

The Fleetwood Alcohol Inquiry

**A Citizen-Led Investigation
Autumn 2012**



"What do you think would make it easier for people to have a more responsible relationship with alcohol?"



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Report prepared November 2012 by Jez Hall and Laurie Smith of Shared Future CIC, and Peter Bryant of Our Life (North West) Ltd. Reproduction for non commercial reasons in whole or in part is allowed where there is proper reference given to Shared Future CIC and Our Life.

We would like to thank the residents of Fleetwood who gave up their time to be part of the Fleetwood Inquiry, and Vicky Putt and Diane MacDonald of NHS North Lancashire for their support during the Inquiry.

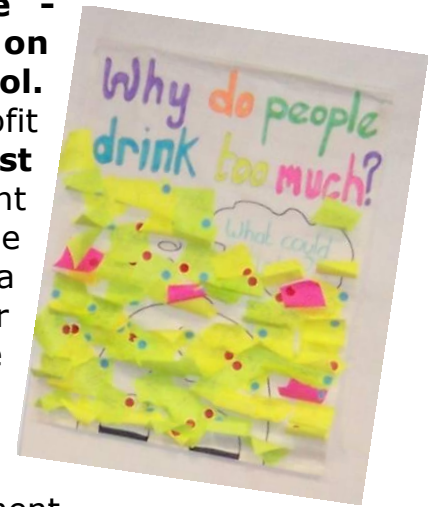
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Introduction

NHS North Lancashire, as part of The North Lancashire Alcohol Partnership (NLAP), have - through this Inquiry - sought the public's views on how best to reduce the harm caused by alcohol.

NHS North Lancashire appointed local not-for-profit organisation **Shared Future Community Interest Company (CIC)** and the community engagement specialists **Our Life** to conduct what would become known as The Fleetwood Alcohol Inquiry. This was a deliberative process to produce a citizen-led vision for a community which has a more responsible relationship with alcohol and its use.



Aims of the Inquiry

- To undertake a process of participatory engagement through a Citizen's Jury process.
- To enable a selection of local citizens from Fleetwood to gain understanding and knowledge regarding the impact of alcohol related harm on individuals, families and communities.
- To produce a series of recommendations to be considered by a Stakeholder Group.
- To provide a report reflecting the process and the recommendations from the Inquiry.

Valuing the knowledge held by local people, NHS North Lancashire decided to run this Inquiry to support the NLAP action plan. The results will guide the work of NLAP over the next few years as they try to reduce the harm that is being caused by alcohol.



Shared Future CIC recruited a pool of local residents from three areas of Fleetwood specified by NHS North Lancashire: Pharos, Rossall and Mount wards. These wards were targeted due to the relatively high alcohol specific admissions to hospital from these areas. The recruitment took place via a randomised mail-out to residents in these three wards. The panel of citizens met regularly throughout September and October 2012.



Why in Fleetwood?

Fleetwood is a coastal town, lying at the northern end of the Fylde peninsula. It has a population of around 30,000 people. It forms part of the Greater Blackpool conurbation, being linked to Blackpool by a regular tram service rather than having its own railway terminus.

Fleetwood is administered separately as part of Wyre Borough Council and Lancashire County Council. Although Wyre Council has an overwhelming Conservative majority, all 13 of Fleetwood's councillors belong to Labour. It falls within the health service boundary of NHS North Lancashire.

For most of the 20th century, Fleetwood was a prominent deep-sea fishing port and seaside resort, but, since the 1970s, the fishing industry has declined and the town has undergone economic difficulties.

Its relatively isolated geographic position means it has poor transport links and stands out as having a high level of social needs relative to the rest of Wyre. Like many coastal resorts there are a high number of unimproved properties in multi-occupancy, a relatively high rate of unemployment and poor health statistics.

The three wards were chosen due to the high rates of alcohol-specific hospital admissions for conditions such as liver disease, alcohol poisoning, intoxication and dependency. Some significant regeneration has occurred in the recent past, but much more needs to be done to reverse the effects of severe economic decline.

Jacqui Thompson, Assistant Director of Public Health at NHS North Lancashire says: "It is really important that we continue to work across organisations and with our communities to address the harms caused by alcohol misuse."

*Fleetwood Community Fire Station opened in 2012.
The station includes a community room where the Inquiry met.
Top image of Marine Hall and gardens (and some text) courtesy of
Wikipedia*



Who participated?

21 local residents were shortlisted from the three wards, reflecting some of the diversity of the community. 17 were able to attend the first session, and 15 regularly attended the remaining Inquiry hearings. Ages ranged from young adults to the retired, with a good balance between men and women.

As part of the recruitment applicants were asked to say a little about themselves and why they wanted to join the Inquiry.

"I'm 53 years old with five children, all grown up. I've worked in local education for 12 years, formerly a restaurant manager, interested in community issues, sport and the outdoors.

I had a major operation a couple of years ago and it made me think about things more. I saw this as a chance to give something back to the local community and to have some input."

Adrian



All the participants told the facilitators a little about themselves during the recruitment process and these sometimes indicated how alcohol affected their life:

I am a foster carer, a swimming teacher, church goer... NW representative for foster carers with county council, on parenting board and school governor... and I work in a bar."

"I am a retired publican. I have drunk heavily myself but no longer do so. I've worked locally in pubs too. Now retired and sobered up, I can look at a distance into the world of alcohol with benefit of first hand experience."

