregnancy rates than the Blackpool average and is similar to national averages.

South Blackpool's neighbourhood profile can be downloaded at:

<http://www.blackpooljsna.org.uk/Documents/Blackpool-Profile/South.pdf>

## 2. The Citizens Jury sessions

### Sharing experiences and ideas: sessions one and two

The first two sessions of a Citizens Inquiry process are crucial. For those (like most of us) who are anxious in new situations the first session should answer many questions. For example; will I feel welcomed and valued? What will the other people there be like? Will this process make any difference to where I live? Who are the organisers? etc.

In session one and two the facilitators attempt to answer these questions and create a relaxed and informal atmosphere where people will feel comfortable contributing. Transparency is also key with a full explanation of why the process has been commissioned.

After a human bingo icebreaker, designed to allow participants to find out some more about each other, the group took part in a mapping activity.

Everybody was divided into two groups and each group looked at a large hand drawn map of their neighbourhood. Using the map each group was asked to identify firstly:

*‘what are things that make it easier for people to have good health and well-being?’*

And secondly:

*‘what are the things that make it difficult for people to have good health and well-being?’*

The answers to these questions were spoken and then written on post-it notes and stuck in the appropriate place. This activity stimulated a great deal of conversation with people sharing their opinions and personal experiences.



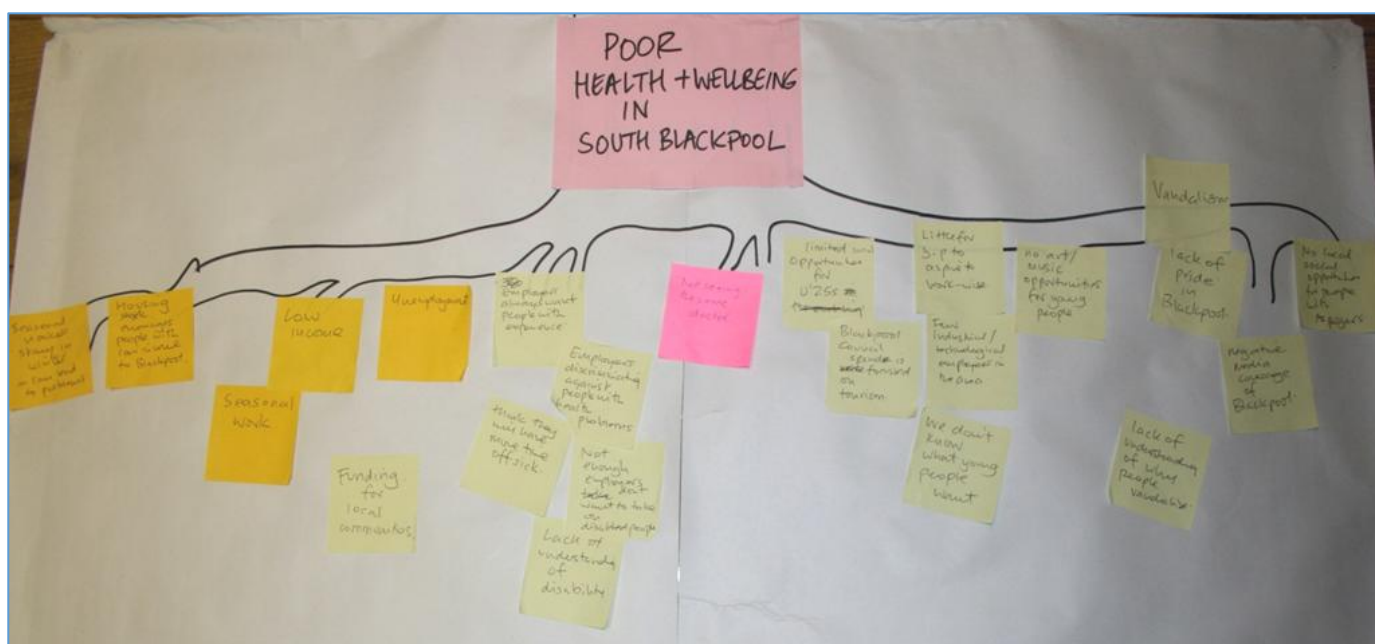
***‘Mapping activity from session 1. Participants were asked to record on yellow post its ‘what makes it easier to have high levels of health and wellbeing’ and on red post its ‘what makes it difficult to have high levels of health and wellbeing’.***



