



Central Blackpool 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 authors

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 working 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. Our mission is to move those we engage with towards greater individual and collective authority and autonomy, by supporting their ability to act wisely, confidently and in community with others. Since setting 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.



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Summary

In early 2017 twenty three residents from Central Blackpool 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 central Blackpool what are the main things that affect people’s health and well-being and what can be done about them?’

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

Running parallel to the Citizens Inquiry, Shared Future facilitators worked with local stakeholders to explore the role of co-production in addressing the issues raised by the local residents.

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 Central Blackpool 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

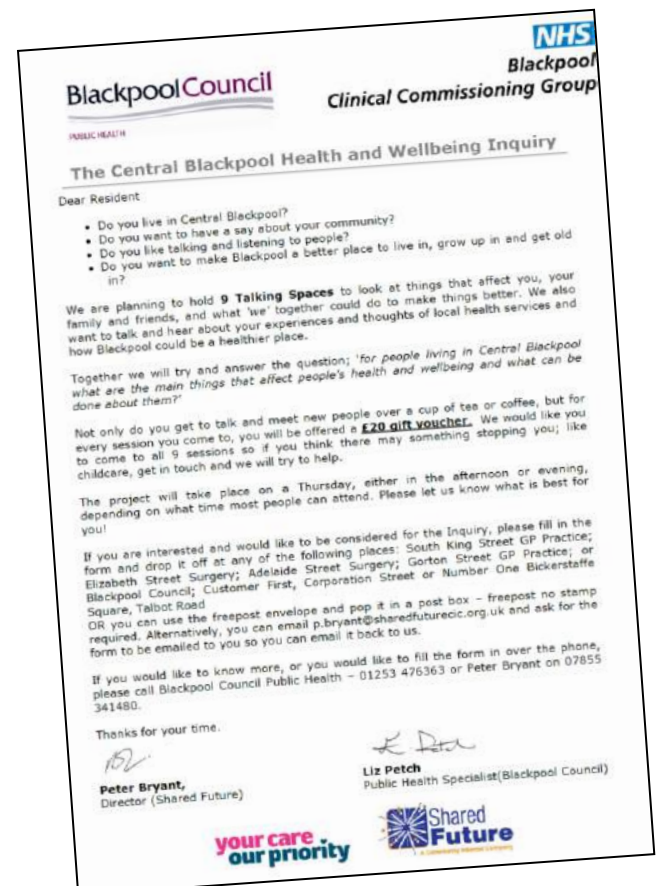
The Inquiry took place on Thursdays from January to May 2017. Each of the sessions lasted some two and a half hours. During these informal and relaxed sessions a diverse group of local residents were encouraged to think and talk about well-being and health in their neighbourhood. A number of experts ('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. 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 Council's Community Engagement team used their contacts to ensure that the following agencies and organisations promoted the process and distributed the recruitment letters: Citizens Advice Bureau, Sure Start, GP practices in the area, drop-in sessions at St John's Church, St Thomas's Parish Centre, Baptist Tabernacle, Camerados, Sacred Heart Church, the Council Transience team as well as many others. Blackpool's Clinical Commissioning Group (CCG) encouraged all local practice managers to promote the opportunity.

More of the applicants were available during the day than in the evening (nine were only available in the evening) and some of the applicants were from outside of the target area (eight in total). In an attempt to ensure we had a diverse group of participants some additional outreach work was carried out. As a result of the recruitment process 65 applications were received. We invited a total of 27 people to the first session. A total of **23 people** attended at least one session with an average attendance over the 10 sessions of 16 people.

Why did I take part?

'I'm in recovery from alcohol addiction. I got involved so I could have a focus and something to be involved in on a regular basis. I didn't know what to expect. Over the last 12 weeks I've realised we are a good group of people that don't get listened to on a regular basis. I don't really get listened to. For me personally it's been a huge achievement. I've gone from being so isolated that I didn't speak to another person for six months to talking in front of 50 people at the launch event. It's been brilliant.'

I am a 38 year old single man who has lived in Blackpool for over 10 years since moving from the neighbouring city Preston

Blackpool Council **NHS Blackpool Clinical Commissioning Group**

APPLICATION FORM

I am interested in taking part in The Central Blackpool Health and Wellbeing Inquiry.

Name: _____

Address: _____ Telephone: _____

Email address (if you use it): _____

Do you have any special requirements? (for example wheelchair access, interpretation to and from English, sign language etc)

Sex: Male ☐ Female ☐

Age: 16-19 ☐ 20-35 ☐ 36-45 ☐ 46-60 ☐ 60+ ☐

How would you describe yourself? (for example 'Father of two that likes football and walking the dog.') Write what you think best describes you.

Do you require any childcare for the meetings? Yes ☐ No ☐

If yes, what age are the children and how many children require childcare?

Number of children: _____

Ages: _____

Please turn over

your care our priority **Shared Future**

Why did I take part?

'My name is Sascha and I have four young children. I had a very hard pregnancy with my last. After I had him my partner started work and I found it very difficult to manage all children and started suffering from post natal depression. When I saw the leaflet in the children centre I thought it would be an idea to get some time to myself and try and make new friends'.

Why did I take part?

'I became involved partially because I'm nosy but mostly because I wanted to have an input in to how Blackpool could be a better place for my children to grow up. Too often things get changed and then the community are consulted. However, this felt like an opportunity to be part of the process before any change was a done deal. It's been a really interesting journey and I've enjoyed meeting and hearing from everyone in the group. I think it's been beneficial that the backgrounds, ages, gender etc of the group members are so varied; the differing perspectives and experiences of the group's members helped me to see Blackpool in a different light but at the same time it was amazing to see how we still had the same issues / concerns despite being from differing walks of life. I'm extremely proud of what the group has done'.

I'm a working Mum of a seven year old and nearly one year old. I've lived in Blackpool since 2003 and both my children are sandgrownuns.

The main group of 22 people had the following demographics:

- 10 males and 12 females.
- One 16 to 19-year-old.
- Eight 20 to 35-year-olds.
- Four 36 to 45-year-olds.
- Seven 46 to 60-year-olds.
- Three people older than 60.

One of the applicants required childcare (which was arranged off site) whilst one of the participants brought their child with them to the sessions. Some of the participants required additional support with literacy.

Blackpool Council's community engagement team identified the Salvation Army building on Raikes Parade as a suitable venue due to its central nature, access for wheelchair users and large training 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.

