

## **Fylde Stakeholder Engagement Workshop Notes**

Event held in St Anne's Library, 4 August 2015

*17 people attended – 2 groups set up one with 8 round the table and the other with 9*

### **OVERVIEW**

#### **Session 1: Current activities, what are they, what works well and why/how**

Examples of a few local groups, activities and organisations which are helping to tackle social isolation and loneliness (both in Fylde, and more widely across Lancashire), and what makes them valuable (see detailed feedback, p.4 for other examples):

- 'Just Good Friends' group (and N Compass)
- Groundwork
- Progress Housing Group

**Just Good Friends** – been in 'Press', been on TV, Facebook page. **N Compass** have helped them set up a web site. Bev says she has lots of connections in Wyre and there is a group set up in Kendal. You need to have passion.

Lots going on in this group.

Organic groups where anyone can go, not siloes (based on issues, including diagnosis). Social issues are attached to someone's illness. Not much has changed.

*[Suggesting therefore that groups should be based more aspirations rather than issues (to attract and motivate people, and give them something positive to aim for)]*

**Groundwork** is a charity. It recommends a day in green space. No one is barred and all ages can enjoy. It brings people together, life changing, more green spaces are wanted on doorstep in care homes, gardens etc. It gets local communities involved (includes food growing).

**Progress Housing Group** offer 9 sheltered accommodation schemes with a variety of things for 50+ age group, for family or carer. They hold coffee mornings, exercise groups, crotcheting/knitting/stitching groups – a variety of schemes. Quiz afternoons and different activities open to the public. More now use community centres with a varied age group and offer varies schemes. There are 9 schemes throughout the Fylde and these are rolled out across Lancashire.

There is potential for other organisations to copy this.

#### ***General principles which may apply:***

Motivating people to engage: People need confidence to engage, and may be too scared to take that step – thus may need support to engage. Also people may not realise (or care to admit, to self or others) that they are chronically socially isolated or lonely – need to give people time to adjust and take small steps with support to engage. 'Hand-holding', for example through buddying and linking together with others.

## **Session 2: Current situation locally with social isolation and loneliness, and difficulties to overcome**

- Starting point: 'we don't know' (in relation to whether we understand the issues around social isolation and loneliness, who is affected and where).
- Activities need to aim at being: organic, intergenerational, not siloed, aspiration- rather than issue-based.
- Finding and identifying people – how do we do this?
  - How do we reach the socially isolated? Maybe explore grassroots / getting among the general public. Who are we trying to change: us and/or them? Need to work together between organisations/third sector/professionals. Lots offering similar services – people unsure who to go to, building a relationship with someone
  - Organisations hold elements of information, and it is how this is used (that is important?) to minimise isolation / loneliness.
  - Individual organisations hold elements of information related to social isolation and loneliness locally; however there is no coordinated approach, therefore relevant information is not shared.
  - Groundwork have a basic self-assessment tool
  - Moving past activity measures. Still possible to be lonely in a crowd, so look at how to measure 'wellbeing' of a person, and how social isolation can affect this.
  - Fleetwood have a participation group, where people come in as a volunteer. This could be incorporated within GP practices. Fylde and Wyre have signed up to an antibiotic pledge. This psychologically makes a difference. People can still feel quite lonely, even if they attend activities. Social isolation or exclusion should be more around their subjective sense of wellbeing.
  - Don't ask people to say they are lonely/isolated. Change the question to ask about wellbeing. Measure should be about wellbeing rather than actual social exclusion/inclusion.
- Social prescribing
  - Advising people to attend groups, as a particular form of social prescribing
  - Example from London: People have confidence in GPs and other trusted members of the community (e.g. Police). Some make GP appointments for social discussion. They would trust GPs' recommendations. Surveys have already been done within GP surgery. LCC could make recommendations.
- As many different kinds of loneliness as there are lonely people
  - Some of the busiest places have the loneliest people
  - No single coordinated way that people are isolated or that, if they are, it is a problem for them
- Don't expect instant results... TIME
  - Small projects don't allow people sufficient time to engage, and we need to work on sustainable initiatives. Funders want results before time allows to produce them
  - More time and funding is needed – people lose patience when activities/projects are introduced but not given time to embed
  - Long-term feedback needed – as short-term feedback doesn't validate success of a service