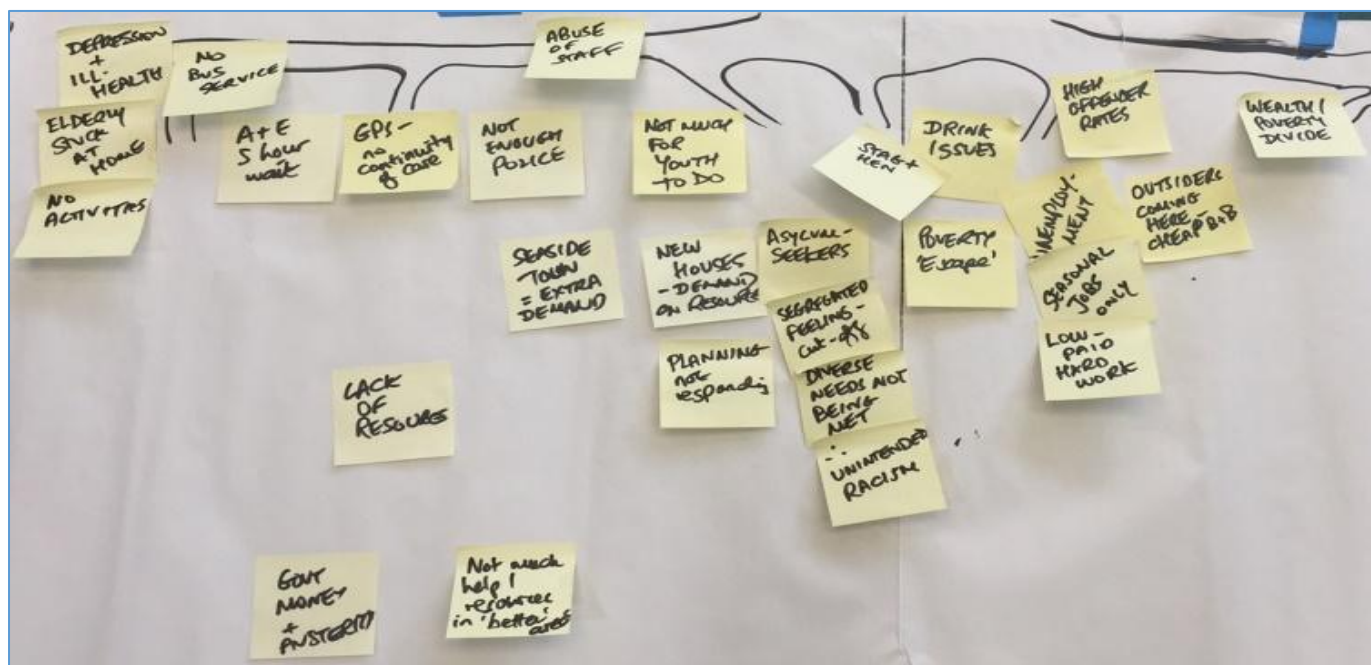


The group also attempted to look at some of the root causes of the problems identified during the previous activity. They did this through a **'problem tree'**. A large tree drawn on a series of flipcharts was stuck on the wall. On the trunk of the tree was written the problem under consideration i.e. not very good health and well-being.

The group was then encouraged to share with each other what they felt are the root causes of the problem. These were then written on post-its and stuck on the roots of the tree. The facilitator repeatedly asked the question 'why is that?' in an effort to identify the root causes of each problem.



**Outputs from the second Problem tree exploring the 'root causes' of possible 'poor health and wellbeing in Blackpool South**



During the second session the group talked in depth with each other before identifying the 28 key issues which they felt were **'the things that make it difficult for people to have high levels of health and wellbeing'**?

Each person was then given seven anonymous votes to show which issues they felt were the most important. The results helped decide which topics needed to be explored in greater depth with the commentators over the next 5 sessions.

Order	Barrier (that makes it difficult for people to have a high levels of health and well-being )	Number of votes
Joint 1st	Not enough community mental health services and referral times are too long	7
Joint 1st	Lack of response from the police / lack of police/PCSO presence	7
Joint 2nd	Loneliness	6
Joint 2nd	No continuity of care means you are passed from pillar to post, a different doctor each time; (having to tell your story again and again to new GPs)	6
Joint 3rd	Not enough community centres & day centres; those that exist don't cater for everyone	5
Joint 3rd	Unemployment (especially for younger – can lead to drug and alcohol problems)	5
Joint 4th	Cuts to services	4
Joint 4th	Agencies don't communicate or join up (therefore no early support)	4
Joint 4th	Lack of activities for younger people	4
Joint 4th	Lack of understanding of disabilities for example employers, schools and social clubs	4
Joint 4th	Some bus routes will disappear from November	4
Joint 5 <sup>th</sup>	Workers not being paid enough – low-paid work	3
Joint 5 <sup>th</sup>	Green space being taken away	3
Joint 5 <sup>th</sup>	GP waiting times	3
Joint 5 <sup>th</sup>	Poverty	3
Joint 5 <sup>th</sup>	Tourists demands local health resources (e.g. ambulance)	3
Joint 6 <sup>th</sup>	Ambulance diverted for silly things	2
Joint 6th	More people moving into the area because of the new builds - which can affect the existing service provision (e.g. longer waiting lists).	2
Joint 6th	Drivers/parking around school.	2
Joint 6th	Roadworks – overuse of side roads / pavements.	2
Joint 7th	Lack of knowledge about resources and amenities	1
Joint 7th	GP's focus too much on medical issues and are not aware of the root causes	1
Joint 7th	Accident and emergency waiting times	1
Joint 7th	Litter and dog fouling	1
Joint 7th	Lack of trust in big companies/organisations.	1
8 <sup>th</sup>	Technology can lead to segregation and isolation	0



## Commentator sessions: deliberation in action

The Inquiry now moved into the Commentator phase: Commentators are an essential part of the Inquiry process and are invited to speak on the issues that the participants prioritised in week two in order to further their understanding. Commentators can offer new opinions to the participants and help them to reach their own conclusions. The Inquiry presents commentators with a rare opportunity to engage directly with local people in order to understand their realities and to share ideas about solutions that will have real benefit. Commentators have found that this exposure benefits them in their own work.