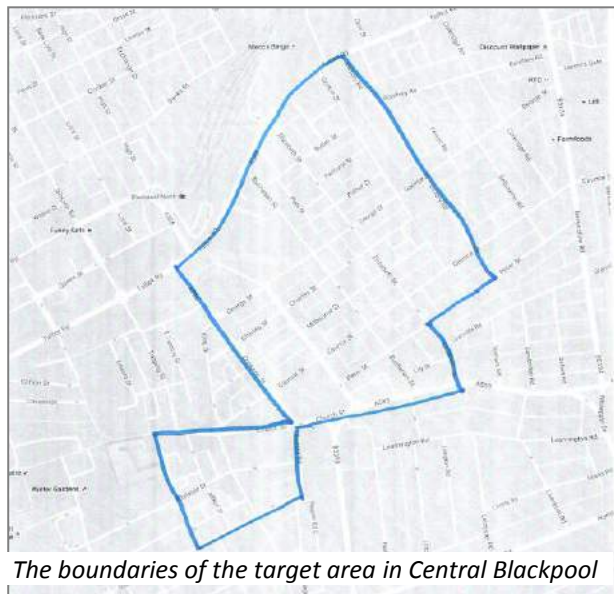
The Inquiry answered the following question:

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

Why Central Blackpool?

Discussions between Blackpool Clinical Commissioning Group and Blackpool Council's Public Health Department decided to focus the work of the Inquiry within the Talbot Ward of the Central West Vanguard Neighbourhood. This was primarily because four of the five GP Practices in that neighbourhood were within this catchment area and it had particular transience and disadvantage that could be associated with worrying health statistics, as detailed below. All GP Practices in this area were also very interested in this innovative approach and working with the findings.

Blackpool experiences significant levels of disadvantage; the 2015 Indices of Multiple



The boundaries of the target area in Central Blackpool

Deprivation statistics rank 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. Within Blackpool, Talbot is ranked as the 3rd most deprived ward in the town

Life expectancy for men in Talbot of 70.1 years is amongst the lowest in the town, well below the Blackpool average of 74.3. For women the picture is slightly better at 79.2 compared to 80.1 years across Blackpool. While Blackpool as a whole has the lowest life expectancy in the country, Talbot has the second lowest life expectancy for men in Blackpool and the seventh lowest for women.

In Central Blackpool half of homes are privately rented, with around 89% of rents funded by Housing Benefit.

A large proportion of the housing supply in inner Blackpool is characterised by former guest houses that have been converted into houses of multiple occupation (HMO's).

Overcrowding is an issue in approximately 17% of Talbot's households, more than twice the Blackpool average of 7.1%

Talbot has lower healthy life expectancy caused by circulatory, digestive and respiratory disease; 27.9% of adults in Talbot are estimated to smoke, compared to 26.9 % across Blackpool and significantly higher than the England average of 18%.

Central Blackpool has some of the highest levels of alcohol related harm in the country; the ward has the 3rd highest rate of hospital admissions for alcohol related harm in the town with over 100 admissions per year.

Mental health problems are among the most common forms of ill health. Talbot has an average of 60 hospital admissions for self-harm per year, and approximately 13% of the population report a long term mental health problem.

Approximately 46% of young people live in low income families compared to 33% across Blackpool and only 20% across England. In terms of child development outcomes, less than half of all children have a good level of development at the age of 5 years and only 38% achieved 5 A*-C GCSE results.

Why did I take part?

'It was great to be part of this volunteer organization. Getting together a group of like minded individuals and seeing how they can make a difference. Seeing it somehow making a difference to the community. It even went beyond from a few monthly group meeting sessions into an events presentation with extra meetings, but basically I came on the session for the vouchers'.

I am a nearly forty-year-old guy without children. Having lived in Blackpool nearly four years.

Why did I take part?

'I am a student living in central Blackpool. I took part in this programme because I felt as a young person that a lot of things needed to be done for Blackpool and to improve the state and life of the young people like myself living in Blackpool'.

Data from the National Child Measurement Programme shows that in Talbot 25% of Reception children are overweight and 11% of these are obese, whilst in year 6 the figure increases to 40% overweight with 25% obese; these figures are higher than the national and local averages.

Talbot has higher teenage pregnancy rates than local and national averages; in 2012-14, Talbot was one of three Blackpool wards with significantly higher conception rates than the Blackpool average of 40.7 per 1,000 teenagers aged 15-17.

Public Health England's Public Health Profile for Blackpool can be downloaded at <http://fingertipsreports.phe.org.uk/health-profiles/2017/e06000009.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, requiring a full explanation of why the process has been commissioned by the commissioner.

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 three 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.



Participants talk about the results of the mapping activity

In this exercise participants were asked to identify 'barriers' through the question '*What are the things that make it difficult for people to have high levels of health and well-being?*'

Each barrier was assigned a letter and participants were given an anonymous voting sheet with each letter on. They had five votes each.

<i>Order</i>	<i>Barrier (that makes it difficult for people to have a high levels of health and well-being)</i>	<i>Number of votes</i>
Joint 1st	Alcohol is too cheap and too easy to get hold of	5
	Effects of poverty: diet, eating, stress, damp homes, domestic violence	5
	People feeling isolated	5
	The activities/services that exist are not promoted enough	5
Joint 2nd	Drugs are too easy to get hold of	4
	Fly tipping, litter and dog poo	4
	Crime not being tackled	4
Joint 3rd	GPs: long waiting lists and quick fix medication	3
	Not enough regulation of landlords	3
	Cuts in community facilities/services	3
Joint 4th	Men's mental health doesn't get equal consideration	2
	Job Centres pressurise people	2
	Blackpool caters for tourists not residents	2
	Not enough things (that are safe) for young people to do	2
Joint 5th	Vandalism	1
	Too easy for young people to get hold of alcohol, people buying for them and parents giving it to them	1
	Conflict over jobs (new arrivals/long-term residents)	1
Not ranked	Lack of pride in Blackpool	0
	A seasonal economy – unemployment	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.

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

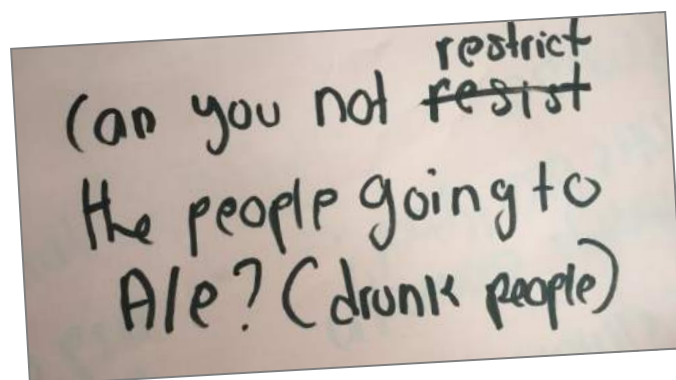
Each commentator was identified by the Steering Group based on the issues prioritised by the residents. The commentators were briefed in advance to guide their contributions within the ethos of community-led deliberation:

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 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.



