

Blackpool Council  
Health and Wellbeing Strategy  
Consultation Report

Blackpool Council

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inspiring positive change

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# 1 Executive Summary

## 1.1 Overview of Consultation

- A public consultation on Blackpool's developing draft Health and Wellbeing Strategy ran from 31 May to 27 June 2016.
- The approach included an open-access online survey as well as paper copies available in public areas such as libraries and the Customer First Centre.
- The consultation was supported by a programme of promotion and engagement including an article in the Your Blackpool e-newsletter, social media engagement, an article in the CVS e-newsletter and proactive promotion from Healthwatch.
- A total of 144 responses to the consultation were received.

## 1.2 Vision

- Over four fifths of respondents felt the Health and Wellbeing Board's draft vision for health and wellbeing in Blackpool fully or mostly meets their own vision.
- Comments on the vision referred to the need for a safe Blackpool, for good access to healthcare and working together to achieve the best possible outcomes.
- Whilst many thought it was a good vision to have, some were sceptical about whether it could be made a reality and were concerned about the overall reductions in organisations' budgets.

## 1.3 Priorities

- There is overwhelming agreement for the four key priorities identified in the consultation.
- Addressing the number of empty and / or rundown properties, support for vulnerable groups and the need for council services and the community to work more closely with one another are highlighted as important areas.
- The use of complex dependency teams and early intervention initiatives were highlighted as important to combat the ready availability of alcohol across the borough in order to achieve an improvement in health and wellbeing.
- Working alongside schools and the 3rd sector including the provision of financial support, opportunity and training to support projects and organisations around Blackpool was seen as critical in order to create community resilience and reduce social isolation.

- There is general agreement for the early intervention programme and residents feel that there should be support for all children, at all ages, to achieve and be the best that they can be.

## 2 Background and Methodology

### 2.1 Background

The Health and Wellbeing board has been developing its draft Health and Wellbeing Strategy which describes its priorities, values and ambitions for 2016-2019 and explains what they will do to improve the lives of local people.

As part of the process for developing the strategy, the Council consulted with residents and other stakeholders in the Borough to find out what their views were in order to inform the finalisation of the priorities.

### 2.2 Methodology

The Health and Wellbeing Strategy consultation ran from 31 May to 27 June 2016 and residents and stakeholders could have their say in a number of ways:

1. An open-access online survey was developed and hosted on the Council's website. This was widely promoted through Council social media accounts, the CVS e-newsletter and Healthwatch.
2. Paper questionnaires were distributed to all libraries in the Borough, as well as the Council's Customer First Centre. This enabled those without access to the internet to have their say.

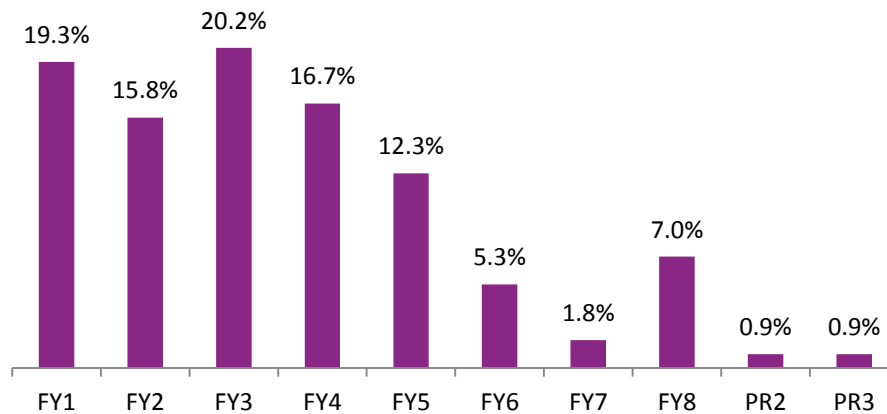
A total of **144 responses** were received to the Health and Wellbeing Strategy consultation.

Analysis throughout this report is based on the overall sample of responses to the consultation. Any example comments provided are not necessarily representative of all consultation responses.