Shouldn't you be able to make an appointment directly with a mental health specialist rather than a GP?

The Commentators are, in effect, the 'expert witness' who are called before the residents to give their testimony: the residents are the Jury who will decide what to accept and what to challenge.

Each commentator was identified based on the issues prioritised by the residents.

WHAT MAKES THE NEW SYSTEM BETTER THAN THE OLD ONE? PLEASE ANSWER IN PLAIN ENGLISH

The commentators were briefed in advance to guide their contributions within the ethos of community-led deliberation:

All commentators were invited to talk for up to 15 minutes on one or more of the issues prioritised by the citizens in session two. In their presentations they were encouraged to include:

- Details of who they are (and their organisation)
- An explanation what they feel the problem or issues are
- An explanation of what they feel are some of the solutions.

Essential to the success of the process is the use of clear, simple, easy to understand language. A red card system was used where people are encouraged to show the red card if they are having difficulty understanding what is being said.

After each presentation, commentators are asked to leave the room to allow participants the space to talk with each other about their learning and to write any questions they may have. These questions are then shared with the facilitator. Finally in the absence of the commentator, participants are asked



**Commentator Brett Whitehead, Community Development Officer, Headstart, Blackpool Council, answers questions from the group**

## Commentators

Arif Rajpura, Director Public Health, Blackpool Council (2nd November)

Kathy Bradshaw, Integrated Team Manager Primary Intermediate Mental Health Team /Di Billington, Clinical Lead, Fylde Coast Mental Health Integration Project, Julie Marsden, Fylde Coast Community mental Health Team (older adults) Integration project Fylde (9th November)

Ethan Gilbey, Claire Walker, PCSOs (Police Community Support Officers), Inspector Graham Brownsmith, Lancashire Constabulary (16th November)

Anne Oliver, Community Engagement Manager, Age UK Lancashire (23rd November)

Nina Beavers, Operations Manager, April Rankin, Participation & Engagement Coordinator, UR Potential (23rd November)

Janet Barnsley, Director Performance and Delivery, Blackpool Clinical Commissioning Group, Dr. John Calvert, Waterloo Medical Centre (30th November)

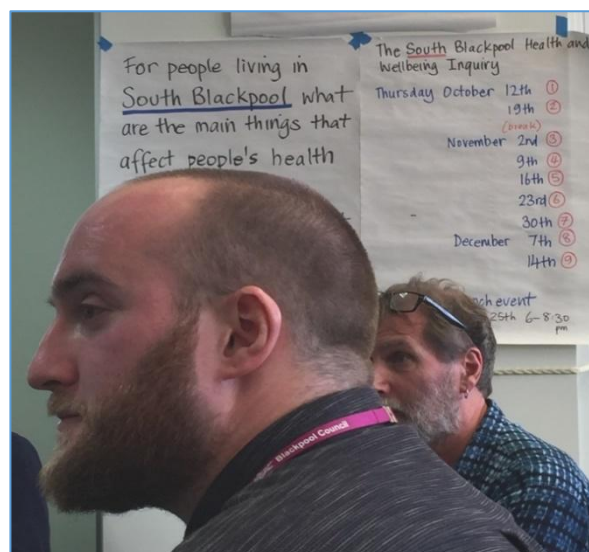
to reflect on their learning and deliberate with each other. This helps to ensure that the conclusions reached are their own and that they feel ownership over any actions that they decide upon.

All the questions written by participants for the commentators are listed in full in Appendix 1.

In addition to the commentator sessions participants were given the opportunity to spend lots of time talking to each other, sharing opinions, challenging each other, arguing, talking through relevant experiences and so gaining a better understanding of each person's needs and perspectives.

This was achieved through creating lots of small group spaces for people to talk in. Sometimes the participants chose which groups they would join and on other occasions they were allocated to groups to ensure that everybody spent time with each other. On one occasion a 'speed dating activity' was used in an effort to get participants talking to each other

about what had interested them so far in the discussions and secondly to give them an opportunity to share with others anything they felt



hadn't been talked about yet but was of great importance.

During week six the group were asked to take part in a short evaluation activity, reflecting upon the process so far. Their thoughts are recorded in Appendix 2.