Commentators

Arif Rajpura: Director Public Health, Blackpool Council

Chief Inspector Lee Wilson

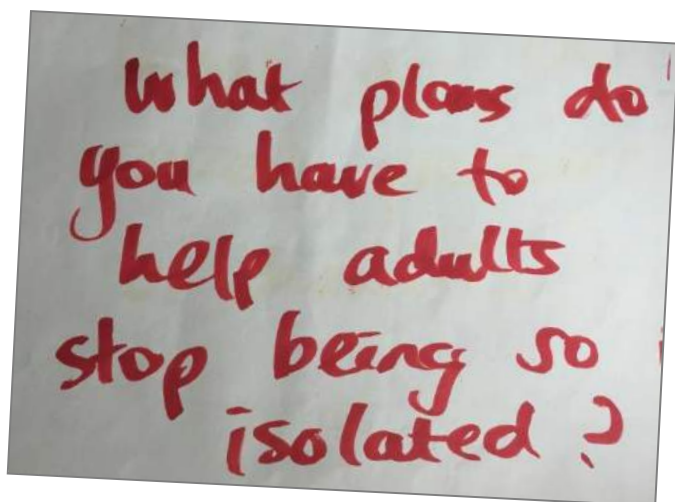
Amanda Doyle: Chief Clinical Officer: Blackpool CCG

John Blackledge: Director Community and Environmental Services, Blackpool Council

Karen Smith: Director Adult Services, Blackpool Council

Wendy Swift: Chief Executive: Blackpool Teaching Hospitals





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 and during session four the group (at the request of the steering group) examined in more depth the issue of mental health (as identified in the barriers activity in session 2).

Mental health

During this session the eighteen participants were divided up into small groups and asked to think about the steps they might follow if they '*were worried about their mental health*'.

They were then asked to identify what might *discourage* people from taking this step and what might *encourage* them to take this step. Each person was then asked to identify the two steps they were most likely to follow and to identify their first choice of step and their second choice of step.

The full results of this activity are recorded in the table on the next page.



Commentator Amanda Doyle presents to the group

Step identified	Things that would encourage you to take this step	Things that would discourage you from taking this step	Priority ¹
Go to the doctor	<p>They can refer you on.</p> <p>Good previous experience, they didn't make me feel like I was talking bullshit.</p> <p>Talking to someone who knows what you are going through and I trust</p>	<p>Lack of time: 5 to 10 minute slots.</p> <p>Trouble getting appointment.</p> <p>Referral takes too long, it's a long wait.</p> <p>They often don't understand what I'm on about e.g. 'There is nothing wrong with you, you need to stop drinking' so afterwards I went straight to the pub.</p> <p>They send you away without help.</p> <p>Need courage to see the doctor because didn't want to admit I had a problem.</p> <p>Not going to be sure you get the same doctor so you have to repeat your story.</p>	15 (6 first choice, 3 second choice)
Take substances (e.g. alcohol, drugs, food)	Instant fix	<p>Can make you think bad ideas are good.</p> <p>Addiction.</p> <p>Could lead to obesity.</p>	8 (2 first choice, 4 second choice)
Go to family/friends	<p>Always available.</p> <p>They tell me why I shouldn't overdose.</p> <p>Less judgement when speaking to them as they know me already.</p> <p>They've gone through it too.</p> <p>They can see the changes in me.</p> <p>Getting things off your chest.</p> <p>Not feeling alone</p>	<p>Admitting the problem in the first place.</p> <p>Admitting the problem and having to open up.</p> <p>She might not listen to you.</p> <p>The fear of opening up to a family member can cause more problems in some situations. It might cause a split in the family.</p> <p>Friends might start to see you in a different way. Friends could make rash judgements about you. Could judge you more</p> <p>Not confidential, they could talk about you with others 'gossip'.</p> <p>Family could just tell you to 'suck it up'. 'Man up'</p> <p>Can worsen symptoms and lead to problems.</p>	7 (3 first choice, 1 second choice.)

¹ the score was calculated by giving two points each time the step was identified as a first choice and by giving one point each time the step was identified as a second choice.

Step identified	Things that would encourage you to take this step	Things that would discourage you from taking this step	Priority ¹
Get referred by an organisation you already know (e.g. Horizon – alcohol and drug services, Macmillan)	They already know you. No matter where you are they are always available.	Could take a long time – going around in circles. Having to be linked or registered with the agency in the first place. Feels like being passed from pillar to post.	7 (three first choice, one second choice).
Self harm	Can't think of any other alternative. If I feel the doctor or hospital can't help this will force you to help me. Can do it without anyone knowing.	Can lead to killing yourself.	4 (two first choice)
Self therapy (e.g. reading, hamper, films, walking, ignoring it).	Takes mind off it. Free mind and calming. Feel beautiful. Keeps you busy and makes you feel lively.	Sometimes it's not the right thing to self diagnose because your mental health could be worse than it seems Ignoring it. Can worsen existing symptoms. Expensive. Potentially dangerous could lead to many problems.	3 (One first choice, one second choice)
Talk to a counsellor	Confidentiality. Someone to talk to. Eventually getting things off your chest (talking about it).	Long wait (months possibly years). Will just refer you.	3 (one first choice, one second choice)
Use the Internet	Anonymous. Can build relationships still – cyber friends. Search the Internet.	Trolls. Not being Internet savvy.	2 (one first choice)
Phone help-lines	Easy to do, free phone number and ring any time 24/7. free phone call and you can get advice. It's the first step to admitting and understanding your real mental issues. Anonymous when speaking.	Only for suicide. They will just refer. The fear of being judged. Could possibly lose your job.	2 (two second choice)

Step identified	Things that would encourage you to take this step	Things that would discourage you from taking this step	Priority ¹
Phone help lines (continued)	Most people know about it. The vicar will listen. It's geared to deal with your issue and any stress it could cause.		
Talk to the mental health team	Getting things off your chest. Easy as it is only a phone call away.	Can speak to someone quite quickly but getting to see someone is a different story.	2 (two second choice)
Hospital	Open 24/7. Speak to someone to get help. Trust the advice given.	Fear of being sectioned. Feeling that it's out of my control. Long waiting times (could feel worse).	1 (one second choice)
Talk to psychiatrist	You can trust the advice. Getting things off your chest. Paid to listen.	Long time to see someone.	1 (one second choice)



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.