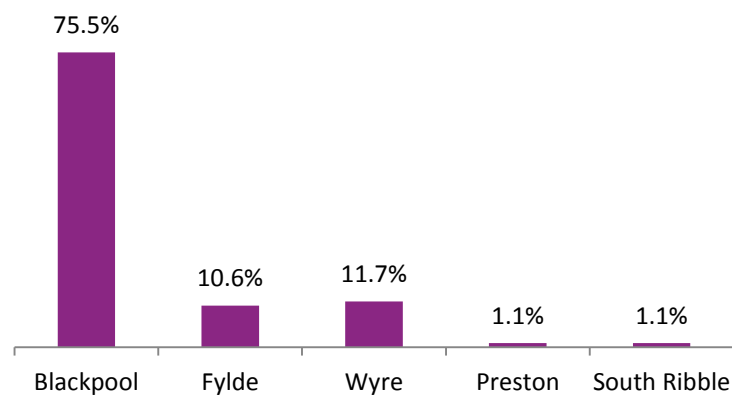
### 2.3 Who Responded?

When asked what their home postcode is, it was found that the majority of respondents to this consultation, who gave a full postcode, lived in the borough of Blackpool but there was further interest in the draft strategy proposal from respondents across the wider Fylde coast. Although this represents a good spread of response from Blackpool residents and the wider area, caution should be used, owing to the low number of responses to this consultation, and it should not be interpreted as a representative sample.

**Figure 2.3: What is your home postcode? (base – 114)**

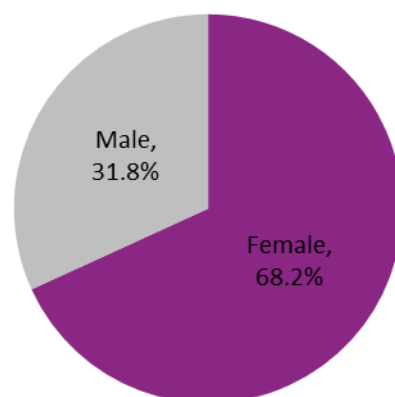


**Figure 2.3: Which area home postcode was based in. (base – 94)**



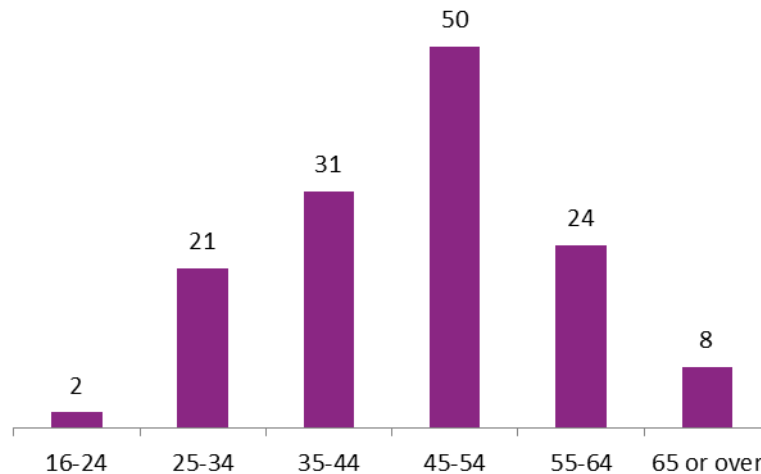
Over twice as many females than males responded to the consultation. 8 respondents did not indicate their gender. Comparatively, based on the 2011 Census the Blackpool population consists of 49% males and 51% females.

**Figure 2.3: What is your gender? (base – 140)**



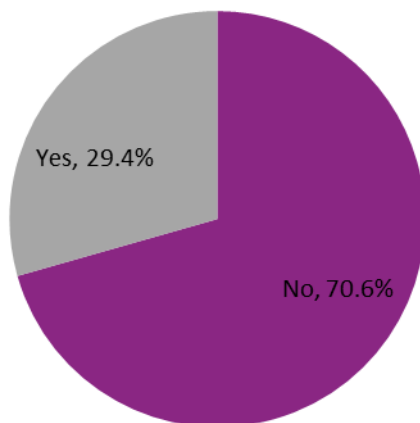
Respondents to the consultation sit within a range of age groups with some groups over represented and others underrepresented when compared with the population profile of the Borough. The age groups 16-24 and 65+ are underrepresented with the age groups 35-44 and 45-54 years over represented in this sample.

**Figure 2.3: Of the following age groups, which do you fall into? (base – 136)**



Just under a third of respondents indicated that they have a long standing illness or disability. Of those, 63% consider this illness or disability to limit their daily activities.

**Figure 2.3: Do you have a long standing illness or disability? (base – 135)**



97% of people who responded to the Health and Wellbeing Strategy consultation were of White British ethnicity. 79% of respondents consider themselves to be heterosexual, with a further 7% indicating gay or lesbian and 13% preferring not to say. 57% indicated that they are Christian and 39% do not identify with any religion.

