

Blackpool Place

Listening to our communities



Place-based partnership
Blackpool

Some of the challenges we face ...

Out of the top 10 most deprived LSOAs based on IMD2019 rank, Blackpool is 2,3,4,5,6,7,8 & 9 out of the top 10 nationally in England

In Blackpool, 24.7% of the population was income-deprived in 2019. One of the 316 local authorities in England (excluding the Isles of Scilly). Blackpool is ranked 3rd most income-deprived

Blackpool has the highest rate of deaths from drug misuse in the country, with 76 deaths between 2019 and 2021 a rate of 19.4 per 100,000 population (directly standardised rate).

Life expectancy for men in Blackpool is 74.1 years and for women is 79.0 (2018-2020), both lower than national averages

Life expectancy is 12.3 years lower for men and 10.1 years lower for women in the most deprived areas of Blackpool than in the least deprived.

The suicide rate in Blackpool is significantly higher than the rate for England as a whole 17.4 per 100,000 vs. 10.4 per 100,000 (2018-20). Unfortunately, many people who take their own life are relatively young, with potentially many years of fulfilling life lost.

What are the responsibilities of our place-based partnerships in LSC?

- Listen to the voice of communities to understand their diverse health & care needs, concerns, aspirations & 'what good looks like' from their perspective
- Learn from the lived experience of our residents and our workforce & ensure a co-production approach to design, planning & transformation

Listening to our communities

Collaborative leadership

- Create a collaborative leadership culture, bringing partners together and building strong working relationships, respecting & valuing unique abilities & contributions, holding each other to account for delivery of agreed outcomes

- Monitor performance & quality, with a clear focus on outcomes, inequalities & resident experience of health & care services
- Be proactive in making use of data & intelligence from all partners to ensure we know where we are making a difference & to support collaborative decision-making

Monitoring our progress

Knowing how we're doing

Listening, learning & co-producing

Our residents

Planning

Collaborative planning

- Create a shared vision, shared ambitions/objectives & joint delivery plans, aligned to the needs of the communities, the required delivery targets/standards & the Integrated Care Strategy
- Enact the principle of subsidiarity, with decisions taken as close to local communities as possible

- Ensure an integrated workforce plan for community-based service delivery across the place
- Support the development of our workforce as we move to a population health & care based culture, with increased emphasis on wellbeing & prevention

Developing our workforce

Delivering & transforming

Prevention, population health and wellbeing

- Ensure a population health & care based culture, with increased emphasis on wellbeing & prevention.
- Use a population health & care management approach to address current needs & inequalities, predict future challenges and design anticipatory support

- Maximise opportunities for collective use of resources through aligning & pooling of budgets to support integrated delivery & maximise the use of community assets
- Proactively manage place resources within an agreed financial envelope, moving resources into wellbeing and prevention

Collective use of resources

Integrated delivery & transformation

- Integrate, with redesign & change where needed, community-based health creation & service delivery across sectors, organisations & professions, improving quality & outcomes, & maximising the use of resources (physical & financial)

"My life improved since having a flat and not being on the streets anymore. On universal credit and in £710 arrears with rent. I received the cost of living credit but that was just used on food and essentials. I have to stay at friends when I have no electric."

If self referral were more well known I may have got treatment earlier

What plans do you have to help adults stop being so isolated?

Our residents:
our
raison
d'être

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

An issue that I've come across is making sure people know what's happening. This can be difficult if you don't know where to look for information

"I do part-time work at the moment volunteering. It gives me a purpose and reason to get out."

"I tried the GP this morning twice and yesterday at 8 'o clock in the morning. They said there are no appointments so just go to the walk-in centre."

Community engagement

Information

People are informed about proposed changes or plans – e.g. leaflets, targeted information through services, websites, newsletters, local media.

Consultation

People are consulted to make sure their views are heard, understood and taken into account in making decisions – e.g. through surveys, meetings

Involvement

People are involved in conversations to make sure their views are heard, understood and taken into account in making decisions – e.g. through focus groups, meetings

Co-production

Working together to learn from each other and share decision making about alternatives and solutions

Co-leading

People lead decisions and take their own actions with the support they need.