- Leisure
- GPs
- Alcohol and drugs
- Mental health
- Environment

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.

The group then experienced a “world cafe” exercise, where the five convenors stayed at their table while everyone else rotated to other tables to look at the emerging lists of recommendations and add new thoughts.

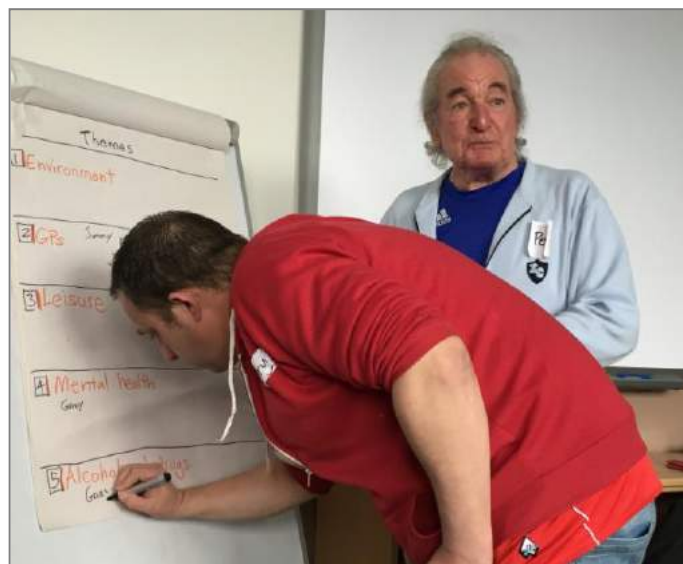
Participants removed duplicates and added new recommendations.



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 ten recommendations.

All recommendations irrespective of the number of votes received are listed in the table below.



3. Recommendations

Recommendation 1

(joint first, ten votes)

The Sports Barn and park for children needs to be cleaned up, regularly maintained and made safe and secure, so kids can go there.

'There is drug dealing around the Sports Barn. They should have cameras, I am seeing people dealing every day. This needs to be sorted.'

We are very lucky to live just around the corner from the Gorton Street play area. When my 7 year old was smaller we would often cut through and he would have a play on our way home. Unfortunately we don't do this anymore and generally use the area a lot less despite now having two children. This is because of older children acting too boisterous, littering, dog fouling and questionable characters being sat at the benches as early as 8am. I have a friend who happened to be part of the parents panel consulted when doing up the play area who made a complaint and was told to find another play area. Part of the cleanliness issue seems to be that the bin isn't emptied often enough meaning litter and dog Pooh bags are left on the path. The state of the play area seems to have deteriorated since the stopped locking it at night.

Recommendation 2

(joint first, ten votes)

The facilities and activities that are available like Streetlife, Comerados, TLC, Boys and Girls Club need to be promoted as no one knows about them. The council and GPs

need to work to tell people that need it the most (e.g. included in 'Your Blackpool' and make sure everyone gets a copy).

'An issue that I've often come across is making sure people know what's happening. This can be difficult if you don't know where to look for information about groups, events etc. It's my understanding that Your Blackpool is supposed to be delivered to all Blackpool residents quarterly so this would be a great way to keep people informed. However, where I live it is hit and miss whether I receive it at all and at the same time I've know of instances where people living round the corner from me received 2 copies. I was actually surprised that nearly nobody in our group had even heard of Your Blackpool.'

Recommendation 3

(joint second, seven votes)

GPs should consult and work with local residents to understand local health issues and develop services to support them (e.g. loneliness, stress, poverty and obesity).

'I was signed off work by the GP. They never told me how long it would be for. The GP said they will send a letter to tell me how long I'm off for. I said to the GP 'I can't read very well', they said 'you'll have to get someone to help you to do it'. But, I don't have anyone to help' me.

‘Some doctors don’t want to know what problems you have. My daughter went with her son about (CAMHS) she told him she was feeling very depressed and having panic attacks. He said to her you are not here for yourself you are here for your son. He never said to her make an appointment or anything. She came out of the doctors feeling worse, this needs to be addressed because it could make people worse’

Recommendation 4

(joint second, seven votes)

More youth provision is needed in Central Blackpool (things like football clubs, dances for children) to keep them off bad things.

‘My children are three and four and there are no activities in the area for them for after-school. They are either too young or it costs too much.

I would love for them to go somewhere especially to build their self-esteem. My four-year-old has very low self-esteem (e.g. Beavers, Rainbows or Swimming Lessons or Dance)’.

Recommendation 5

(joint second, seven votes)

We need to find a way of reducing the numbers of people that are clogging up A and E because of alcohol and drug problems (e.g. a medical bus in the centre of town that caters for people that are intoxicated, with minor injuries).

Recommendation 6

(joint second, seven votes)

Men’s mental health needs to be recognised at the initial assessments and not met with doubt or judgement.

Recommendation 7

(joint second, seven votes)

Our Parks, streets and public spaces need to be clean safe and secure so everyone can enjoy the neighbourhood e.g. no glass and litter.



Recommendation 8

(joint third, six votes)

Doctors 10 minute appointments aren't long enough to be able to explain your problems. Too often doctors use a quick fix medication route rather than get to the cause of the problem. Medication is not always needed. This needs to change. GPs should refer more to things like sports groups, community centres, exercise classes, swimming, social groups, gyms, churches community services and councillors.

'I went to the doctor for mental health and he gave me tablets. I didn't want to take them as I had a baby to wake up at night. I ended up coming to these meetings (Central Blackpool Health and Well-Being Inquiry) and sorting myself out without the tablets'.

'I felt bad from all the pressure of family responsibility and not being able to afford stuff. I turned to alcohol and awful things. Things that got me through was speaking to people - so GPs should recommend things like this'

Recommendation 9

(joint third, six votes)

Social Services have a reputation that they will take children into care rather than support the family. This means that a lot of parents with mental health problems will be worried about accessing services and so won't ask for support. Something needs to be done about this

Recommendation 10

(joint third, six votes)

There needs to be earlier education of the dangers of drug and alcohol abuse. School-age education is needed.

Recommendation 11

(joint third, six votes)

The cost for leisure activities is too high, for example the Leisure Centre. Especially for unemployed people and those on a low income. Discounts are needed.