### 3 Main Findings

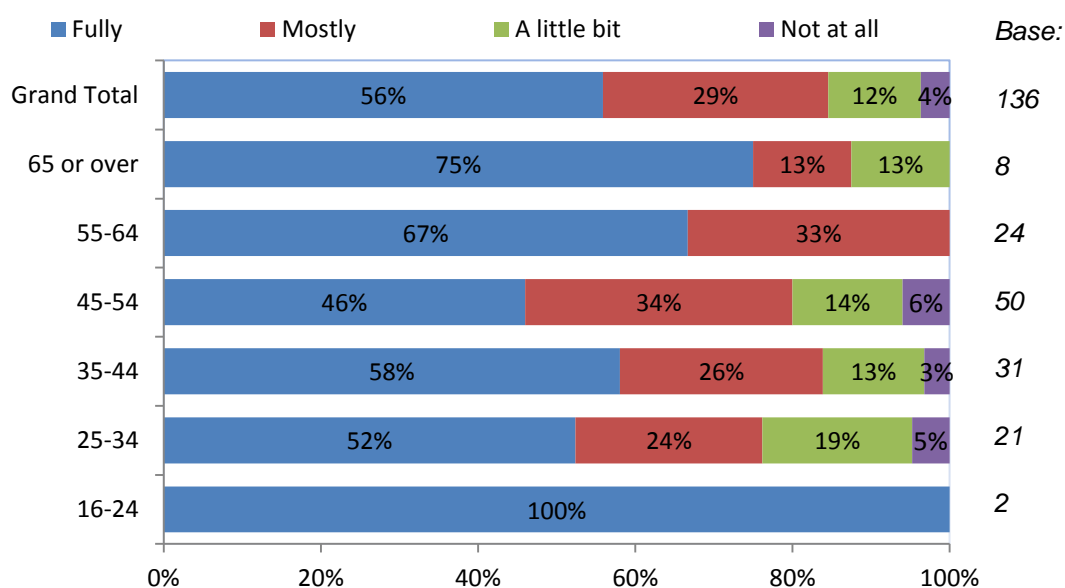
#### 3.1 Vision

The Council’s draft vision for Blackpool’s Health and Wellbeing Strategy outlines 4 priorities which contain some of the things that we want to do over the next few years to make people’s lives healthier.

The vision for health and wellbeing in Blackpool is that together we will make Blackpool a place where ALL people can live long, happy and healthy lives.

85% of people who responded to the Health and Wellbeing strategy consultation feel it ‘mostly’ or ‘fully’ reflects their vision for Blackpool. In terms of age breakdown caution should be taken when interpreting this question for those groups with low base numbers, specifically ages 16-24 years and respondents who are 65 years or over.

**Figure 3.1: How well, if at all, does this reflect your vision for health and wellbeing Blackpool? (breakdown by age).**



Those who did not feel it reflected their vision were given the opportunity to explain what their vision for health and wellbeing in Blackpool is. A wide ranging selection of comments were received and several common themes emerged.

Some respondents believe the vision should encapsulate **the need for less cuts to services for vulnerable people**. The comments on this topic were focussed around better support for mental health, general health services and support for the elderly.



Additional comments were received, which were outside of the scope of the consultation, for example about the need for there to be **more focus on residents**. This included ensuring Blackpool residents have access to good housing and to improve the quality of shops.

Further comments were received regarding health and wellbeing in Blackpool that residents want services and the community to work together in a more cohesive way.