"I'm a mother of seven, grandmother of 16, great grandmother of five. I like a drink in moderation.

I joined to try and understand why people drink [too much] in the first place. You're always learning and there's always more to learn."

Ivy



They also spent time with each other talking about their wider interests, concerns and hopes for the future.

"I am a married father of one daughter, enjoy sports and currently studying for a degree in management."

"Hard working father of three, devoted husband and caretaker of 11 cats, but currently in a wheelchair whilst recovering from an operation"

"I am a responsible, honest young woman who likes to read and spend time with family."

"Crown green bowler - former hobby was golf and cricket."

"I retired to care for my epileptic wife. I love football, pubs, astronomy and physics."



The Inquiry was supported by experienced facilitators:

- Peter Bryant, the lead facilitator, from Our Life;
- Jez Hall and Laurie Smith from Shared Future CIC;
- Kevin Goodall, administrative assistant for the project.

All three had worked together before on an earlier related Alcohol Inquiry in Morecambe.

The meetings were held at Fleetwood Community Fire Station, a new and highly prominent building centrally located between the three wards.

At least one participant specified the convenient location as being one of the reasons for joining the Inquiry.



The Inquiry Process

The Inquiry met on Monday and one Thursday evening between 6.30 pm and 9.00 pm in September and October 2012 and consisted of nine sessions. During these informal and relaxed sessions, those taking part were encouraged to think and talk about alcohol and how it was being used in their community.



Based upon the model of a "Citizens' Jury", participants deliberate on what needs to happen to make things better in their community. NHS North Lancashire, Shared Future and Our Life believe that citizens have a right to be involved in deciding the role that alcohol plays in society. These decisions should be made in partnership with those who have power and influence within a specific agenda.

Through processes such as Citizens' Juries we want to make sure that the general public are able to have their voices heard, especially those people who have had very little opportunity to be listened to in the past. Citizens themselves decide what things they want to talk about and, after hearing from a range of outsiders, decide what they think should be the priorities for change. These could be things at a local, regional, or national level. Equally they could be actions which citizens take themselves in their own lives or neighbourhoods or actions which public bodies, politicians, alcohol manufacturers and retailers can take.

In recognition of the fact that everyone's time is precious, all the residents that took part in the Inquiry were offered £15 in gift



vouchers for each session they attended, that could be redeemed in a wide range of retail outlets.

As part of the Inquiry the facilitators encouraged the participants to consider whether they could continue to meet independently after the Inquiry, for instance as a local action group concerned with reducing the irresponsible use of alcohol, or potentially to join up with other community led bodies, as their detailed understanding of the issues could be used to bring about local improvements in health and well-being.

At the final session several of the group indicated they did intend to continue to meet and Shared Future will aim to work with the citizens to assist them with maintaining this as an independent community network.

The Question in front of the Inquiry

The question for the Inquiry to consider, as agreed by NHS North Lancashire, was:

"What do you think would make it easier to have a more responsible relationship with alcohol?"

Throughout the Inquiry we continually referred back to this question and it was used to frame the final recommendations.



The first session did not include commentators. Instead it introduced participants to the Inquiry process, laid the foundations for their input, and prioritised issues based on the opinions of the Inquiry members. The outcomes are presented below.

Session One: Setting the Scene

At the first session the participants learnt the process of the Inquiry and began to debate and prioritise issues. The agenda included:

- Introductions and explanations of the process and how participants could draw down vouchers and other support;
- Looking at the issue in more depth through open discussion;
- Group work that included mapping where (and why) in Fleetwood different factors encourage or discourage the drinking of alcohol;
- A “problem tree” exercise to discuss why there is ‘too much drinking’, and underlying reasons for that situation.



Based on the question “What makes it difficult for people to have a more responsible relationship with alcohol?” participants reviewed each other’s work and added new comments. These were grouped by the facilitators into a shortlist of overarching factors. These were displayed on the wall, and voted on.

Understanding where we are starting from

The contents of this initial vote were things that members of the Inquiry felt needed to be considered within the Inquiry. This information was provided to commentators to help focus their presentations to the Inquiry and influenced who was invited to be a commentator. It helped frame the conversations throughout the rest of the programme.



What are the things that make it difficult for people to have a more responsible relationship to alcohol	Rank
(Lack of) Lifestyle education - Train younger people to educate older people, parents and grandparents	1st =
Peer pressure to be sociable	1st =
Lack of recreational activities beside pubs	1st =
Mental health, depression and anxiety - no support	1st =
Lack of family support - dysfunctional families	2nd =
Addiction - hard to find a way out, lack of support and understanding - need to improve social welfare	2nd =
Alcohol is too available - available all hours	2nd =
Someone - Brewery/Govt/Hospital - has to lose in order for someone to gain (e.g. Joe Public)	2nd =
Lack of (personal) direction	3 rd =
Teenagers targeted by drinks manufacturers	3 rd =
Loneliness, boredom and a need to be occupied	3 rd =
Unemployment	3 rd =
Cultural - Fleetwood and Lancashire, lifestyle and drinking culture	3 rd =
Unaware of where it (alcohol misuse) leads to	4 th =
Negative life experience - no support	4 th =
Cost - too cheap - e.g. Supermarkets - Prices (are) a giveaway	4 th =
(Lack of) Education in school about alcohol	4 th =
Low self esteem	5 th =
Concentration of poverty - (lots of) cheap housing (in Fleetwood)	5 th =
TV programmes glamorise alcohol - Soaps normalise alcohol use	5 th =
Multiple problems, services can't cope, poor referral	5 th =
Helps you get off to sleep	6 th =
24/7 exposure on TV, ads, tastes nice	6 th =
Lack of security, lack of finances, worries	6 th =
Advertising in general	6 th =
Personal attitudes - people enjoy to drink and enjoy its effects	7th