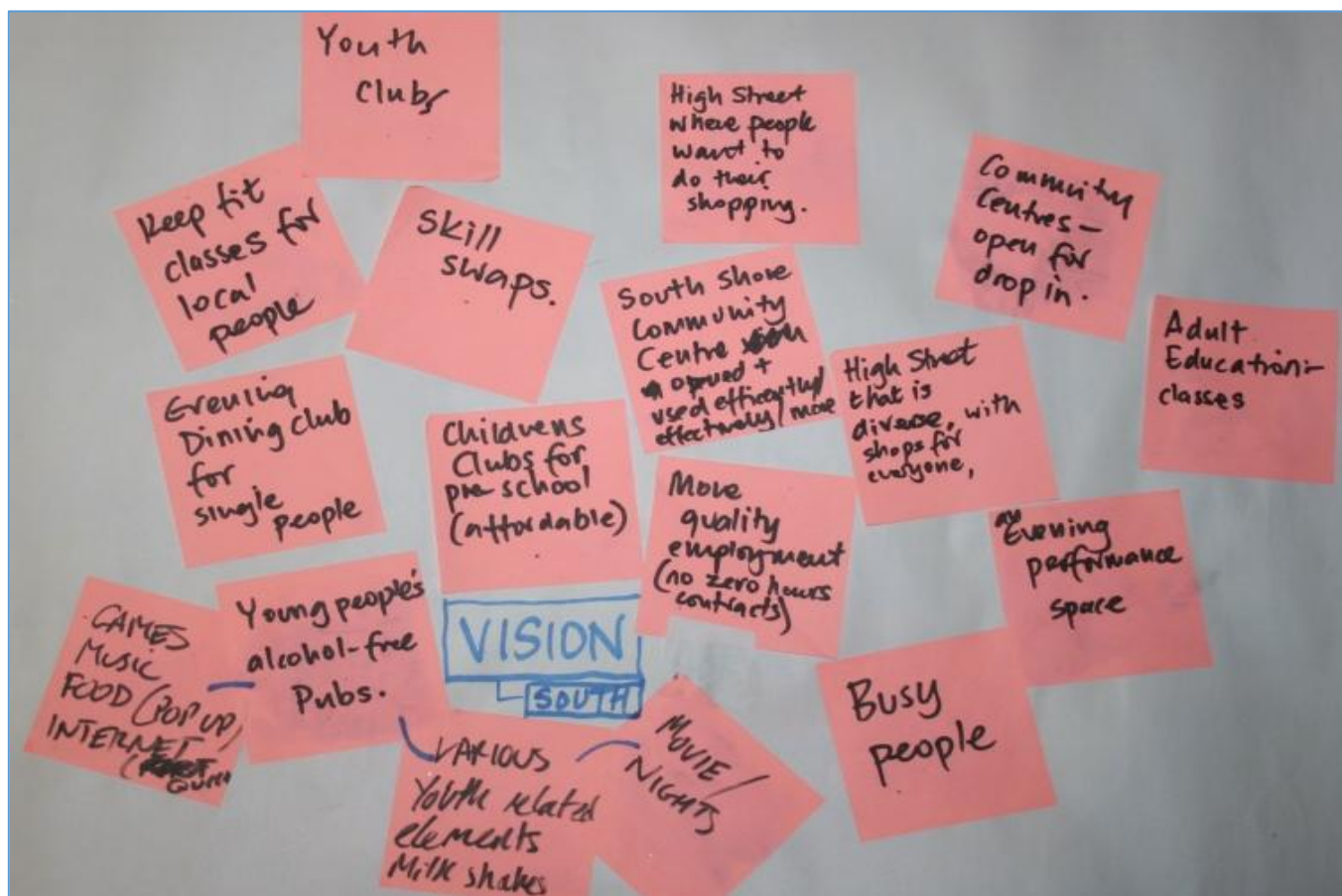


**Group members question commentators**



In week three Inquiry members also considered their vision of life in Blackpool South in ten years'

time. A summary of their thoughts is recorded in the next two photographs.



## Recommendation writing

In the last two sessions the group prepared their set of recommendations. Participants were asked to reflect on the process so far and to think about some of the draft recommendations they would like to share with others.

These draft recommendations gave the facilitators a set of themes under which all the recommendations so far could be grouped.

- GPs
- Mental health / loneliness and isolation
- Policing
- The way services are delivered
- Young people

The group was asked for volunteers to act as convenors of discussions on each of the five themes, and all the participants chose to join a themed group to tighten up the format of the recommendation and make new ones.

The facilitators circulated to ask probing questions, to help the group create specific statements which would be comprehensible to all. Liz Petch and Suzanne Gilman (Blackpool Council, Public Health) were available to the participants as 'resource people' under strict instructions to only join a group if anyone had a specific question that needed their specialist knowledge.

All the draft recommendations were then displayed on the wall. The facilitators read out all the recommendations so that participants could check their understanding in preparation for voting.

It is at this point that some participants seek clarification and some of the recommendations may be edited in the light of the discussions.

It was stressed to all the participants that every single recommendation is recorded irrespective of how many votes it gets. Every participant was then given an individual alphabetised voting sheet to confidentially choose their top seven recommendations.