### **Session 3: Vision and next steps**

#### ***Emerging themes:***

- Collaborative working rather than competition
- Sharing knowledge, skills, abilities
- Networks and mentoring
- An asset-based approach across partners (also without "sectorising")
- Community hubs / one-stop shop
- Need to ask the right questions, listen, learn and develop

#### ***We want to see:***

- Social isolation and loneliness being treated as a serious health issue;
- Permission for culture change
  - Loneliness is NOT and should not be a 'taboo' subject
- Working together
- Better access for support
- 'One-stop shop' Wellbeing centre/hub
  - Gail (of 'Just Good Friends') has created a '1 Stop Shop' which includes Police Communities – any issues, rather than GP – brief information/advice. 1 stop sometimes can prevent problems of mental wellbeing and health wellbeing. If it could be one major place where everyone can work together, it would save money. People would approach them in the street. People struggle with waiting and processes.
  - Single coordinated responder – everyone has the same quality of service as everyone else, and for individuals to decide the choice. Also up to them to decide they are no longer socially isolated;
  - See p.10 for further details of this approach

#### ***We need to understand:***

- What it takes to create a successful network of organisations to tackle social isolation and loneliness locally:
  - Same co-ordinated approach for all organisations 'Communication and Education'. Sharing between organisations – Everyone is different but how do you share ALL the information that is widely available? How do we get to the position where we all know what is available?
- How we share information? And Communication and organisation
  - Resources > Information>Sharing >Communicating
- Methods – how to reach people
  - Opportunities for frontline staff to identify people who are isolated or lonely (who they could potentially refer onwards), including, e.g. repeat callers through the police, DEA Benefit Advisers

## **APPENDIX - Detailed Feedback from Event**

### **Session 1: Current activities, what are they, what works well and why/how**

#### ***Table Feedback:***

##### 1<sup>st</sup> Group

**N Compass** support lots of people. They have set up a '**Good Friends**' group. Who have been able to organise outings, theatre trips, quizzes, Sunday dinners etc. Currently looking to organise a Christmas Day meal in December. On 9<sup>th</sup> September they are celebrating their 3<sup>rd</sup> year anniversary. Trying to sort out a hot air balloon ride for visionally impaired people. A group from Good Friends have danced with 'Diversity'. They are not a charity and not an organisation. They hold meetings, ballroom lessons, Sunday dinners and even been on 'Surprise Surprise'.

**Good Friends** – been in 'Press', been on TV, Facebook page. **N Compass** have helped them set up a web site. Bev says she has lots of connections in Wyre and there is a group set up in Kendal. You need to have passion.

Lots going on in this group.

Organic groups, not silo's where anyone can go. Often create things like eg diagnosis. Attach social stuff to someone's illness. Not much has changed.

##### 2<sup>nd</sup> Group

Wealth of information in this group.

**Progress Housing Group** offer 9 sheltered accommodation schemes with a variety of things for 50+ age group, for family or carer. They hold coffee mornings, exercise groups, crotcheting/ knitting/stitching groups – a variety of schemes. Quiz afternoons and different activities open to the public. More now use community centres with a varied age group and offer varies schemes. There are 9 schemes throughout the Fylde and these are rolled out across Lancashire.

There is potential for other organisations to copy this.

Wellbeing means different things – healthy food, art based activities. By delivering activities in areas it inspires people. This has taken off really well. Can deliver workshop in a few hours and gives people ideas. Gives people the ability to want to do something. Have packs/kits.

**Groundwork** is a charity. It recommends a day in green space. No one is barred and all ages can enjoy. It brings people together, life changing, more green spaces are wanted on doorstep in care homes, gardens etc. It gets local communities involved (includes food growing).

#### ***Flipchart and Post-it notes:***

- Trips/Coffee mornings/lunches all run within the Sheltered Schemes area (Independent living) (Community) (Homes with Support) of Progress Housing – open to anyone in the community – referral not required
- Challenge Network – 3 week challenge
- Young people go into the community to assist engage with others to learn new activities
- Intergenerational
- Zentangle – Doodling – stress free way to relieve pressures of everyday life – improve Mental health & wellbeing