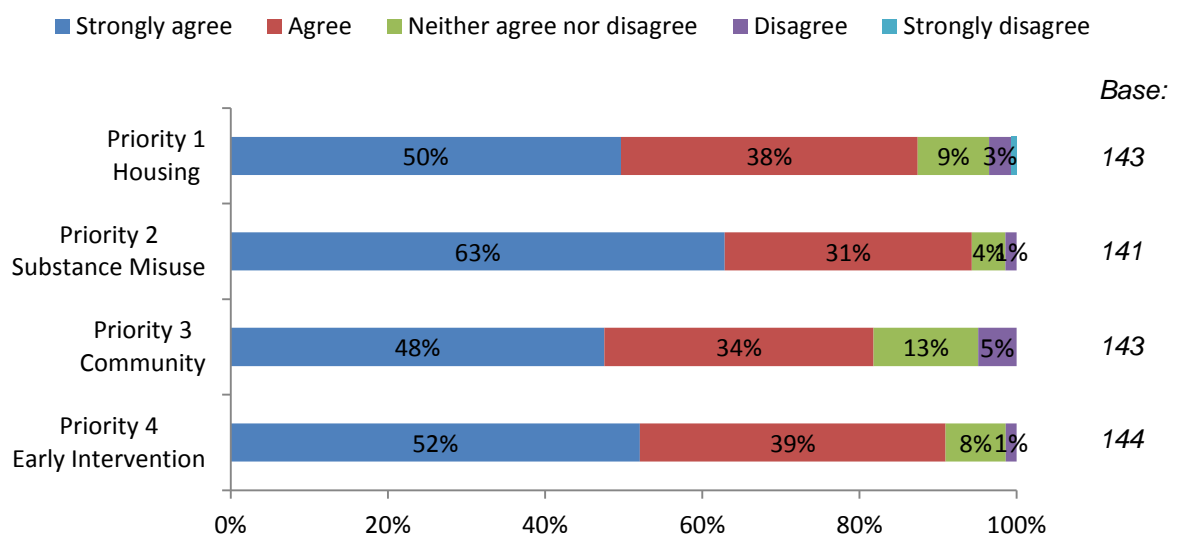
### 3.2 Priorities

The draft Health and Wellbeing Strategy suggests that there are things we need to address in order to achieve our vision for health and wellbeing. Questions were asked on four proposed priorities to achieve the aforementioned vision.

Priority one focuses on stabilising the housing market, priority two focuses on Substance Misuse, including alcohol, drugs and tobacco, priority three focuses creating stronger communities and increasing resilience and priority four focuses on early intervention.

The agreement level for the priorities is high ranging from 94% of respondents to the consultation choosing 'strongly agree or agree' that dealing with substance misuse, focussing on prevention and recovery, is a key priority for Blackpool to 82% of respondents who 'strongly agree or agree' that creating stronger communities, reducing isolation and increasing resilience is a key priority.

**Figure 3.2: Priorities 1 to 4: To what extent do you agree or disagree that these are the right priorities for improving health and wellbeing in Blackpool.**



### ***Priority One: Stabilising the housing market.***

The draft strategy suggests that “some parts of Blackpool have unsuitable housing in poor condition; this contributes to the poorer health of people in these areas and has an impact on the surrounding communities. The Council needs to change parts of the housing market to transform these neighbourhoods and have some projects that they are delivering to do this.”

The consultation found that 88% of respondents either ‘strongly agreed or agreed’ that this should be a key priority for health and wellbeing in Blackpool. The main comments are centred around concern about **the number of empty and / or rundown properties** and the roles and responsibilities of the private landlord / tenant relationship. Other points focussed on **increasing support for vulnerable groups**, including the homeless, and comments regarding the need for council services and the community to work more closely with one another to improve services generally.

Supporting the ageing and elderly community with their housing and care needs and also the HIV community who require specialist housing support around long term health conditions.

Clamping down on housing conditions of private landlords fines for properties in poor disrepair or with filthy unkempt gardens.

I think that there is lots of activity taking place, but it's not always joined up. There is also a lack of prioritisation of issues such as dealing with social isolation (for all age groups) and how this affects health and wellbeing.

### ***Priority Two: Substance misuse - including alcohol, drugs and tobacco.***

The draft strategy states that “substance misuse causes a wide range of health and social problems. In Blackpool there are the highest rate of alcohol related admissions to hospital; higher than average rates of substance misuse and a higher than average percentage of adult smokers.”

The consultation found that 94% of respondents either ‘strongly agreed or agreed’ that dealing with substance misuse, **focussing on prevention and recovery**, is a key priority for Blackpool with 63% of respondents choosing the ‘strongly agree’

option. The key comments from the responses to this question centre around better support from services for residents with a more joined up approach from schools, council services and the community, focussing on better use of complex dependency teams and early intervention initiatives. Concern was also raised about the availability of alcohol across the borough and the promotion of stag and hen parties.

Ensure early intervention is easily available and promoted to prevent crisis points being reached and putting more pressure on services. GP referrals, local campaigns etc.

It is essential that all sectors work together to address this.