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Act to innovate – 10 steps to co-producing change

1. Identify the problem
2. Gather your experts – young people, parents/carers, practitioners, leaders, commissioners, clinicians, academics.
3. Fall in love with your problem – observe the system without bias and explore the potential drivers.
4. Research good practice – what is working elsewhere and explore what it means for Blackpool.
5. Model out what good would look like – shared vision
6. Consider a range of potential solutions and test them out in the group and with others
7. Choose one or two and develop small scale test and learn activity with clear time parameters
8. Build in feedback loops, review and agree changes along the way
9. Identify impact on policy and strategy
10. Scale up successful action

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Consultation

Breadth = Consultation
Depth = Co-production

Co-production

- Identify the problem
- Gather your experts
- Fall in love with your problem - find out everything there is to know about your problem, including quantitative and qualitative data
- Research good practice
- Model out what good looks like for you - be very clear to achieve a shared understanding of this vision Good in the space and good as an outcome
- Consider a range of potential solutions and test them out in the group
- Choose one or two and develop small scale test and learn activity with clear time parameters
- Review the learning regularly (weekly if possible) and agree changes that need to be made along the way
- Evaluate the work
- Scale up successful activity

Output

Feedback loop

Feedback loop

Blackpool Families Rock – Principles of Practice



Born into Care

Context and Background: The Born into Care series



All these reports are freely available from Centre for Child and Family Justice Research [publications page](#) or the [NFJO](#) website



Right Care, Right Place, Right Time

- Purpose – To explore drivers of non-emergency presentations at Blackpool Teaching Hospitals NHS Trust Emergency Department.

Priorities & potential solutions

- Minor Ailment Scheme
 - Introduce a scheme that provides patients eligible for free prescriptions to access over the counter medication free of charge.
- Enhanced Access
 - Explore a pilot scheme at PCN level to promote utilisation of Enhanced Access appointments with GP reception staff, where appointments are underutilised.
- Repeat Prescriptions
 - Further research on the link between people presenting at ED and problems accessing repeat prescriptions.
 - Utilise social prescribers
 - Pre payment certificates for people with respiratory illness (winter planning)



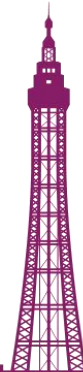
Communication campaigns and channels – advisory group

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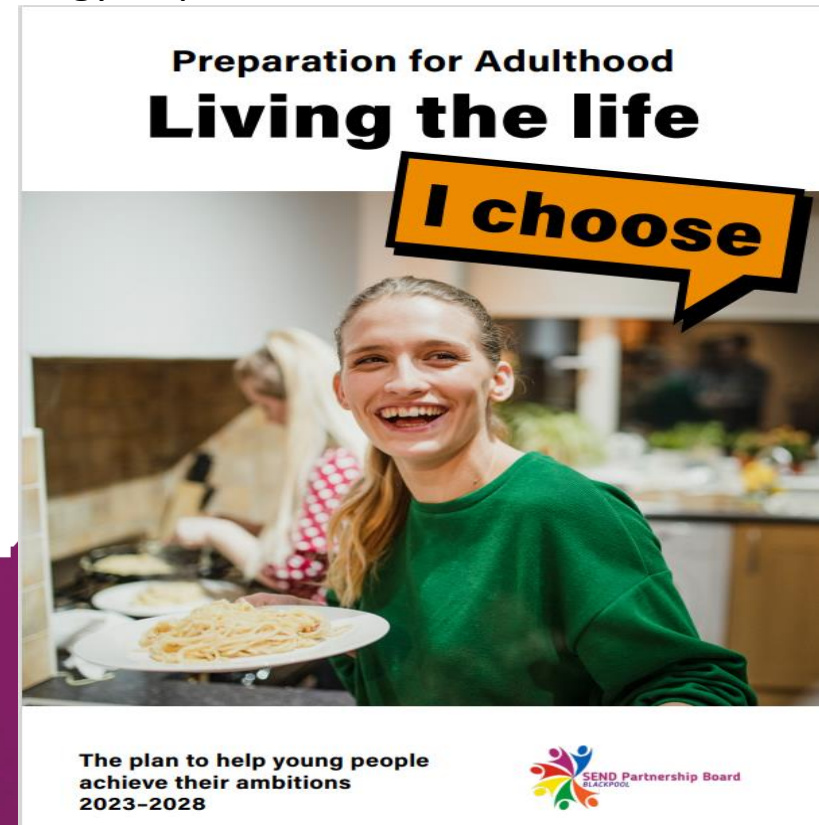


Preparation for Adulthood (SEND)

- Written Statement of Action – Preparing for adulthood
 - 10 week task & finish co-production group to co-produce a strategy to provide a foundation for all Blackpool services supporting young people to prepare for adulthood.
- 4 key areas for consideration:
 - Independent living
 - Being as healthy as possible
 - Higher education
 - Participating in society



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Blackpool Priority Wards

Insights and Engagements

2023



Introduction to Priority Wards

The Marmot reports of 2010 and 2020 demonstrate a clear correlation between high levels of socio-economic deprivation and poorer health outcomes.

NHS England used to undertake an analysis of unplanned hospitalisations that could have been prevented with earlier intervention. The outcome of this analysis aligned to Marmot's findings: higher socio-economic deprivation results in higher levels of unplanned hospitalisations.

The NHS England analysis also revealed that at a ward (LSOA) level, there were some wards that had levels of unplanned hospitalisations over and above the expected correlation between socio-economic deprivation and poorer health outcomes.