Recommendation 12

(joint third, six votes)

Tackle dog fouling. Put up signs, but dog bags in some areas and increase the penalty (with more signs showing the £2000 fine).

Recommendation 13

(joint fourth, five votes)

We need more mental health drop in support services with people with specialised knowledge and experience.

'I was very isolated and didn't leave my flat for long periods of time. When Commerados opened I hadn't spoken to anyone for almost 6 months. Slowly I visited the cafe and over time I made friends. My confidence grew by joining craft groups, I then took on their social media accounts which gave me a purpose. I then joined up with other organisations and my social circle got bigger and my prospects and everything grew'



Recommendation 14

(joint fourth, five votes)

People need to be made aware that they can refer themselves to some services without seeing their GP, and what these services are.

'If self referral were more well known I may have got treatment earlier. There were times when I may have wanted to speak out option to phone there and then was available I may have taken it. Seizing the moment, that moment, phoning and talking possibly referring myself. Next day when I have a doctor's appointment the moment of asking for help may have passed and I may no longer feel able to ask for help'.

Recommendation 15

(joint fourth, five votes)

GPs and mental health services stand understand that mental health is not a short term condition there should be an ongoing support system e.g. follow-up plan.

'My experience was when I went to the doctors with depression. I felt suicidal. I clammed up when I went in which I do when I go to the doctors.

He was off with me and didn't want to listen. I came out more upset then when I went in. Then when I took my mum (she had lost lots of weight) I felt he wrote her off because she was a smoker (he is anti-smoking).

A couple of months later she went downhill we begged for him to come out and see her. She was taken to hospital where she was diagnosed with terminal cancer. I no longer go to the doctors because it's hard to trust them'.

Recommendation 16

(joint fifth, four votes)

Need stricter licensing laws in Blackpool as it is available at all hours of the day and night.

'When I was an alcoholic at any time of the day I knew I could get a drink from people holding a licence.

At 3am I had run out I'd go to the hotel bars to buy pints or a bottle of vodka to drink at home.

If it was 6am I'd go to one of the local off-licences and buy whatever I wanted as they were putting their papers out (e.g. a crate of cider)'.

Recommendation 17

(joint fifth, four votes)

The council should give an incentive for people to carry out a monthly clean up (including lanes) e.g. a free pass for leisure activities, following the example of the Fulfilling Lives/Sea Life Centre beach cleanup.

'As a volunteer at Fulfilling Lives (Blackpool) we find getting clients to participate in activities quite difficult.

We arranged a group beach clean alongside the Sea Life Centre and people volunteered to help.

A two-hour beach clean with the incentive of a pass to the attraction.

The council could offer similar (gym pass, leisure centre, bus pass?)'.

Recommendation 18

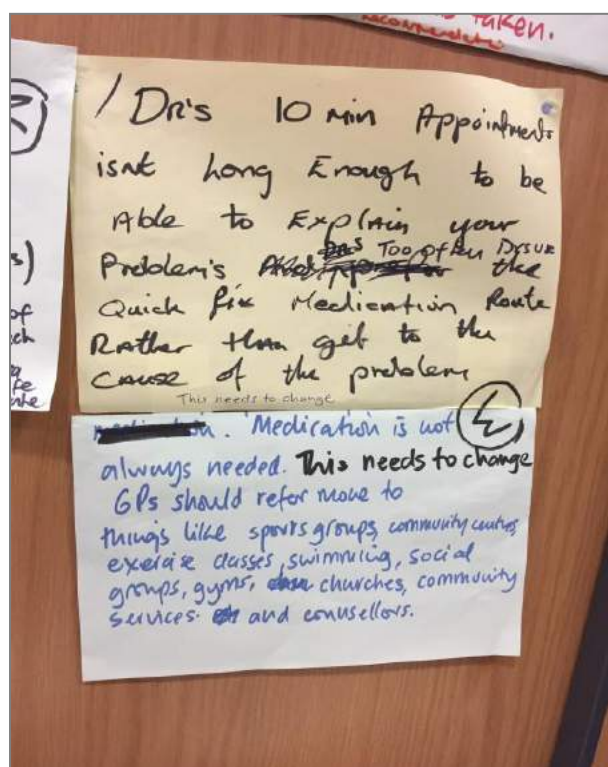
(joint fifth, four votes)

Appointments are often difficult to get and sometimes they are running late.

Recommendation 19

(joint fifth, four votes)

GPs shouldn't write patients off just because they smoke and should listen more to their patients.



Recommendation 20

(joint sixth, three votes)

Alcohol is too cheap.

Recommendation 21

(joint sixth, three votes)

It takes too long to access the specialist Drug and Alcohol Services for help and support.

Recommendation 22

(joint sixth, three votes)

If a resident complains about something (e.g. rubbish being left) there needs to be a system in place that ensures that the person complaining knows exactly what happened next and what action was taken.

'I complained to the Council about neighbours not putting their bins out for months. It made the street look like a tip. No one got in touch with me and the rubbish is still there. I don't know if anything was done at all. I now feel what is the point in complaining'

Recommendation 23

(joint sixth, three votes)

We are concerned GPs have too close links with pharmaceutical companies so they may over prescribe medication. GPs should be forced to reveal where they get their money from to see if this is a problem.

Recommendation 24

(joint sixth, three votes)

We need more adult leisure activities in central Blackpool (e.g. Bowling, Snooker, Walking, Football) to help isolated people and people with health conditions.

Recommendation 25

(joint sixth, three votes)

Some people worry about accessing mental health services because they think they will be sectioned something needs to be done about this.

Recommendation 26

(joint sixth, three votes)

Council and residents should work together to identify and prosecute fly tippers.

'I've had a recent experience with fly tipping and irresponsible landlords. Upon moving into my current accommodation my flat had been subjected to a chip pan fire.

Everything out of the flat was just thrown into the front garden and left there.

It was there that long that other people and passers-by were just throwing their rubbish onto the pile.

I asked the landlord on numerous occasions to arrange to get it moved and even said I would put the labour in to move it into a skip, as the elderly bloke who had moved in to the front flat couldn't even open his curtains due to the site and state.

After four months of this I had complained and complained to the landlord'.

Recommendation 27

(joint sixth, three votes)

More awareness in hospitals for staff about how to deal with patients with mental health problems.

'My experience is with the hospital. I took an overdose and while I was in hospital itself like I was being segregated and made to feel worse about what I had done.

There was no help it was like 'why have you done it' and being spoken to like I was wasting their time.

At the time I needed help and not to be treated like this. I signed myself out and dealt with it on my own at home'.