All recommendations irrespective of the number of votes received are listed in the following section.

### Why did I take part?

**'I was prompted to join the inquiry to see whether others in the neighbourhood around me had experienced some of the things that I had and if that was the case then I felt that by comparing and combining lessons learnt by these experiences we could help and improve the situation along with the authorities. Making the area a better place to live in and it would be a positive step that could help bring a healthier environment that would be better for the wellbeing of the community'.**





# 3.Recommendations

The participants were asked the question

**‘for people living in Blackpool South what are the main things that affect people’s health and wellbeing and what can be done about them?’**

They decided upon recommendations and prioritised them using a voting system. They had seven votes each. Their votes were anonymous. The following table shows the results:

Theme		Rank	Votes	Recommendation
Mental health, loneliness and isolation	GPs and health support	=1		The CCG needs to invest more in early intervention in mental health for example 1) all GPs should be prescribing activities such as sports, therapy groups etc. rather than just medication. Listening to the person’s needs rather than just giving pills. 2) more health and well-being support workers especially in areas that are more affected by poor levels of mental health.
Mental health, loneliness and isolation		=1		Mental health should be treated as equally important as physical health and resourced accordingly.
The way services are delivered		=1		The public lacks information on local services and organisations and agencies require a better understanding of what the public’s experiences are. A permanent long-term local inquiry group would help a lot to combat these issues, break down barriers and promote understanding between agencies and the public.
The way services are delivered		=1		Raise awareness of local services and agencies by 1) promoting the FYI directory (including advising people on how to add their information to the site). 2) establish pop-up information points in local places, GPs surgeries, supermarkets etc not just social media. 3) consider designing an app (with offers and events) 4) make sure that all practitioners need to be aware of local services and how to refer.
Police, traffic and parking		=1		As the police are understandably reluctant to criminalise youths who are involved in antisocial behaviour we are told that they and other agencies use other methods to deal with the problem. To reassure the public could these measures be monitored as to how effective they are and the outcome be made transparent to demonstrate that something is being done.
Mental health, loneliness and isolation	GPs and health support	=2		Loneliness and isolation is a big issue in our community. However, were not clear how widespread this issue is and who is affected. This information is needed so it can better inform what local services do to better support our communities. 1) we need an isolation and loneliness strategy. 2) GPs should ask each patient in the new patient’s questionnaire and annual reviews if they ‘struggle on their own’, feel isolated etc. 3) a talking/listening initiative within the GP surgery to find out what people want within the local area to support loneliness – ‘one size doesn’t fit all’. As part of this some of the group would be willing to knock on doors and talk to people in identified hotspots to identify what might help each individual feel less isolated and enable people to help each other. We would need support to do this.

Theme		Rank	Votes	Recommendation
Young people. Community facilities		=2		Regular local activities for local children for all ages 4-17 for example at Highfield Road Community Centre. Some of the group are interested in doing this for local teenagers, with some support.
Young people. Community facilities		=2		Re-establish youth workers locally.
Mental health, loneliness and isolation	Young people. Community facilities	=2		Have a mental health worker in primary and secondary schools and youth centres to support young children.
The way services are delivered		=2		Ensure that services share common systems for collecting and communicating data, so that the public don't have to repeat personal details each time.
Police, traffic and parking		=2		More police / PCSO presence, patrolling and walking the streets, for reassurance and to help prevent crime.
The way services are delivered		=2		Training for health providers around supporting people with special needs/conditions, to support them to be able to access services.
GPs and health support		=3		To save GP time and pressure, surgeries should have a worker to help people with practical issues such as basic health education/life skills e.g. diet, parenting, dealing with colds, caring for diabetics etc.
Mental health, loneliness and isolation		=3		We need access to all levels of mental health support, regardless of what diagnosis we have initially received. No-one should be refused access to informal support for example relaxation, mindfulness, support groups.
The way services are delivered		=3		Service information should show which services are aware of and cater for particular needs, for example physical, mental and disabilities including autism, e.g. by using symbols.
The way services are delivered		=3		We want feedback in six months time about what organisations have done to respond to our recommendations. This builds more accountability to the public.
Mental health, loneliness and isolation		=3		More mental health beds (locally and nationally).
Young people. Community facilities		=3		Communities in South Shore lack opportunities to meet and foster a sense of community spirit. This should be addressed. There should be for example, an organisation which specialises in bringing the local community together for events. All ages, backgrounds, giving support, education, delivering a sense of South Shore unison and belonging and making the most of the area, for example an annual South Shore Festival.
GPs and health support /	The way services are delivered	=4		Not everyone has medical or physical problems. The problems may be caused by social factors for example unemployment, isolation. GPs should consider social causes of people's problems and think of social action for example signposting people to activity groups, campaigns etc.
The way services are delivered		=4		More patience and understanding from GP receptionists, as a bad experience may deter the patient, (who may not want to call