- Decoupatch – up cycling of ornaments (household items with papier mache
- Pamper Days
- Grandparent Days
- Hospice Neighbour Scheme – companion/friendship for people with life limiting conditions. Offer weekly support
- Faith Groups
- Age UK – befriending/caring neighbour/weather angles
- Ground works – connecting with community – improving HWB around greenspace. Growing food/gardening in supportive environment supporting – homeless/dementia/mental health – intergenerational in local neighbourhoods – Link with YP/Schools
- Fylde Food Co
- YMCA
- Tea Dances – Lowther Pavillion
- Credible Edibles – 3 community allotments
- Libraries – mobile
- N'Spire – Lytham Methodist
- Comm. GP for everyone
- Fylde Together – promotes volunteering opportunities
- Connect more peer support group connectmorestannes@gmail.com Wed 10-12 every week
- Singing for Well-being and confidence
- Incredible edibles
- Railway writers
- Disability Support Group (BFW area) – disability awareness
- Lytham Arts Partnership – Blackpool & Fylde College, Courses – Support line
- LGBT – Social Groups
- Blind Society – activity groups
- Support groups – HIV
- Youth Groups
- Exercise Groups
- Health & Wellbeing workshops
- Knitting/Crochet/Stitch Group
- Drama Group
- Games
- Lancashire Adult Learning – breakdown barriers
- CVS – Uses range of volunteers – Directory of activities
- Digital Inclusion
- Local History talks (reminiscence)
- Pop up shops
- Fashion shows
- Social Afternoons with entertainment
- Story Telling
- Gardening - Community

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- Education for everyone
- Communication – sharing information so information/Services can be shared

- Providers talking to each other and actually sharing resource. Too many partners delivering the same service across the patch. If B worked together B could cover a larger area and provide a variety of services.
- Service "library" created one organisation hold responsibility to update the library. All new services to be added to the 'library'. This role available online for all HCP's, social workers, public etc.
- Services and support must be resourced to succeed and be maintained – otherwise organisations may not be able to deliver/provide services for the referrals from the well-being service.
- Promoting and raising awareness of services using various methods – informal (supermarkets) – formal (GP's).
- Just good friends in every town.
- GP's happily signposting to wellbeing.
- Radio programme on friendship.
- TV programme on friendship.
- Get a celebrity to promote.
- Repeat callers through the Police.
- Directory of informal mentors - people who can apply for funding – people who are good at setting up groups – people who can source venues. Link between the people who care and the business minded people.
- Just good friends –
  - Walking on the Wyre - ?
  - Beat the Dance – Fleetwood Dance Group
  - Incredible Edible
- Stroke Association
  - Volunteer support groups
    - Initially supported by staff and 'Official' volunteers from stroke association to get things off the ground
    - Following this the groups are empowered to be self sustaining with additional support from Stroke Association as required eg support for venues, leaflets etc
    - Important to support people to develop
- Community Croft Groups/singing group/incredible edibles – starting of group/our service users/geocaching
  - Volunteering which gives Social aspects/yoga group relaxathon/mind fullness/reading groups in library's. Parkinson's support centre/Library use of internet.
  - Time to change events/including Local Services). Third Sectors/Schools/Pubs/working with learning disabilities.
  - Long term pain management/mustard seed/Local church coffee group
- Community restart – Wyre club house, cedar crescent – still funded houses no longer building based
  - Making space – supporting people with mental health conditions to engage in peer support, job skills, life skills, education and their engagement.
  - Creative support – Alzheimers, dementia, café based there. Similar to community restart.
  - Dementia support /solutions plus and carer serving– respite care and befriending service

- D A pathway currently commissioned - social diagnosis and other support and hoping people engage in the community.
  - 'Singing for the Brain' groups. However caring not commissioned.
- Social Centre - Café Clubs - Activity Groups (**N Vision**)
- Volunteers (**IT Initiative**)
- Knit & Natter, Games Days, Talking News, Talking Books –Information
- Sessions/Exhibitions/Community Garden**
- Networks – Social Enterprises
- Daily Social Club for all people with learning disabilities
- Over 50 – including mental health & dementia
  - Activities include Art/Dance/Reading/Drama etc...
  - Starts at 9.30 – 3.30
  - Includes – Tea & Toast, Lunch, Afternoon Tea
  - Transport available
  - 1 to 1 support (if necessary)
- Hot air Balloon
- Dance with strictly
- Twiddlemuffs for Clifton Hospital Charity – air ambulance – carnival, breastcancer, McMillan
- Just good friends
  - Outings
  - Theatre
  - Bingo
  - Quizzes
  - Ballroom lessons
  - Meals for 3<sup>rd</sup> year Anniversary & Christmas
  - Speakers
  - Friendship
  - Darts – Dominos – scrabble
  - Poetry
  - Newsletters
  - Fitness Classes
  - Back of a Harley Davison
  - Absail down tall building
- Motivating people to engage
  - Need confidence to engage. Too scared to make the step. People need support to engage
- Social Leadership
  - Develop people to become leaders of groups – user led
  - Individual interests
- User led cafes
  - Success dependant on the organisation and attendance
- Organic groups should grow
  - NOT in silos for MH or OP etc
  - Remain excluded if attend a 'Mental Health/ Service
  - Welcoming for everyone
  - No stigma