Recommendation 28

(joint seventh, two votes)

Clamp down on hotel bars that sell alcohol to non-residents outside of usual opening hours.

Recommendation 29

(joint seventh, two votes)

GP practices should be contracted to have a conversation with anyone calling for an appointment to see if the appointment is necessary, can be dealt with over the phone, or is urgent.



Recommendation 30

(joint seventh, two votes)

A clear explanation for referrals to more specialist services (e.g. CAMHS) so patients know what the stages/processes are and how long it will take.

My little boy was referred to CAMHS because of behavioural issues and throughout the process I have often felt I don't know what's going on. There have been rather large gaps while I've waited to hear what the next step is. At one point I called to ask where we were up to and was told we were waiting for a psychotherapist appointment but at no point had we been told that seeing a psychotherapist was the next step in the process.

Recommendation 31

(joint eighth, one vote)

Look at Marks and Spencer's new 'Frazzle Cafe' idea and potentially do something similar.

Recommendation 32

(joint eighth, one vote)

There needs to be more traffic wardens doing 'rounds'/ visiting areas to make sure people are not parking illegally e.g. in residents spaces.

Recommendation 33

(ninth)

There is not enough information available about the Drug and Alcohol Services available.



4. Launch event: May 4th 2017

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 wellbeing and to begin to identify agency response, future community action by residents and greater residents' influence in policy-making. The recommendations were circulated in advance to all invitees.

The residents met in advance for two sessions during which they discussed what they wanted from the launch event, their reservations about taking part and what they felt comfortable doing; before agreeing roles and responsibilities and practising their presentations.

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

The recommendations were grouped into five key themes:

- Leisure
- GPs
- Alcohol and drugs
- Mental health
- Environment

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 20 agency participants were invited to rotate to other discussions, while the residents remained at their initial table to induct the new arrivals at their themed table and to facilitate the discussions.

Video interviews with two of the participants, with Dr Arif Rajpura, Director of Public Health and with Nick Beddow, one of the facilitators from Shared Future, can be viewed at:

<https://sharedfuturecic.org.uk/central-blackpool-health-wellbeing-inquiry-interviews/>



5. Co-production workshops



Today's reality is that our public services can no longer operate as they have done up until now. Co-production offers us an opportunity to run more focused, effective and empowering services. For many however this is still a buzzword.

Part of the value of the 'Blackpool Central Health and Well-Being Inquiry' is the unique opportunity it provides for us all to learn what co-production may offer and how to respond to its many challenges.

In an attempt to make sure that local stakeholders are prepared to make the most of the opportunity that the inquiry presents Shared Future ran two co-production workshops for local agencies.

The first workshop (on January 11th 2017) aimed to:

- Explore what co-production is, the advantages and challenges it presents
- Share what the 'Blackpool Central Health and Well-Being Inquiry' is, how it can act as a learning site for exploring co-production and
- how it may be able to help you in your own work.

Those that attended the workshop, which included representatives from the CCG, GP practices, the Council and other agencies, discussed the benefits and challenges of using a co-production approach.

Some of the advantages noted included the development of skills that might be useful for people's future job prospects, empowerment, improvement grounded in local people's experiences, less complaints in the future, improved confidence, an increased likelihood of taking part in other initiatives, and a better understanding of the financial constraints of agencies.

Some of the challenges included possible disagreements within the community, engagement fatigue, possible time delays (as people are engaged) and how best to decide who should engage and how.

The group went on to consider some of the other challenges of adopting a co-production style approach, for example how to ensure that strategic decisions are opened up not just smaller decisions and whether or not staff are trained in facilitation and engagement.

After having discussed the concept of co-production in some depth the group used a matrix activity to answer the question:

'How well do you think the public and voluntary sector is performing in terms of co-production in the field of Health and Wellbeing in Central Blackpool according to the following elements?'

The elements participants were asked to consider were:

- Valuing communities
- Mutual recognition - give-and-take and relationship building
- Staff training and support to work with residents on community led activities
- Taking decisions with community's input.

In the second co-production workshop (on March 8th 2017) agency members completed some of the same activities as used during the Health and Well-Being Inquiry and then compared their outputs with those of the Inquiry members.

Firstly they repeated the mapping activity described in section 2 above, and then the mental health activity from session four.

One of the most interesting discussions in the co-production workshop was when participants were asked to complete the same activity as members of the Inquiry looking at mental health support. (see p.12-15 above).

The group worked through the question;

‘what steps do you think local people might follow if they were worried about their mental health’

and then thought about;

‘what, in your opinion encourages/discourages local residents to take these steps?’

In terms of things that might encourage people to visit their GP the members of the co-production workshop talked about;

- ‘a belief that the GP can help’,
- ‘good relationship with the GP or nurse or receptionist’, being able to
- ‘get medication’, and a
- ‘fit note for work or benefits’, as well as being able to get
- ‘referral to other services or for counselling’,
- ‘familiarity with GP services’,
- ‘past positive experiences’,

- ‘social prescribing’,
- ‘proper information’,
- ‘being listened to’,
- ‘a welcoming environment’,
- ‘easy access’ and to
- ‘get medication’.

When asked what might discourage people from taking the step of seeking support from the GP they talked about not having the;

- ‘time’ – due to
- ‘caring responsibilities’, the challenge of
- ‘getting past reception’, the
- ‘lack of appointments’ and
- ‘waiting times’,
- ‘stigma’ and
- ‘quick fix prescriptions’.

These barriers largely echoed what the Citizens Inquiry members concluded themselves.

These workshops were a first opportunity to consider what a future relationship with members of the Inquiry might look like and then to develop that relationship through face to face meetings at the launch event and subsequent follow-up sessions.

Attendance at these later meetings was high and was undoubtedly influenced by the groundwork of the co-production workshops.

Some of the co-production resources used in the first workshop are reproduced in Appendix 2.



6. Taking action



Members of the Inquiry group are committed to continue meeting. Shared Future facilitators were commissioned to support the group for a further four sessions after the launch event.

These have been used to enable the group to reflect upon the launch event and to plan what action they would like to take to ensure that some of their recommendations are implemented.

The group has been encouraged by the interest of some stakeholders to attend some of their meetings and to report back to them of progress that has been made. However they are very aware that much work still needs to be done.

A commitment has been made by Blackpool Clinical Commissioning Group and Blackpool Council Public Health to continue to support residents should they wish to carry on their work.

Other key partners who have invested in this approach are also keen to see particular priorities

‘After the CCG commentator came and saw us they sent someone to come speak to the group at a later session to discuss the wording we wanted including (in the GP contract) around getting an appointment. I feel this was a quick win for the group. Personally this went a long way to proving to me that this group were being listened to and that we could (and already were) making a difference’.

and actions continue to influence change.