Waste of time unless you can increase unit cost of alcohol. Make drinking on the street an offence enforce the law in public areas outside the party zone

### ***Priority Three: Creating community resilience and reducing social isolation.***

The draft strategy states that “As public sector resources diminish and the Council no longer has the funding to provide services to support people’s health and social care needs in the same way, they have to find ways to support people in different ways, one of which is to encourage residents to become more resilient. The Council will work with voluntary organisations to support and reduce isolation and develop a plan to ensure that volunteering is well co-ordinated to support vulnerable people and build resilience.”

The consultation found that that 82% of respondents either ‘strongly agreed or agreed’ that this should be a key priority for health and wellbeing in Blackpool. The majority of the comments focus on the perceived need for Blackpool Council to **work in a more joined up way with the schools and the 3<sup>rd</sup> sector** including the provision of financial support, opportunity and training to support projects and organisations around Blackpool. Several comments were made on the growing problem of social isolation, specifically for the older groups in the population and some comments focussed on the need to build personal resilience.

Ensure that there is a joined up approach to working with voluntary organisations in developing a plan - do with, rather than do to. Invest in volunteering infrastructure by working in partnership with the existing third sector volunteering infrastructure

Social isolation growing problem for all ages regardless of social position in life.

Start in schools to develop resilience and self-worth especially in girls

#### ***Priority Four: Early Intervention.***

The draft strategy suggests “this priority is about taking a different approach to the way public sector organisations operate and deliver services in the future and the member organisations of the health and wellbeing board has an opportunity to turn things around by changing the way that they do this. This means they will prevent problems from reaching crisis point by intervening early. The Better Start programme supports families with 0-3 year olds in the most deprived parts of Blackpool and the HeadStart programme will work with all 10-14 year olds to build their resilience and improve mental wellbeing.”

The consultation found that 91% of respondents either ‘strongly agreed or agreed’ that this should be a key priority for health and wellbeing in Blackpool. Many of the comments are concerned with the perceived gap in service provision between the ages of 4 – 9 years and over the age of 14 years i.e. outside the age range of the ‘A Better Start’ Programme. **Some residents disagreed with the targeting of specific groups** and feel every child should have access to these services. Other comments focus on the need for collaborative working with the 3<sup>rd</sup> sector and promoting an evidence-based approach.

Ensuring that the interventions which are planned are evidence based and deliver real and measurable improvements.

Headstart should be offered to all schools not just most deprived and also not just to children at transient points in their education.

This requires long term commitment - funding to those services that deliver prevention/early intervention work (in whatever field) need to be protected as constant year either cuts, or applications for funding, means staff are constantly moving on and there is a lack of continuity. Need courage in our convictions that prevention is better than cure but doesn't happen over night.

### 3.3 Final Comments

Finally, respondents to the consultation were given the opportunity to make any comments about other priorities they felt should be considered in the draft Health and Wellbeing Strategy. 69 comments were received.

#### Summary of comments:

The largest group of comments were focussed around the need to improve service provision for health related programmes, with mental health services being identified the most. Other comments focussed on joint working initiatives, working alongside the 3<sup>rd</sup> sector and more progress towards a community based assets approach. The remainder of comments that have been mentioned at least 3 times are as follows:

- Promote pride in Blackpool by creating a clean and tidy borough.
- Invest in building resilience of the residents.
- Improve employment opportunities.
- Take steps to reduce takeaways and other unhealthy options.

The comments below are excerpts from typed responses, chosen at random but reflecting the main themes, and have been derived from all the responses.

Skill Blackpool up. Half the problem is that many residents just don't believe they can do things.

Public health should input into Planning policy and comment on Planning applications. For example - discourage applications for fast food restaurants / takeaways and off-licenses in deprived areas

Improving the general appearance of Blackpool to make it a respectable place to live and in turn making individuals proud to live here

Reducing isolation and enhancing opportunities for disabled people to live independent and fulfilled lives

Job creation - work is fundamental in raising people out of poverty. Seasonal employment is not sufficient and more emphasis needs to be put onto attracting investment into the town

There needs to long term planning! Not just 1-3 years many public health initiatives are good but short lived and stopped after a few years

Improving the health of local people. As many of the services that supported this issue have been closed or unfunded the knock on effect will be poor health, alcohol problems and individuals with mental health problems receiving little or no support.

Adult mental health remains a key issue in Blackpool.

Having a joined up approach across all sectors to make the best use of resources, expertise and opportunities.

Encouraging walking around the town for all. Keep green spaces open and in good condition.