Theme	Rank	Votes	Recommendation
			again due to stress, embarrassment or anxiety). Negative first impressions can make the patient's situation worse. Therefore there needs to be training for receptionists in customer care.
The way services are delivered	=4		Services have to become joined up so that the public receive a consistent, holistic approach.
GPs and health support	=4		The booking system for GPs needs to be improved (it's too difficult to ring before 9 am as lines are busy and online slots don't always offer you the GP you want). GPs should be able to give you an advance appointment before you leave the surgery. We understand the difficulty of making appointments far in advance because of people not attending, however we should be able to make appointments at least two weeks in advance.
GPs and health support	=4		Educate GPs and other health professionals about mental health issues. Introduce mandatory training at regular intervals for all levels of health professionals. An introduction to mental health up to complex needs (accredited courses ?) for carers, GPs, schools (SENCOs), triage, nurses, dentists etc.
Mental health, loneliness and isolation	=4		Reduce waiting times for mental health services.
Young people. Community facilities	=4		Schools to offer their facilities to local elderly residents, welcoming them into a classroom to sing songs, listen to and help with reading and playing games e.g. Downshall Primary School in Essex. This will give more contact between people and hopefully improve well-being.
The way services are delivered	=4		The government should pay for the costs of volunteering for example insurance, training, and DBS (Disclosure and Barring Service) checks to reduce pressure on the local voluntary and charity sector.
The way services are delivered	=5		Services should bring together different generations rather than separate them, for example, youth services from adult services. This would build more social unity.
The way services are delivered	=5		Why do long-term patients have to go through the same bureaucratic hoops each time they require an additional service for example blue badge, wheelchair, etc. simplify the whole system and save council money and hassle for carers.
Police, traffic and parking	=5		Police need to be more approachable, especially to children. They can come across as rude and arrogant. There should be specialised children's officers? (Do they exist?) Police in primary and secondary schools to educate and create a culture of trust.
Mental health, loneliness and isolation	=5		There needs to be a group for people with depression.
Mental health, loneliness and isolation	=6		A well-known organisation or service should support people from a community so they have the skills and confidence to knock on people's doors who may feel isolated. It's difficult to do this without authority, backing and support.
Young people. Community facilities	=6		DBS checks for more jobs/vocations? This would help deter youth crime - if they understood their future was on the line. (Disclosure and barring service)

# Inquiry Launch Event, 25<sup>th</sup> Jan 2018



The launch event brought together agencies and inquiry participants to hear about the ideas and recommendations which the Inquiry group believe can improve health and well-being and to begin to identify agency response, future community action by residents and greater resident's influence in policy-making. Some 60 people took part in the event in the Winter Gardens.



The members of the North and South inquiry met in advance for two sessions during which they agreed a format for the event, decided roles and responsibilities, and practiced their presentations.

The inquiry members used a PowerPoint slideshow to describe why they decided to get involved, how they had worked together and to outline their recommendations.

The recommendations were grouped into six key themes:

1. GPs and health support.
2. Mental health, loneliness and isolation.
3. The way services are delivered.
4. Young people. Community facilities.
5. Employment, training and learning.
6. Police, traffic and parking.

After the slideshow, participants were invited to pick a theme they felt they could influence and were interested in. Each theme was allocated a meeting space, with pre-agreed residents hosting each small group and recording ideas for action. After 30 minutes participants were invited to rotate to other discussions.



The Inquiry members and any agencies interested in attending will meet again in April 2018



During these discussions a range of commitments were made by both agencies and Inquiry members. For example:

- A commitment from the CCG to 'speak to CCG Commissioners and GPs to review the capacity of health and well-being support workers'.
- A commitment from Blackpool Council's Public health to continue to work on 'putting together the case for limiting the number of takeaways by stopping new ones from opening'.
- The CCG to investigate the possibility of Inquiry members working with the CCG on a training video for GPs and receptionists.
- Inquiry participants to work with Blackpool Council (Public Health) to look at how they can best 'contact lonely residents'





# Appendix 1: Commentator sessions

---

## Questions put to commentators

### **Arif Rajpura** Director Public Health, Blackpool Council (2nd November)

1. How can you reduce waiting times for mental health services? (GP referrals).
2. What support do GPs have to better understand what alternatives to prescription are available locally?
3. These problems have been talked about for years why has nothing changed? We don't see change.
4. Online isn't easy for all and public online facilities aren't private.
5. Although you didn't touch on the subject I would like to bring up the affair of why there is virtually no police presence on the streets, that should be there acting as a deterrent to vandalism and crime in general.
6. If you are not seeing the same GP each time how does the GP system pick up on people's needs e.g. loneliness.?
7. How to make people aware of what's out there in the community if they have no computer or social contacts?
8. What can be done to help people earlier to prevent crisis?
9. Are GPs too set in their ways and will keep prescribing rather than looking at alternatives?
10. Not everyone can go online – why isn't there a service that can clarify the entitlements/systems for the public? So know who to go to and what you can get?
11. Why will my son live five years less?
12. How much power does the CCG have to move their thinking from a medical to social model?