The Importance of Expert Knowledge

“Commentators” are an essential part of the Alcohol Inquiry process and are invited to speak on an issue that the participants have raised to further their understanding. Commentators are people with expertise in various issues connected to alcohol, and how we consume it. We invite them to make brief presentations to the Inquiry. They are able to offer new opinions to the participants and help them to reach their own conclusions about the best way for people to have a more responsible relationship with alcohol.

Format of Commentator Sessions

The Inquiry met nine times in total. Expert commentators presented from their professional knowledge on the issues given above at seven of these sessions. Each commentator looked at different aspects of the issue under discussion, following a common format:

1. Commentators are invited to talk for 15 minutes addressing the question being discussed and the priorities already agreed by the Inquiry.
2. Commentators are asked to use clear, simple, easy to understand language and include:
 - Details of who they are (and, if relevant, about their organisation);
 - An explanation of the problems or issues as they see it;
 - A brief explanation of what they feel are some of the best solutions.
3. After their presentation the commentators are asked to leave the room to allow participants the space to talk with each other about what they have learned and develop questions for the commentators. They do this for about 20 minutes.
4. The group then ask the commentator the questions developed during the previous activity. This normally lasts about 30 minutes.



Generally commentators take up the first half of each two and a half hour session. Sometimes the commentator sessions take longer to enable the Inquiry to drill down into specific issues of interest.

In the second half of each session, assisted by the facilitation team, participants are asked to reflect on their learning and are supported in developing their group-working skills. This helps ensure that the conclusions reached are their own and that they feel ownership over any actions they decide upon.

Some members of the Inquiry volunteered to undertake extra research under their own initiative, and this was fed back to the wider members of the Inquiry during these reflection sessions. More information about this local research is presented later in the report.

Developing the Inquiry Recommendations

Towards the end of the Inquiry the participants work together in small groups to set out their recommendations. These are refined and prioritised in the final session.



This process provides an opportunity to reflect on what has been discussed throughout the whole nine sessions of the Inquiry and helped to inform this report.

Making a Lasting Impact

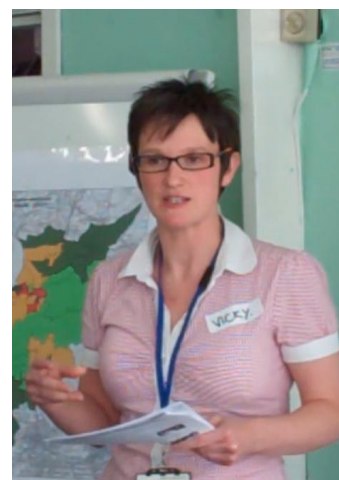
The report will be presented to a wider group of Stakeholders, including the North Lancashire Alcohol Partnership, local councillors and public agencies who will be asked to help implement the findings of the Inquiry.

Inquiry members will also be supported to continue to meet to develop and follow up locally based solutions, based on their new knowledge and experience.

Session Two: Vicky Putt, NHS North Lancashire, Public Health Team

Following a brief refresher of the introductory session Vicky gave a presentation giving the perspective of the Public Health sector and NHS North Lancashire (NHSNL).

This was the first of the commentator sessions and included a briefing on her role as part of the Public Health team. Vicky was involved in commissioning this work and explained that during the period of radical change in the NHS and changing commissioning responsibilities for health services, it was felt to be a good use of public health funds to run a process such as this. It could contribute to creating an action plan for the future and the public's view is important. Vicky stressed this money was not taken away from other services.



Vicky talked about the local determinants of health and statistics around alcohol harm, and about alcohol units and consumption. Her presentation looked at how Public Health services had evolved and how patterns of alcohol use were changing, and the NHS response to new Government policies, such as minimum pricing of alcohol.

Following the presentation the Inquiry met in small groups to prepare questions.

The questions asked by the Inquiry included:

- What is the current success rate of alcohol recovery in the present system?
- In a cash strapped NHS, where is the money coming from now?
- How do you think we can alter the 'labelling' to make the strength of alcohol clearer (e.g. 1 =weak, 5=strong.) to get away from the Unit trap?
- When Social Services jump at every call, valid or not, how can you expect the public to be 'de-stigmatised' and engage with services?
- Alcohol has been around a long time. Why has it become an issue for you now?
- Explain your policy on Unit pricing. How will minimum pricing help?

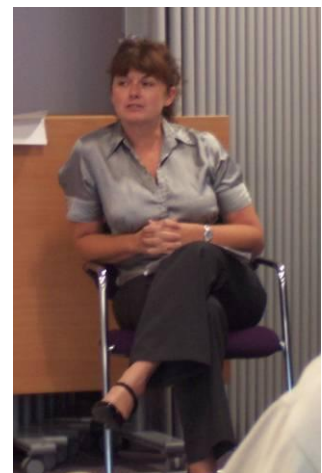
- What powers does the NHS have to influence the Government, who have a vested interest in the sales from alcohol?
- What work is being done around children and alcohol in schools? Is there any funding available for tackling awareness in schools and at what age?
- What are the positives in alcohol?