Wards that met this criteria and are identified as being one of the 20% most deprived wards in England are identified as "Priority Wards." There are 5 Priority wards in Blackpool – Claremont, Park, Talbot, Tyldesley & Bloomfield.



Wider Engagement

We asked: Generally, what do you think are the main factors that contribute to unplanned hospital admissions?

Top responses included:

- Mental health
- Lack of confidence in health and care services
- GP Access
- Lifestyle related risk factors
- Long term conditions support

Resident Suggestions: Themes from all wards

Unplanned Hospital Admissions

Residents have put forward suggestions to improve access to healthcare in order to reduce unplanned hospital admissions. It is important to note that some of the proposed ideas may already exist, highlighting further issues regarding awareness of available support.

Improving access to primary care

Increased community support

Enhanced communication and coordination

Targeted support for specific groups within the community

Mental health support

Residents understanding of services available





Overarching recommendations

1. Embedding door knocking within the community
2. Make community involvement a priority for healthcare providers
3. Improvements to appointment availability in primary care
4. Importance of long term condition management
5. Every contact counts
6. Empowering individuals to understand and prioritise own health
7. Cost of living support





Blackpool Vaping Engagements 2023



Introduction to Vaping and Rationale



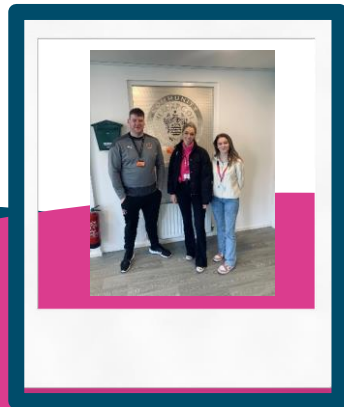
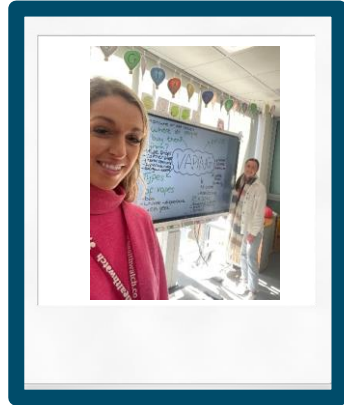
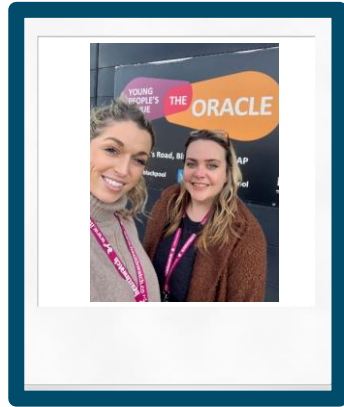
In 2022, an ASH (Action on Smoking and Health) youth vaping survey completed by 2613 young people, aged 11 to 18 year olds, found:

- Vaping prevalence (including occasional and regular vaping) was 8.6% in 2022, compared with 4% in 2021 and 4.8% in 2020.

Healthwatch Blackpool were approached by Public Health Blackpool to understand this further in our local community. Anecdotal evidence suggested vaping had increased amongst young people, and was becoming increasingly problematic within educational settings.

We focused on engaging with:

- **Children and young people, aged 10-24**
- **Teachers, youth workers and other professionals**
- **Parents and carers**



Local insight:
E-cigarettes and vaping

What do you
think about
vaping?

Scan the QR
code and let
us know.



Methodology



- An online survey, distributed via social media and educational settings.
- Pop up stands in the local community.
- Targeted focus groups within:
 - Primary Schools
 - Special Educational Needs and Disabilities Schools
 - Supported Accommodation
 - Additional Educational Provisions, including training providers
 - Youth Groups
 - Higher Education
 - Third sector organisations, e.g. The Prince's Trust

Findings



Healthwatch Blackpool spoke to:

4170 local children and young people.

- 3532 via our survey
- 638 through 25 focus groups

138 teachers, youth workers and other professionals.

297 parents and carers.



Findings from Children and Young People: Access, safety and availability

- **27%** of children and young people buy vapes from corner shops and newsagents.
- **36%** of children and young people are given vapes by friends.
- **14%** are bought vapes by family members.
- **57%** of children and young people do not read the packaging of vapes.
- **52%** of children and young people did not know that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal.
- **55%** of young people's parents/carers vape or smoke.
- **56%** of children and young people think social media and advertising promotes vaping.

- **46%** of children and young people are not worried about the long term health consequences of vaping.
- **32%** of children and young people believe vaping is very unsafe.
- **35%** of children and young people think vaping is safer than smoking cigarettes.
- **45%** of children and young people use social media to find information relating to vaping.
- **52%** of children and young people would benefit from further education on vaping.