### **Kathy Bradshaw:** Integrated Team Manager Primary Intermediate Mental Health Team / Di Billington Clinical Lead, Fylde Coast Mental Health Integration Project (9th November)

1. It takes too long to access services,
  - a. e.g. the Rapid Intervention Team.
  - b. Getting the services you need but only after complaining
2. Is there a support group for adults with 'Autistic Spectrum Disorders'? Or any plans for one?
3. Where do you refer people to after six months? Can they come back again?
4. What makes the new system better than the old one? Please answer in plain English.
5. Some people are being sent a long way away for services. Is the new Vanguard system addressing this problem?
6. Are you still using the 'tiers of mental health' to assess levels of mental health? If you have been a higher tier of mental health support, can you easily access lower levels of support?
7. How many psychiatrists do you have access to?
8. What if no access to FYI (For Your Information)?
9. What is the procedure to challenge GPs if they won't refer us to services?
10. Are GPs too quick to prescribe antidepressants rather than treating the problem?
11. 10 minute appointments are too short to explain a mental health problem.
12. Will your Vanguard teams link into the local 'enhanced teams' for primary care?
13. How do lonely people make the first step to access services?



14. Should you be able to make an appointment directly with a mental health specialist rather than a GP?
15. How do you link with people providing benefits advice e.g. who provides information on attendance allowance for older people?
16. Where is the nearest secure mental health facility? Does it have beds?
17. Is mental health and physical health taken as seriously as each other by medical professionals and by the government departments with the money?
18. Making the phone call that is the self-referral can be very daunting. Is this the best way to do it?
10. After using speed guns, what happens? Is it a survey or a 'legal trap'?
11. Homophobic bullying is a hate crime right? Do you have an input on homophobic bullying in schools?
12. How many PCSOs (Police Community Support Officers) are there in this neighbourhood?
13. Cressida Dick (Metropolitan Police Commissioner), talked in the press about youths laughing at the law as it is 'ineffective', is it like that here?
14. Do you have a role in high schools? In primary schools? around parent's behaviour and tackling problems (like bullying) in schools?
15. The mobile phone number – is it only for ASB (Anti Social Behaviour)? How is it advertised? What is it?
16. Nina Beavers Operations Manager, April Rankin Participation & Engagement Coordinator, UR Potential (23rd November)

**Ethan Gilbey, Claire Walker PCSOs (Police Community Support Officers),  
Inspector Graham Brownsmith Lancashire Constabulary (16th November)**

1. Are you dealing only with incidents (reactive) or do you work proactively with residents on local issues?
2. How do we get the ASB (Anti Social Behaviour) phone number? How are you promoting it?
3. If you arrest someone with Asperger's for example, how do you manage the situation? e.g. specialists?
4. At drop off and pick up time at St Nicholas school people park on pavements forcing people with prams onto the road. What can be done about this?
5. Do you work with any youth workers around here?
6. How often are you in this neighbourhood?
7. When you go into schools, do you talk about littering?
8. What issues are being raised in Blackpool South, PACT meetings?
9. How do you decide what level of response an incident gets? e.g. riot vans vs one officer in a car?

**Anne Oliver Community Engagement Manager, Age UK Lancashire (23rd November)**

1. How can lonely people find out what is available if they don't have computers?
2. How can we support people with Alzheimer's to get involved in community activities?
3. Is the system more interested in tick boxes than face-to-face interaction?
4. Is laughter the best medicine?
5. Did the Age UK day centres close down went Blackpool Age UK closed?
6. Do hospitals refer people to Age UK after discharge? Do other agencies do it?
7. Why did Age UK go bust?
8. Tell us again what services/practical support do you offer?
9. How can elders have time to themselves in our community?
10. How do you let people know about a) of services b) opportunities to volunteer?
11. Do you have a waiting list for your services?

**Nina Beavers Operations Manager,**  
**April Rankin, Participation & Engagement**  
**Coordinator, UR Potential (23rd November)**

1. You are dependent on 2 to 3 year pots of money, what happens if the funding doesn't continue? Especially to the local people you serve?
2. How are you promoting UR Potential, where do young people find out about you?
3. What about young people under 11? What is available for them?
4. Would you be prepared to do 'outreach'?
5. Could we set up a youth group here and ask for your support to do it?
6. What are you doing around here?
7. Is there flexibility on age groups to take part? Can people go to lots of your activities?
8. Is there any transport provided for young people?

**Janet Barnsley Director Performance and**  
**Delivery, Blackpool Clinical Commissioning**  
**Group,**  
**Dr. John Calvert Waterloo Medical Centre**  
**(30th November)**

1. One GP was in my opinion over reliant on prescribing medication how can we make sure GPs don't prescribe but instead of the other ways to help?
2. When you phone they say you have to go online or call back at such and such a time. Isn't there a more efficient way of doing this?
3. In care homes, it's very difficult to get a GP to visit. How can this gap be plugged?
4. I can't get through (on the phone to the GP surgery) as instructed, i.e. before nine. Can you do something about this?
5. GP appointments are either immediate or three weeks, and nothing in between. Can you develop a system to plug this gap?