Questions not asked (due to lack of time):

- What gets young people started (and what are you doing to prevent this)?
- What do you think about a genetic influence?
- How do you combat multiple issues such as drugs, mental health, domestic violence?
- What other support is available in the community (24/7)?
- (From your experience) of a minimum price on cigarettes, what difference will a minimum price on alcohol make?
- What does the NHS define as 'responsible' drinking?
- How do people get a licence to sell alcohol? How are people vetted?
- Data can be misleading (so can you trust it?).

Session Three: Ali Wheeler, Director, Drink Wise North West

Ali Wheeler talked about her experience as a police officer and the sense of threat that went with alcohol related violence. Ali described how in her role as director of Drink Wise, and as a parent, she felt alcohol represented a hidden harm, with drinking at home the most concerning aspect. Ali felt there used to be lots of things to divert people away from alcohol but many of them have gone with the cuts, especially to Young People Services. The problem is that the police are spending money, time and effort on targeting the same people. While there are huge amounts of legislation and policies surrounding these problem areas, there are far more people that are in need of help. Changes within society and culture are what will really make a difference, by policing from within. What they need to do is be having healthy conversations about alcohol, and



spending the money on the right people – those who are really at risk. Ali pointed out elections are being held to elect a police and crime commissioner to tackle issues and be the voice of the community, but not many people know this.

The questions by the inquiry members included:

- What do the police have in place to combat people who have an irresponsible relationship with alcohol? E.g. initiatives in community centres, schools etc.
- Realistically, how do DrinkWise expect to change cultures in this area?
- How long would it take to close a pub/ club establishment if local people made serious complaints?
- Would it be possible to reduce the drink driving limit from the proposed unit to zero?
- Should there not be coordinating officers who draw all issues together, rather than looking at areas of people’s lives separately, and having different people assess their situation, without having looked at other aspects of their lives?
- Without investment into other services such as employment, housing, and mental health, how can alcohol ever be addressed?
- How will the government support this, if it means that they’ll lose funds?
- As a parent, I prefer that my children can afford a bit of alcohol, so that they aren’t tempted to look for more dangerous alternatives. Isn’t that important?
- Wouldn’t it be a good idea to train CSOs to engage with young people to raise their awareness re alcohol?
- Why can’t we teach children younger than eleven years old about the affects of alcohol?
- Everyone experiments with alcohol as teenagers – why do some not move past it?
- What makes the North-West the worst region in comparison to anywhere else? What’s being done differently?



- I don't understand how a smaller place seems to have a bigger problem than large cities like London. Isn't this illogical?

Unasked questions:

- How would you go about drawing a halt to the proliferation of licenses?
- Surely, no amount of education will affect some people?
- Who are alco-pops aimed at? They seem to be more appealing to young children.

Session Four: Melody Treasure, Youth Worker and UK Recovery Federation.

Melody talked about how youth services and other agencies work together. Support for vulnerable young people are set up in tiers (with tier 4 being the most dependant and at risk youngsters), and her work at tier 2 and 3. Tier 1 is general youth work including outreach and centre-based work. She went on to describe her connection to the UK Recovery Federation and the importance of building a peer-led support structure for people in dependency and addiction to enable them to break out of damaging behaviours.



The questions by the Inquiry members included:

- What role do the parents play in reducing alcohol harm in young people?
- What percentage of recovered addicts get their children back from social services?
- After giving help, what is the follow-up? What percentage come back?
- What facilities have we in Fleetwood re advice and support for persons with alcohol dependency?
- Why don't the courts refer persons who have alcohol related charges to the relative departments (services)?
- If there is no level [tier] 4 services [young people's rehab centres], how are these people helped?
- Why shut down a strong organisation (tier 4 services) to then bring in other help groups around that?

- Where are we dealing with the problem before drinking becomes a problem?
- Once someone hits 18 who is currently being helped, does the help stop?
- Should the commitment not be to tier 1 (early ages)?
- Why can it not be mandatory for schools to educate on the dangers of abuse of alcohol?

Session Five: Valerie Hesketh, Assertive Outreach Worker for J2R

Valerie talked about her role working with J2R, who run drug and alcohol support services, such as community based de-tox services. This included her outreach work in the community and in relation to other service providers. As part of her session Valerie contributed to a mapping of local services.



Questions asked of Valerie Hesketh included:

- How many people could your service cope with?
- Can you define alcohol dependant?
- In your experience what is missing from education today in regards to alcohol awareness?
- Does J2R do talks in schools?
- What agencies refer to you?
- What do you think can be done to make people aware of your services in relation to alcohol problems?
- Does J2R deal just with the individual, or do they make contact with family etc?
- How proactive are local GPs?
- There are so many different groups like yours. What makes yours different?
- How do you get people to recognise they have a problem?
- What is the cost per person from start to finish (rehab to cure)?
- You say 96% of people complete your services. How many are male or female, and what are the age ranges? How long does treatment by J2R last?

In the second half of the session members of the Inquiry reported back on the independent research they had



undertaken since the last session. This included a community consultation, asking local residents to add comments, using sticky notes, onto a display board located in a prominent part of the town. This created a lot of replies about their attitudes towards and concerns about alcohol. Other people on the Inquiry had been approaching local schools to find out about what alcohol education or information they provided. This included all the local primary and secondary schools, as well as what was made available and encouraged within the national curriculum.