Staff at Blackpool Clinical Commissioning Group and Blackpool Council Public Health will facilitate connections where appropriate and the group have agreed to participate in the development of various community projects in the area (e.g. Sports Barn).



A joint agency and inquiry participants planning session reflects upon what action has been taken

Appendix 1: Commentator sessions

Arif Rajpura

Director of Public Health Blackpool Council.

- How can we get more places for people to go to break isolation?
- Do you have any comments around issues with landlords?
- Chewing gum on the floor. What can be done about it? Instant fines?
- How can you improve on the littering of hypodermic needles?
- What is happening in schools to educate children about alcohol and smoking?
- When alcohol causes harm to health and society, why is it legal when cannabis is illegal?
- What is public health doing about poverty in Blackpool?
- GP quick fix medication – what can be done about this?
- What is being done about pressure on NHS services?
- Promotions for activities for isolated people?
- More awareness about drop-ins and places for older people to get involved?
- How big a problem is gambling in Blackpool?
- What can be done about kids playing on gambling machines – doesn't that set them up for when they are older?
- How can it be right that the hospital shop sells unhealthy food and pop?
- The amount of dog litter not being picked up. What are you doing about it?
- Are the council getting more involved with fly tipping in Blackpool?
- Can we get rid of the 20p toilet cost?
- Crowds of drug addicts hanging around certain areas is a big problem.
- Who is responsible for removing drug users etc from public toilets?
- Do you recognise the difference between how mental health is dealt with between men and women?
- What are the underlying causes of drug abuse?
- What do you know about the new developments happening to Blackpool?
- Is it worth spending money on parks, etc. if they are going to get wrecked again?
- We need more shops in the town centre for residents – not just tourists?
- What are the police doing in Blackpool? Where are they?

Chief Inspector Lee Wilson

- What's happened to community policing?
- Why is Blackpool a dumping ground for criminals?
- What can the police do about the licensing laws?
- What is happening with the old police station and the new one?
- How many deaths are there from cannabis?
- From your view how much pressure is actually on the police?
- What are you doing about groups of drug users hanging about and selling drugs? When I bring my kids back from school they are there.
- What are you doing about the attitude of some police officers? Talking down to people- it means I don't call them. They

often stereotype people for example young adults out in the evening.

- Why does it take so long for the police to respond? E.g. five hours wait e.g. 'we'll be there in two hours. E.g. ambulance delays.
- What is your approach to massage parlours, i.e. Cookson street?
- Is there anything that is being done to prevent drugs coming from other towns?
- What are you doing to stop gangs from other cities bringing drugs into our town?
- Will a police officer come out for loud music at a club or pub on a residential street i.e. Masonic Hall?
- We know and you know who some of the sex workers / prostitutes and pimps are so why is nothing being done about it?
- Why aren't PCSOs given more powers? What training are they given?
- Why have you done a police car in the PRIDE colours? How much did it cost?
- What are you doing to tackle homelessness?
- Who do you work with in other agencies and projects?
- Are you using technology (phone calls/emails) to cut down on the numbers of police officers?
- What is the highest crime in Blackpool?
- Are they really dealing with the drug situation as a high priority?
- What is being done about fly tipping and doggy doo mess? Can the police get more involved to sort them out?
- Too many people pretending to collect for charities, is there a pass that they have to show you?
- What changes has he seen since being in the job?
- What are you doing about needles being thrown out onto the street?

Amanda Doyle

Chief Clinical Officer, Blackpool Clinical Commissioning Group

- How can we get more places for people to go to break isolation? Are you going to allocate special staff for different problems?
- What the biggest spending items in the CCG's budget?
- What is being done to let the public know where to go for certain problems?
- Why must you ring at 8 AM? When you do get through all the appointments are gone.
- There's not enough women doctors. Certain things we should be able to talk to a female doctor about.
- Are you helping teenagers enough with health education? E.g. super learning days once a week.
- How do we complain if we don't get the service we need?
- Why are there no lung disease clinics or support groups (only clinics for smoking-related lung issues).
- What ways do you try to keep people to stay well?
- Why are chemist funds being cut?
- Why isn't A and E being promoted more so people are more aware of where to go for different ailments?
- Should there be a nurse at the chemists to advise on tablets?
- Who do you complain to about bad experiences with health services?
- Why don't more GPs offer the phone back/triage service?
- Why doesn't A and E deal with pregnant women?
- Why not have a checklist on the wall of

walk in centres with symptoms? This would cut down the number of people being seen.

- How do I know if have a mental problem without going to the doctor?
- Can you make sure receptionists protect patients confidentiality?
- I have insomnia and need sleeping tablets. I feel like doctors think I'm lying so I don't get them and I end up buying them on the streets.
- Why do hospitals and doctors surgeries not communicate about patients, i.e. pain management?
- Why doesn't the CCG cover dentists too?

Wendy Swift

Chief Executive, Blackpool Teaching Hospitals NHS Foundation Trust

- Can you not to restrict the people going to A and E (drunk people)?
- No community centres and things down in the centre of Blackpool?
- What are you doing about signposting people to the right place/services?
- What is the best way to promote services like 111 to people?
- In the Vic, can we have radio/TV in the observation room?
- For diets and helping people's health with leisure, can allowances be made for unemployed people?
- How are nurses supported to be able to do their jobs?
- Are you planning to cut any services in the near future?
- What happens to waste food for patients? Can savings be made?

- What are the complaints you get from residents about services?
- What is being done about signposting to other services?
- Has the care of the chemists scheme stopped and why?
- Why are people sent to Southport and Preston GPs for sleep apnoea?
- How long has the dying at-home policy been in place?
- Can people refer their own kids to the mental health team at Whitegate Drive centre?
- My child was taken into the special care unit just after birth and I don't feel as though it was explained to me why this was happening. This made me feel scared. How can it be right that this happened?
- Why can school nurses not become involved unless the child has a PP?
- Why has medication been administered before time and left with vulnerable patients?
- What is being done about waiting times in A and E?

Karen Smith Karen Smith

Director, Adult Services, Blackpool Council

- Why are the processes so hard and long winded?
- Why are carers given so little time with service users?
- Why are services being cut so quickly and insensitively?
- What plans do you have to help adults stop being so isolated?
- How do you advertise your services to people who don't use computers?