6. Why can't you make appointments in advance, i.e. 2 to 3 weeks?
7. I have experience of seeing a foreign GP. I found it difficult to understand them. This was a problem for me and may also be for older people?
8. The merging of surgeries locally, will it help or make all worse?
9. When you have accessed specialist mental health support, can you then access level mental health support? If not why not?
10. A lot of people are seen in private hospital as NHS patients. Is this cost effective and will it continue?
11. Receptionists ask 'what's it for?' Which is not appropriate. Their manner needs to change, agreed?
12. How are you educating GP about the 'enhanced' neighbourhood care system/hub?
13. Is there a single point of information/dedicated person who can provide information on services? This could take pressure off GP time.
14. There seems to be some confusion on the patients leaflets?
15. Why can't minor surgery take place locally? (it saves money).
16. Is there a list of services that are autism friendly (or for people with learning disabilities) for example
17. I am scared of going to the dentist and want to know which dentists will best support me?

**Brett Whitehead Community**  
**Development Officer, Headstart,**  
**Blackpool Council**

1. After 16 years of age do you continue with the Friend for Life?
2. What is one thing that would create a step change to help kids with problems?
3. How are you telling young people about your services? (apart from social media)
4. How long do you have funding for?

5. Would you branch out to younger children and adults if the project succeeds?
6. Is the service for all children or just for 'looked after children'?
7. Is there a helpline for young people to access? What is the criteria?
8. How do you become a Friend for Life?
9. Is there potential to extend to under tens and younger children?
10. What is Headstart doing about cyber bullying?
11. How about provision for young people with learning disabilities?
12. Do you work together with URPotential and other youth groups/organisations?
13. Do you do any work bringing together older people and young people? e.g. younger people going into care homes.
14. What does LAC stand for? and who does it cover? Care homes? Fostered? Adopted?
15. Do you think social media has replaced communication within the family?
16. Do groups meet outside of school hours?

# Appendix 2: Evaluation

---

During session 6 all participants were asked to talk to others in the group about their experience of the Inquiry through a speed dating activity. In particular they were asked to think about 'Things we've liked', 'Things we have not been keen on' and any suggested 'changes'?

## Things we've liked

---

- ✓ Everyone's had a chance to speak and get their point across.
- ✓ The structure of the Inquiry.
- ✓ Friendly and organised facilitators.
- ✓ It is good that this group has come about; bringing together a diverse cross-section of varied people from our community. In particular to discuss with you, geographical issues.
- ✓ Super to hear a general consensus of similar experiences in the community, not just my experience.
- ✓ Pete and Nick.
- ✓ A sense of purpose and working towards a specific goal.
- ✓ Having the opportunity to direct questions to the people in charge.
- ✓ The £20 vouchers.
- ✓ Meeting new people.
- ✓ Finding out new things from speakers and finding out where I can get the help I need.
- ✓ Getting to know local people.
- ✓ Good range of commentators coming in.
- ✓ Being able to direct questions to different departments and them having to answer and not being fobbed off.
- ✓ Good banter with Pete and Nick.
- ✓ Likes meeting new people that actually care about the community.
- ✓ Meeting new people.
- ✓ If we hadn't come along to these meetings we wouldn't of found out any info.
- ✓ Been very interesting.
- ✓ The info that we been given about organisations.
- ✓ The facilitators commitment and true belief that these activities will have a proper impact.

## Things we have not been keen on

---

- People walking in the room whilst we are talking and being noisy, rude.
- Lots of time pressure in the sessions, felt rushed to come up with questions. Some had to leave early. A week to digest and maybe? and formulate questions.
- Environment – room temperature/too hot/too cold.
- Noise levels of other people within the centre.
- Noise from the centre cleaners banging/talking. Rude!
- Rushed question and answer sessions.
- Not keen on how rushed some sessions be!
- Pete's music.
- People coming in and out of the room.
- The expert commentators explanations of shortcomings of their agency by taking the political line and blaming under funding.
- I only found out about the group through a recommendation. Where was my letter?

## Changes?

---

- Difficult to get to! Would of preferred choice of two groups morning/evening to attend at least one a week a spokesperson from each could bring the ideas together.
- Maybe organised two sets of times for meetings. Due to some people's work commitments.
- Earlier start time so those with kids don't miss out at the end.
- Hope something carries on.
- Sometimes may have missed information if sessions ran after 3 PM.
- More cake!
- Times of the groups as I struggled to get to each group, evenings would have been better for me personally



# **Blackpool South Health and Wellbeing Inquiry**

## **A Citizens Inquiry 2017**



Shared Future Community Interest Company  
28 Cromwell Grove, Manchester, M19 3GB

Registered as a Community Interest Company in  
England. Company Number: 06919338

Web: [www.sharedfuturecic.org.uk](http://www.sharedfuturecic.org.uk).