Session Six: Lee LeClercq, British Beer and Pub Association

Lee described his work representing the brewing and pub industry, and how it works to promote a responsible use of alcohol. He stressed some of the problems he saw with current government policy, which failed to differentiate between high volume retail outlets (especially supermarkets) and the traditional British publican or brewer. As a representative of the industry he was keen to discuss issues around minimum pricing and also whether pubs should enjoy a different VAT rate to supermarkets.

Lee Le Clercq Questions:

- What is your answer to our question?
- Why do you think local pubs are closing down?
- How can we bring back the old social/ community pubs?
- What can we do to equalise the prices between pubs and supermarkets?
- As a member of the brewery industry what could you do to influence drinking in pubs rather than going to the supermarket?
- How are the breweries going to attract customers back to the pub and stop them drinking at home?
- You say supermarkets are responsible for cheap alcohol which is closing pubs. Isn't the price of the drinks in pubs closing pubs?
- Why are soft drinks dearer than alcohol in pubs?

- Why are the smaller pubs penalised for not buying alcohol in bulk?
- Don't you think you (the industry) have a responsibility to put something in place for young people?
- What contribution does the industry have in the showing of alcohol use in soaps?
- Are the breweries in bed with the supermarkets?
- Are the breweries more interested in the value of the land or the price of the beer?
- You say consumption has gone down (13%). For that to be right – where is it going up?
- How can we help you to put pressure on the government to help change policies?

Session Seven: Robert Skipworth, Fleetwood Community Fire Service

Robert discussed his role as a community liaison officer for the Fleetwood area. He spoke about the dangers of alcohol in relation to fires, both accidental and deliberate, accidents, and the general harm that alcohol can cause.

He talked about examples of when house fires have started when people have been intoxicated and decided to cook, or have fallen asleep whilst smoking.

A major element of Robert's talk was concerned with the slowing effects of alcohol and how it affects people's focus and concentration. He advocated having the fire service install smoke alarms and conducting a fire safety check in resident's homes.



Robert Skipworth's Questions:

- Are there any stats that would indicate that fire service home visits have reduced alcohol related incidents in the home?
- How much involvement does the fire service have with J2R?
- Why are your presentations not getting through to youths?



- In regards to bedroom fires, are they purely caused by smoking or does alcohol play a significant role as well?
- What input does the fire service have in relation to education?
- Are there any hot spots in Fleetwood where alcohol and fire are strongly related?
- Would a campaign like that for 'Drink Driving' help to reduce home fires or alcohol related accidents?
- Do you think alcohol-related home fire could be due to pubs closing?
- What powers do the fire services have to affect private landlords, letting agents and their fire awareness? Are all flats required to register?

Stakeholder prioritisation

Following Robert's session the Inquiry ran an exercise looking at local stakeholders that might have a role or help people have a more responsible relationship with alcohol in Fleetwood. These were prioritised in the following order (with one being the most important):

1:

- Wyre Borough Council and councillors
- Lancashire County Council

2:

- The local Council for Voluntary Service
- Schools
- Future politicians (e.g. Young conservatives)

3:

- School governors/senior education officials
- Emergency services (e.g. Police, Ambulance, Coastguard and Fire Service)
- J2R
- Family members (of those affected)
- Milton Street Youth & Community Centre

4:

- Community Practice Nurses
- Local Churches (e.g. Mustard Seed group at St. Peters Church)
- Local MP Ben Wallace
- Local councillors



- Other community centres: e.g. Eden Way, Larkholme, Beehive
- Social services
- Shop keepers
- Parents
- Social workers
- Neighbourhood watch
- Local media and radio
- Mental health services and mental health workers

5:

- Licensees
- YMCA
- AddAcation
- Age Concern
- Barnardos
- Supermarket representatives
- Young offending team
- Child and Parent Support Service (CAPPS) -
- Social services (e.g. Anchorage)
- Children centre

6:

- Town council
- Library
- GPs
- Local surgery bosses
- Refurb Fylde and Wyre
- Probation officers
- Local fire service boss
- Local police
- Help Direct
- Health Trainers
- Housing associates – e.g. Regenda
- JCP official
- Court judges

“The people already in high positions of authority have known about the booze problem for years, why should they do something now?”

Male participant

Session Eight: Jess Wright, Alcohol Liaison Nurse.

Jess talked about his role as a specialist alcohol-focused nurse in Blackpool Victoria Hospital. He spoke about his experiences of working with people known to him to be at risk from alcohol harm and the specific needs of people who have a problematic relationship with alcohol. Jess is passionate about helping people and educating



younger people so that they are better informed and able to make the right choices when it comes to alcohol.

NHS North Lancashire is in the process of developing this service so that the residents in Fleetwood receive full access.

The questions asked of Jess:

- When are people referred to your unit?
- How long has this service been available?
- What services do people in Blackpool get that is different from other areas? (e.g. Fleetwood)
- What would it take to extend the service and bring it to Fleetwood?
- Is our local PCT likely to follow in your footsteps and have specialist services here?
- Is there a good age for education to start? What age do you think children should be taught about alcohol?
- What is the age distribution at different times of day? Is there a day that more are children and young people?
- What percentage of the people you see in A&E are holiday makers?
- I would like to know how you feel when one of your patients dies?
- Various agencies, etc. see alcohol problems as something that should be treated separately and often before offering any mental health treatment. If this were changed and standard guidelines issued, would this help the situation at A&E?
- Do mental health problems exacerbate the problem with drinking?