- Why are private tenants treated differently with regards to improvements to homes compared to council?
- How do we access the services that are available?
- Why does it take so long to see mental health professionals?
- Why are we getting appointments which are too far into the future i.e. waiting times for health checks?
- Why don't the elderly get more priorities when it comes to appointments?
- What are the current pressures on chemists?

John Blackledge

Director Community and Environmental Services

- Why can't everyone not have normal bins? Bags are hygienic.
- What about people in homes rented or owned who leave their rubbish bins in the front garden and never put them out for collection?
- What are you doing to make the park safe for people and children to play?
- Is CCTV being used to catch fly tippers?

- Do you feel you have too much to deal with in your team?
- What more can be done with smaller parks to clean them up?
- The one way system is it working well?
- Why do people with big families have to pay for an extra grey bin?
- Why isn't there as much activities for the younger children up to 5 years old?
- Why is the cost of some of the swimming facilities so expensive? I.e. the Sandcastle?
- Are you responsible for parking on residential streets?
- Why isn't there much advertising of money-saving cards for locals? Merlin card, halfprice family cards.
- Why does no one clean/monitor Gorton Street? There used to be security.

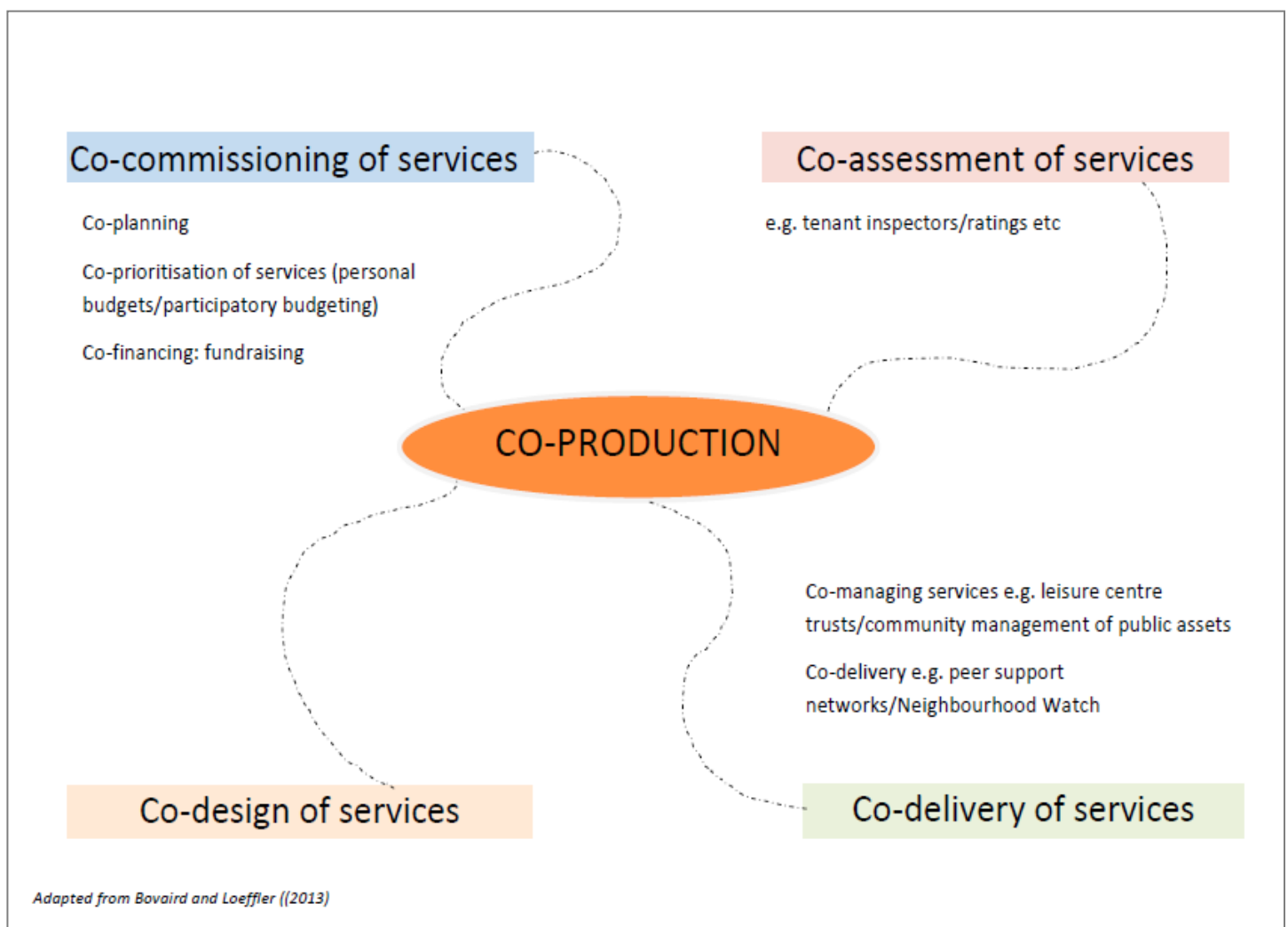
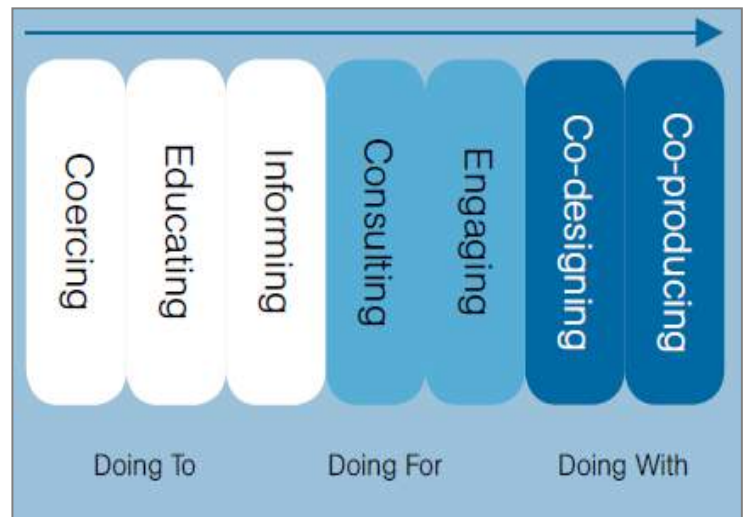


Appendix 2: Co-production

The following are some of the resources used during the co-production workshop

How does co-production relate to other forms of citizen engagement?

A spectrum of engagement (*New Economics Foundation (2013)*)



Central Blackpool Health and Wellbeing Citizens Inquiry 2017