## **Session 2: Current situation locally with social isolation and loneliness, and difficulties to overcome**

### ***Table Feedback:***

#### **2<sup>nd</sup> Group**

General concerns that people can be isolated in their own homes. It is not always clear to pinpoint who and where. Proud people don't want to be labelled isolated. Even in the busiest places they may be the loneliest people. Unsure if the picture is right or not. Unclear where these people might be and despite a host of organisations, not everyone knows. There is not a single co-ordinated approach. It can't be done on an area base.

We have looked at ways to make good use to capture people on success. **N Compass** currently located in GP Services, with an appointments system. GP's sign post and help support carers. Fylde & Wyre have done an activities list.

**PCSO's** can have a lot of input. **Neighbourhood Watch Police** volunteers are looking at health of people. 'Street Life' have a lot of help out there.

In London, there is **GP social prescribing**. People have confidence in GP's and other trusted people in the community eg the Police. Some people make appointments with GP's for social discussion. They would trust the recommendation from GP's. Surveys have already been done within GP surgery. LCC could make recommendations.

Fleetwood have a participation group, where people come in as a volunteer. This could be incorporated within GP practises. Fylde & Wyre have signed up to an antibiotic pledge. This psychologically makes a difference. People can still feel quite lonely, even if they attend activities.

Social Isolation or exclusion should be more around their subjective sense of their wellbeing.

### ***Flipchart and Post-it notes:***

- No single co-ordinated way that people are isolated or that if they are it is a problem for them.
- Organisations hold elements of information and it is how this is used to minimise isolation/lonely.
- Small projects don't allow people time to engage and we need to work on sustainable initiatives. Funders want results before the time allows to produce these.
- Do people realise they are isolated?/ lonely – need to give people time to adjust and take small steps with support to engage.
- People become isolated due to media/methods and communication electronic means people don't have the opportunity to just talk to someone.
- People have to have support to hand hold in engagement. Need simple steps like buddying and linking together.
- People need to consider a 2 way process for connecting and engaging with others.



- Some of the busiest places have the loneliest people.

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- No coordinated approach – lots of organisations have the information but it doesn't get shared
- The starting point is "we don't know"
- People who are classed as obese are becoming ashamed to go out and therefore being isolated – only go out in the evenings to avoid conflict
- 'Groundwork' have a basic self assessment tool
- More time and funding is needed – people lose patience when activities/projects are introduced but not given time to embed.
- Long term feedback – short term feedback doesn't validate success of the service
- Don't ask people to say they are lonely/isolated. Change the question to ask about well-being. Measure should be about wellbeing rather than the actually. Social exclusion/inclusion
- North Lancs, Fylde & Wyre
- N Compass are in GP Surgeries
- N Compass support carers
- Activities in Fylde & Wyre
- PCSO's
- Volunteers – Police, Neighbourhood Watch, FBC
- Street Life
- Facebook
- Media
- GP's (Turned professional)
- Social prescribing – advising to attend groups. The form of social prescribing
- How would you develop a 'loneliness risk tool' → utilise indicators from Essex Model? Would this actually **ever** work?
- Moving past activity measures → still possible to be lonely in a crowd so look at how to measure 'Wellbeing' of a person and how social isolation can affect this.
- How do we reach the socially isolated? Maybe explore grass roots/getting among the general public. Who are we trying to change us/them. Needs to work together organisations/third sector/professionals. Lots offering the same service- people unsure who to go to, building a relationship with someone.

### **Session 3: Vision and next steps**

#### ***Table feedback:***

Gail has done a '1 Stop Shop' which includes Police Communities – any issues, rather than GP – brief information/advice. 1 stop sometimes can prevent problems of mental wellbeing and health wellbeing. If it could be one major place where everyone can work together, it would save money. People would approach them in the street. People struggle with waiting and processes.

Best treatment can be given when everyone works together. There should be a concept hub/collaboration – for sharing working together.

Should replicate ideas services amongst different services.