Developing the Inquiry recommendations

The second half of session 8 was spent beginning to develop the group's recommendations.

The Inquiry was divided into smaller groups, each of which produced a number of initial ideas. These draft recommendations were collated, grouped and refined at the next session. The facilitators were on hand to help as necessary but were not there to influence the actual recommendations being made.



Agreeing the recommendations

Agreeing and voting on the recommendations

The draft recommendations were read to the group, explaining how they had been grouped, and how they would be refined today by working in small groups around those themes. It was confirmed that the recommendations as they appeared in the report would be in the 'words of the Inquiry', and not be re-written or added to by the facilitators. Each recommendation would appear in the report, even if on the day they got no votes. Everyone would get eight votes to distribute as they wished.

It was stressed that the group should try to make the recommendations specific so they could be acted on and so the stakeholders could be more fairly held to account if they didn't address the recommendations. Too broad a recommendation would be difficult to achieve. The Inquiry agreed the proposed themes were appropriate and did not need to be changed. They then went on to re-word the recommendations to tighten them up as much as possible.



There was a break with general discussion between Inquiry members. This included the issue of why drug misuse received disproportionate attention and

apparently more services, and why there were such long delays when people needed to access alcohol services.

Voting

The Inquiry then voted on the final recommendations. The results are shown on the next page of the report. It should be noted that that first recommendation – to improve education in schools and colleges – received considerably higher support than the rest.



The session ended with an agreement to reconvene for a planning session on the 12th November, prior to the stakeholder event.

Planning the stakeholder meeting

Recommendations produced at session 8 were compiled into a number of 'themes' and displayed on the walls. Prior to discussing these, the Inquiry focussed on the feedback to Stakeholder event scheduled for November 2012:

Peter Bryant, lead facilitator from Our Life, described who would be at the stakeholder meeting. For example, local Health and Wellbeing leads, community safety partnership team members, and clinical commissioning team members. He reiterated this was a significant part of the Inquiry. It was the opportunity to consider the recommendations in some detail with those with the power to influence services and begin to develop an action plan.

Alongside this, the Jury discussed how the recently held Morecambe Inquiry 'stakeholder' event had been run, and whether the Fleetwood Inquiry members were happy with this approach.

Given the recent experience in Morecambe which was felt to have worked well the Inquiry members agreed to use the same format. Considerable discussion was held on appropriate venues and also who needed to attend. It was explained the results of the session 7 activity on



'stakeholders' would be used by NHSNL in compiling the invitation list.

In keeping with the principles of the Inquiry, the strategy that seemed to work best was to be robust in expressing the views of the community, whilst avoiding confrontation that might limit what actually happens.

It was agreed that there would also be a pre-meeting to help prepare for the 21st November event.

Please see the next page for the full list of recommendations of the Fleetwood Alcohol Inquiry.



Recommendations of the Inquiry

Recommendation	Theme	Rank
Mandatory alcohol awareness in schools as part of the curriculum. Education has to start early (age 4-5). It needs to be a progressive education (step changes) becoming more hard hitting as children grow up. We (the Inquiry members) would like you to tell us how this could be achieved.	Education and information	1
More shock factor in advertising of health messages.	Policy and big picture	2
An accessible high quality community led 'one stop' centre offering access to: alcohol advice, family support, fun activities, peer support, outreach (using Facebook etc). Linked to local schools and services.	Local services	3=
Community and young people activities. It needs to be: a place where they feel it is not adult run, where they have charge of how its decorated and with graffiti walls. This could look like; ice skating, milkshake/smoothie bar with internet, skate park, ice cream parlour, computer places,(i.e. a place with x-box, PS3, free Wi-Fi) roller disco etc, We need something for kids that does not cost parents/kids anything. A theme park - knock down Freeport- its pants.	Community and young people	3=
Law and order to be strengthened to make the community safer. Poor local public relations with relevant bodies. This has to change.	Policy and big picture	4=
No advertising of alcohol on TV of any kind, like with tobacco.	Policy and big picture	4=
Creation of a post within existing GP services of a nurse/advisor on alcohol problems with the role of both giving advice and drawing various agencies together. There is a diabetic nurse and a mental health nurse. Why not an alcohol nurse?	Local services	5
Training and educating adults: Give companies incentives so they are willing to educate and support employees in regards to alcohol and its effects (e.g. Tax relief)	Education and information	6=
Agencies dealing with alcohol related problems should communicate amongst each other and share data and information. E.g. All in one access to doctors, mental health, hospital, benefits agencies (suggested example)	Local services	6=