Findings from Children and Young People: Focus Groups (638 young people)

Attitudes and why

- Vapes are cheap and marketed at children, with flavours such as PRIME and branded vapes.
- Children and young people are seeing adverts and videos on TikTok.
- Most common reasons for vaping include peer pressure, flavours and stress relief.
- Many people have not tried cigarettes before vaping.
- Some young people choose not to vape due to fears surrounding health implications.

Awareness and usage

- Young people vape daily.
- Children and young people's preference is disposable vapes.



Access, safety and availability

- Children and young people feel that vapes and e-cigarettes are easy to purchase and are rarely asked for ID.
- Most commonly bought from the corner shop.
- Not enough safety information.
- Not enough research.
- Fake vapes are available locally.
- Parents buying young people vapes as a reward for behaviour or attendance at school.
- Coughing and coughing up blood were some of the identified side effects noted by young people.
- Anecdotally, we heard that approximately less than ten young people experienced nose bleeds as a side effect.

Findings from Parents and Carers: Awareness and usage

3%

of those who responded have purchased a vape for their child.

75%

believe that their child does not use e-cigarettes or vape.

However, feedback suggests that some parents have 'caught' their child with a vape or believe that they vape in the company of their friends.

Findings from Parents and Carers: Attitudes and why



6% of parents and carers believe young people vape due to social acceptance.



3% of parents and carers believe it is used to look cool.



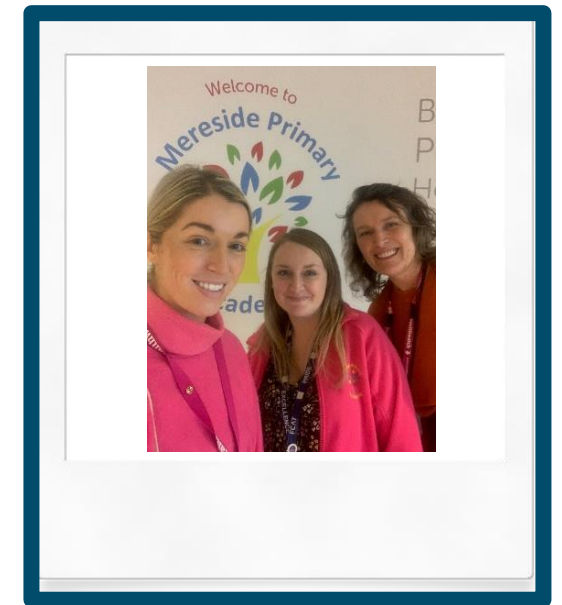
3% believe it's used for anxiety and stress relief.



14% of parents and carers reported vaping or smoking themselves.

– “It’s a good tool to train people away from smoking, but the science is relatively new and the dangers are not fully known yet. What we do know is that some liquids can cause “Popcorn Lung” and the units themselves can combust. I suspect that there will be more harmful effects that come to light in the future.”

– “My son was sold vapes at age 11, my husband reported it to the police nothing was done, it’s been difficult to prevent him getting vapes due to the child friendly products and easy access. My child claims they no longer vape but I found one today under his pillow – he coughs constantly.”



Findings from Parents and Carers: Access, safety and availability

- **77%** of parents and carers were not aware that most vapes with over 600 puffs and e-cigarette tanks over 2ml are illegal.

- **63%** would like more education on the topic.

- **46%** people raised concerns regarding the safety and unknown long-term health implications.

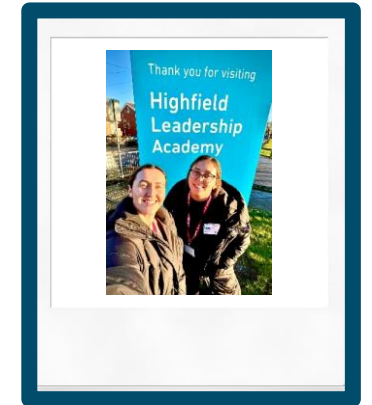


- **9%** of parents and carers would like stricter legislation and policies.



- **Only 7%** of the parents and carers who responded to Healthwatch Blackpool believe vaping is somewhat or very safe.

- **10%** of parents and carers commented on easy accessibility.



Blackpool place update – January 2023 to present

- Online listening event – January – 34 PPG/ system partners shared views on NHS services in Blackpool, developed recommendations for action
- Spring into Spring – March- multi-agency showcase event
- Fylde Coast PPG Chair network development – June- ongoing work to embed patient voice in health and care integration
- Community Voices partnership meeting – July – brought together local authority, health, Population Health, VCFSE to agree next steps for partnership working in Blackpool- currently in development
- Active into Autumn- September – multi-agency showcase event, building on March event
- Blackpool Place FutureNHS space - under development
- Engagement mapping log - under development
- INT development – first meeting due November