The word 'Friendship' is more positive than the word 'Isolation'.

A vision – social isolation or stigma around it is removed. Not treated as seriously as other issues.

Single co-ordinated responder – everyone has the same quality of service as everyone else and for individuals to decide the choice. Up to them to decide they are no longer socially isolated.

It is a failure of its success. Want more people to engage but need resources. The Wellness Service get huge influx. Referrals don't have resources. Organisations like Envision get successful but have to fail. Not just about money – they help to use the Village Hall, then become a business then have to use contracts. It's about finding the right balance – commissioning, being aware of challenges.

An event which was arranged to go ahead at Marine Hall, cost too much and has had to be re-organised elsewhere. People will miss out for this.

How can we bridge that gap?

We need people who are good at requiring funding/cheap venues. Always someone knows someone who can get things cheaply. Often about who do you go to? Who knows where land is?

There is a vision to make things operate in a different way – Hubs, with an asset based approach. Having whole of the cake instead of just a small piece is better. Sector 'ising' this is not ideal. Organisation have become competitive. The way we do things needs changing. We need collaboration.

We are unaware of venues we could use today. It could be own front room for friends who come in for coffee.

Services delivered by professionals will always have to play a role. Local provider provide tea and coffee to knitting group. There's also a writing group. Local groups, local people together. Knit & Natter group in Poulton.

Today we could have asked people who are socially isolated to come and share their experiences.

The Chairman with Lancs Deaf Society (Preston) is an interpreter.

If we aspire to do, then some groups in Lancashire will be happy to represent.

1 point of contact – Asset

CVS is a good starting point. Blackpool, Fylde & Wyre have infrastructure on premises, costs etc.

### ***Flipchart and Post-it notes:***

- Communication/Education/Self Choice
- Need a co-ordinated approach whereby an individual who is isolated and/or lonely follows a specific pathway to access opportunity to reduce loneliness/isolation ie like someone who breaks a leg – calls for help is taken for assessment and appropriate treatment
- **Social isolation is treated as seriously as above**
- 2 way process between individuals and access to support
- Sharing information across organisations
- People being connected with opportunities
- Need to be aware of **FREE** spaces
- Support to be available – buddy to help take the next step towards connecting and engaging
- Volunteers are essential for sustainability
- Breakdown barriers to social isolation

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- Education for everyone
- Communication – sharing information so information/Services can be shared
- Providers talking to each other and actually sharing resource. Too many partners delivering the same service across the patch. If B worked together B could cover a larger area and provide a variety of services.
- Service "library" created one organisation hold responsibility to update the library. All new services to be added to the 'library'. This role available online for all HCP's, social workers, public etc.
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- Repeat callers through the Police.
- Directory of informal mentors - people who can apply for funding – people who are good at setting up groups – people who can source venues. Link between the people who care and the business minded people.
- Availability of courses to Fylde residents have now increased if residents don't have a Blackpool postcode – previously courses at colleges were discounted (£15). Now they are £90 to Fylde residents which is unaffordable to many.
- Use word 'Friendship' rather than 'Loneliness' it's far more positive!
- Same co-ordinated approach for all organisations 'Communication and Education'. Loneliness is NOT and should not be a 'taboo' subject. Sharing between organisations – Everyone is different but how do you share ALL the information that is widely available? How do we get to the position where we all know what is available?

- No one should be excluded from accessing the activities whatever/wherever they may be? Approaches to pub landlords/breweries. More signposting to communities, centres/activities. Need pubs to offer 'coffee' and lower priced non-alcoholic drinks.

### **One Stop Shop (Centre Hub)**

Mental Well being Centre, Working together/sourcing funding bids buildings

- Breakdown Stigma (Community events)
- Too many duplicated services
- Substance misuse
- Young Peoples Wellbeing
- Homeless team
- Home Society/Fire Service
- Relaxation/complimentary therapies, mindfulness
- Everyone's mental health. Appointment like GP's information, Help/advice/information
- All Services/agencies etc, hit the ground. Speak to the general public
- Local Information boards. Community initiatives
- Books/exercise on prescription
- Volunteering
- Third Party
- DEA benefit advisors
- Library of Information. Information events open to public
- CAB
- Welfare Rights,
- Listen, Learn Develop
- Ask the right questions?
- Age UK elderly advice
- Volunteering services
- Community engagement
- Police, Community Initiatives
- Community Development
- Wellbeing Workshops