Increase alcohol legal age to 21.	Policy and big picture	7=
Increase prices on alcohol through a VAT increase to raise money to go to NHS and recovery services.	Policy and big picture	7=
Reduce opening hours of Pubs, Off Licences and Supermarkets.	Policy and big picture	7=
More leaflets, poster and other information encouraging responsible drinking in accessible public places. For example put messages on Hi-Vis clothing for council workers, adding wording 'drink responsibly'. Increase knowledge and awareness of secondary sources of information. E.g. in libraries, CAB, Job Centre Plus, doctors, schools, clinics and community centres.	Education and information	7=
A liaison officer to coordinate the different agencies and to check on progress and implementation of (these) recommendations.	Local services	7=
More peer led activities for young people, because young people know what they want.	Community and young people	7=
Unemployed people to be given education on alcohol and its effects.	Education and information	8
A proper Christian point of view covering all aspects of physical, mental, and spiritual wellbeing in regards to alcohol.	Policy and big picture	9=
In addition to lessons in the national curriculum schools should be required to call in outside bodies to provide specialist knowledge and experience about alcohol.	Education and information	9=
Integrate generations. i.e. the 'dreamscheme project'. Build the community. Young people supporting the old.	Community and young people	9=
We need a good old fashioned community pub where values are shared and locals are proud to be part of with their families.	Community and young people	9=
Teacher training to include how to incorporate alcohol teaching across the curriculum (e.g. as with maths etc).	Education and information	10 =
More hands on, on the job, training. i.e. Vocational training when young people leave school (work experience).	Community and young people	10 =



Appendix 1: Community-led research

During the Fleetwood Alcohol Inquiry participants were encouraged to think about the issues they had been discussing between the sessions. A number decided to undertake more structured research under their own initiative.

This included phoning all local schools, both primary and secondary, to find out how they included alcohol awareness in their day to day lessons. This proved to be quite a difficult exercise as it was often unclear who in the school would have responsibility in this area. Schools are also very time pressured environments. Whilst some schools responded, and did take a proactive approach to the topic, many either did not respond despite repeated attempts, or gave very unclear answers. The group also researched what the National Curriculum said, and looked at resources available to schools. Overall the feeling was that the response was patchy at best.



Other members of the Inquiry made and displayed a banner and set up a stall in a prominent central location. Using ideas taken from Participatory Appraisal, they sought the public's views in a friendly and approachable manner, with post-it notes available for receiving comments and recording ideas from the general public. This threw up a number of issues, such as the lack of awareness about where to go for help, the lack of local facilities that did not promote or involve alcohol, and in particular, the difficulties young



people had in finding positive, affordable and stimulating activities that could replace, or distract from, an urge towards irresponsible drinking. Many such comments were received and they were all cross-referenced by age, gender and location to see how well the spread of responses matched local demographics. The results were then presented back to the rest of the Inquiry members at session 5.

Appendix 2: Stakeholder session held on 21st November 2012.

Next steps

Jacqui Thompson addressed the meeting and reported that once the report is finalised, it would be distributed widely, including all involved in the stakeholder session.

The North Lancashire Alcohol Partnership would also receive the report and recommend on that basis to the newly formed public health task groups that will be in place next year, with the intention that some of the recommendations will become part of future action plans. Though NHSNL will implement quickly whatever it can – it needed help to understand what it should and could do given the available resources. There needs to be an acknowledgement that the cross-cutting nature of alcohol harm will need a co-ordinated response from organisations with shared thinking and resources.

Cllr Terry Rogers commented that the report should also go to the new clinical commissioning groups so they can target their budget appropriately, stressing that Fleetwood must not be forgotten in the larger geographical area of Blackpool, Fylde and Wyre.

Vicky Putt of NHSNL commented that Hilary Abernethy had offered peer support training in January – someone who can support people in the community about various issues.

Members of the Inquiry commented on the importance of agreeing actions to take forward, needing people to make commitments. They welcomed the lead being taken by the local council. It was suggested that they could use Help Direct to find out about what local services are available and that the energy of Inquiry members is impressive, because they cared about their area and the issue.



Working group conversation notes:

Community and young people

Proposal: Activities for community and young people

Next steps:

- Ask the young people
- Get them to ask other young people
- Use the communication methods they are using (e.g. Facebook)
- Ask "What activities do you want to be provided?"
- Questionnaire
- Incentive to participate

Who:

- Engage young people to act as peers
- Involve ALL young people in the process
- Young people to develop the process
- Background not a factor

Resources:

- Online – Facebook etc
- Peer developed process
- Jurors to support young people voluntarily
- Organisations (present) to support jurors

Community involvement:

- Build on pledges of support from organisations in the room tonight

Policy and big picture

Proposal: More shock factor in advertising of health messages

Next steps:

- Local awareness
- Hard hitting messages
- Mapping
- Campaign
- Theme it

Who:

- Address hidden drinking at home
- Proxy sales
- Leaflets in bags



- Off licenses
- Supermarkets

Resources:

- Leaflets – printed bags – with wide distribution
- Staffing – distribution to public places
- Stickers on bottles
- Local stories

Community involvement:

- Involve local traders
- Use networks of friends and family

Proposal: Law and order to be strengthened to make the community safer

Next steps:

- Perception different to actual
- Change working with licenses (part of solution not problem)
- Provide community with information
- How to raise concerns
- Training for bar staff

Who:

- Police – Licensing officers
- Multi Agency Liaison Team (MALT)
- Licensing teams
- Trade
- Pub watch

Resources:

- Information
- Alcohol awareness courses

Community involvement:

- Raise concerns
- Involve Councillors
- At Police and Communities Together (PACT) meetings

Proposal: Integrate generations

Next steps:

- Integration with public services, bringing together older age groups with young people
- Ask if they need or want facilitation or support to integrate work



Who:

- Sixth form age
- Sixty and over
- Target those potentially at risk

Resources:

- Joint commissioning group
- Coordinated approach to bringing their services together

Community involvement:

- Build on pledges of support from organisations in the room tonight

Local services**Proposal: One stop shop****Next steps:**

- Links with GPs, Sure Start, schools, pharmacies
 - Avoid 'formality' by maintaining on a very small level
 - Early intervention
 - Signposting
 - Multiple health issues
 - Health checks
 - Internet café
 - Skills development
- Facebook/ social networking
- Out of hours support
- Integrated health issues
- Volunteer run
- Coordinator funded by multiple organisations
- Nurse at doctors' surgery
- Improve services with those with multiple Mental Health and alcohol problems

Who:

- Local Authority, NHS, Children's Trust, Police, Probation.
- Volunteer coordination
- Use Children's Centres
- Research - example in Stockport
- Burnley Rest and Retreat centre opens in the evening

Resources:

- Premises – free/ vacant shops/ pubs/ schools



- Volunteers resources available to train peer mentors
- Finance for coordinator (partnership finds)
- Web page

Community involvement:

- Sharing information on what is happening
- Community involvement in making venue attractive
- Use Meetup.com
- Peer support
- January – training available in Fleetwood in peer mentoring

Education and Training Action Planning Group

Proposals for Education and information:

- Arrange meeting with cabinet member to discuss alcohol displays in libraries
- Inquiry participants to make presentation to school cluster about education / curriculum recommendations.
- Councillor Terry Rogers and Sarah Hill to support Inquiry participants to present to school cluster / board of governors at schools.
- Inquiry participants to work with Sarah Hill to investigate the idea of setting up a Community Alcohol Partnership in Fleetwood.
- Councillor Terry Rogers to meet with Chief Executive of Wyre Council to plan implementation of recommendation 9 (with staff and councillors)
- Sarah Hill to investigate an example of how other Councils maybe already implementing recommendation 9
- Sarah Hill to contact Pat/Adrian/Tom with results.

The group identified additional contacts / resources which maybe of use:

Dr. M Spencer, Fire Station, Pub Watch, Tom Dewhurst (Addaction), Wyred Up, the Fisherman’s Mission, Fishermans Friends, Fleetwood F.C., Community Alcohol Partnership, Alcohol Education Trust, www.talkaboutalcohol.com



Commitments made at the end of the meeting

- Shared Future offered to support the group to continue their work
- Christa Ferguson offered to explore the idea of a leaflet drop
- Robert Rushton said he would take back ideas to the PCC
- Diane MacDonald offered to take ideas to the Wyre Community Safety Partnership to see if they will offer support
- Jacqui Thompson agreed to take report to a planned alcohol misuse GP meeting to see if they'll support
- Cllr Terry Rogers said he would work with fellow councillors' and approach Wyre Council (inc. the CEO)
- Vicky Putt said she would take the report to Clinical Commissioner Groups and other relevant bodies, and would support the Inquiry members to continue to meet

Evaluation comments

What was good?

- Enthusiasm of participants
- Fantastic energy and drive from the community
- Useful evening
- Very good
- Good event, lots of good projects
- Enjoyed, very good
- Very interesting and informative

What could be better?

- Quite late after being at work all day
- Evidence base
- Perhaps jury should have heard more from local providers



Appendix 3: Participant evaluations

10 participants out of 15 returned evaluation forms. (4 did not receive the form as they missed the relevant meeting)

Participant	1	2	3	4	5	6	7	8	9	10	Average
The venue	5	4	5	4	5	5	5	5	5	5	4.8
The information	4	4	4	4	3	5	5	5	4	3	4.1
The facilitators	5	4	5	5	4	5	5	5	5	4	4.7
The commentators	4	4	4	5	3	4	4	4	4	3	3.9
Ability to contribute	4	4	4	4	4	3	4	5	5	2	3.9
Met expectations	4	4	3	4	4	2	4	4	5	3	3.7

Best thing

- Variety of ideas. Finding out everyone's views and opinions
- Interacting with local people, contributing to changes in the local area
- Understanding the problem of alcohol
- Getting overall view of the problem and how it is currently dealt with
- So many people kept attending
- The willingness and concern in the group
- Everybody being treated equally
- The people I met from the local area
- The ability to condense ideas

Worst thing

- People trying to take over meeting
- Some issues were not relevant
- One person was very persistent in viewing own opinion and was not willing to listen
- Got a little too heated at times
- Too long, at the end of a day it can be hard to re-engage
- Couldn't really discuss things. Maybe need to 'brainstorm'
- Shuffling paper around
- Some outspoken individuals



- Ideas that are good but don't have the substance to form a proposal

Could be better

- More than 9 meetings
- More structure to discussions
- Maybe commentators called back to put different views together, so that questions can cover different perspectives at the same time
- Include more of the public - younger people
- Less out of town speakers - local instead
- Not to tell us the money was going because of change; deflated many
- Progress on the strongest points already made

What next? (Willing to stay involved?)

7 jurors (of the 10 that responded) were willing to keep involved, depending on work and other commitments. The 3 others said they were unsure or left the question blank.

Final Comments

- Enjoyable and interesting
- Really enjoyed myself, and felt the group and facilitators listened well
- Was interesting, but need to see how it goes
- Glad I was part of the process

Thanks:

Shared Future and Our Life would like to give their thanks to (and also pass on thanks on behalf of):

- NHS North Lancashire's Public Health team.
- All the commentators who gave their time to brief the Inquiry.
- The stakeholders from the North Lancashire Alcohol Partnership, from the local council and from associated public agencies.
- Most especially the local residents of Fleetwood who made the Fleetwood Alcohol Inquiry possible.

