



Partnership Engagement Network (PEN)

Report of Conference held on 25 June 2019

Background

The Partnership Engagement Network (PEN) was established as part of a multi-agency approach to provide public and partners with an identified and structured method to influence the work of public services and to proactively feed in issues and ideas.

PEN provides a structure for ongoing conversation with the public and stakeholders. It creates forums for people and organisations to get their voices heard, and to hear about and contribute to the development of public sector programmes and work.

Introduction

On 25 June 2019 representatives from Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust along with public, stakeholders, partners, and voluntary, community and faith sectors came together for the second PEN Conference of 2019. There were over 80 participants in total.

Participants heard presentations on Dementia and the Greater Manchester Clean Air Plan followed by a whole room 'GM Clean Air Plan Living' engagement activity. The notes from this engagement activity can be found at appendix 2

Participants also took part in two rounds of a choice of six facilitated workshops focussing on specific issues/challenges. A full agenda for the day can be found at appendix 1.

Facilitated Workshops

Six facilitated workshops took place to gain input on the development of options, emerging ideas and specific issues and challenges currently facing the economy. The approach to the workshops was flexible with the workshop leads invited to facilitate the workshop in the way which worked best for the topic they were delivering. Key points and notes of these discussions are available at appendix 3 onwards.

Participants were invited to take part in a choice of two of the following six workshops:

- Active Neighbourhoods, Greater Manchester Get Moving Campaign
- Personalised Care Planning at the End of Life
- Tackling Dementia in Tameside and Glossop
- New Ways to Access General Practice
- Tameside and Glossop Lung Health Checks
- Tameside and Glossop Bereavement Booklet

The discussions and feedback captured during these workshops will be used to provide data, information, evidence and insight to the development of public services in Tameside and Glossop. The full notes of each of the workshops are included in the attached appendices (3 to 8)

Post Conference Feedback Survey Summary

All participants were invited to take part in a post-conference feedback survey. The key findings of the results include:

- Of those who responded to the survey, 100% of participants rated the PEN Conference as Good (60% Very Good, 40% Good).
- All participants rated the organisation of the event as good (66.7% very good, 33.3% good).
- The majority of participants (93%) rated the presentations as good (33% very good and 60% good).
- Participants were invited to provide comments about the presentations. The key points that were raised in the comments were:
 - The quality and range of presentations were good
 - Information was interesting, engaging and useful
 - Some difficulty with sound issues
- All participants rated the workshops positively – Just under half rated ‘very good’ (47%) and 53% rated them ‘good’.
- Respondents were invited to give comments about the workshops. Some of the key themes in the comments were:
 - Provided opportunity for people to have their say
 - Good networking opportunity
 - More discussion time would be beneficial
 - Some workshops needed to hear more from less vocal members of the group
 - Informative and interesting content
- 73% of those who responded said that they felt they were given enough opportunity to express their opinions.
- Respondents were asked for their thoughts and opinions on the Partnership Engagement Network. Some of the key themes were as follows:
 - A good platform for members of the community and professionals to have their say on what is happening in the local area.
 - Great way to get people together and make connections
 - A good way for people to consider other points of view
 - Great variety of topic
 - Feedback on the comments and suggestions made in the workshops would be welcomed
- Participants were asked about what topics they would like to see covered at future conferences. The suggestions included:
 - Social Prescribing
 - Environmental topics
 - Social isolation
 - Transport links to health appointments
 - Prevention in health and wellbeing

- Community safety
- Attendance at NHS appointments
- An eclectic mix at each PEN Conference
- Participants were given the opportunity to make any other comments about PEN generally. Key points included:
 - Positive effect of discussion – opinions have changed as a result
 - Emphasis more on workshops
 - Acoustic issues in venue – can this be improved?

A full breakdown of the responses can be found at Appendix 9.

Future PEN Conference Dates

16th October 2019, 9.30am-2.00pm

Appendices

The following appendices are attached:

- Appendix 1 – Conference Agenda
- Appendix 2 – Workshop notes; GM Clean Air Plan
- Appendix 3 – Workshop notes; Active Neighbourhoods, GM Get Moving Campaign
- Appendix 4 – Workshop notes; Personalised Care Planning at the End of Life
- Appendix 5 – Workshop notes; Tackling Dementia in Tameside and Glossop
- Appendix 6 – Workshop notes; New Ways to Access General Practice
- Appendix 7 – Workshop notes; Tameside and Glossop Lung Health Checks
- Appendix 8 – Workshop notes; Tameside and Glossop Bereavement Booklet
- Appendix 9 – Post Conference Feedback Survey Findings

PARTNERSHIP ENGAGEMENT NETWORK CONFERENCE

Date: Tuesday 25 June 2019

Time: 9.30am -2.00pm

Venue: Hyde Town Hall, 10 Corporation Street, Hyde, SK14 1AL (Main Hall)

AGENDA

1.	Welcome – Councillor Brenda Warrington (Executive Leader, Tameside Council) and Jane McCall (Chair of Tameside and Glossop Integrated Care NHS Foundation Trust)	9.30am–9.35am (5mins)
2.	Introductions – Damien Greenhalgh (Operations and Volunteering Manager, The Bureau Glossop)	9.35am – 9.40am (5 mins)
3.	Dementia Presentation – (Chris Pimlott, Mental Health and Learning Disability Commissioning Manager, NHS Tameside and Glossop CCG)	9.40am-9.55am (15mins)
4.	GM Clean Air Plan Presentation – Gary Mongan (Regulatory Services Manager, Environmental Services, Public Protection, Operations and Neighbourhoods, Tameside Council)	9.55am-10.10am (15mins)
5.	GM Clean Air Plan – Whole Room Engagement Activity	10.10am-10.40am (30mins)
6.	Feedback – 1 key point from each table	10.40am-10.45am (5mins)
	BREAK (15 minutes)	10.45am-11.00am (15 mins)
7.	Breakout - Workshops – Round 1 (See overleaf)	11.00am- 11.50am (50mins)
8.	Feedback – 1 key point from each table	11.50am-11.55am (5mins)
9.	Breakout - Workshops – Round 2 (See overleaf)	11.55am- 12.45pm(50mins)
10.	Feedback – 1 key point from each table	12.45pm-12.50pm (5mins)
11.	Close – Damien Greenhalgh (Operations and Volunteering Manager, The Bureau, Glossop)	12.50pm-12.55pm
	LUNCH AND NETWORKING	12.55pm-2.00pm

WORKSHOPS	
A	Active Neighbourhoods, Greater Manchester Get Moving Campaign – (Annette Turner, Programme Manager, Public Health, Tameside & Glossop Strategic Commission)
B	Personalised Care Planning at the End of Life – (Fiona Horrocks, End of Life Care Facilitator for Care Homes and Community, Tameside and Glossop Integrated Care NHS Foundation Trust)
C	Tackling Dementia in Tameside and Glossop – (Chris Pimlott, Mental Health and Learning Disability Commissioning Manager, Tameside and Glossop Strategic Commission)
D	New Ways to Access General Practice – (Joseph Corbett, Commissioning Project Manager for Primary Care, and Megan Harrison, Practice Liaison Manager, Tameside & Glossop Strategic Commission)
E	Tameside and Glossop Lung Health Checks – (Paula Rosbotham, Tameside and Glossop Integrated Care NHS Foundation Trust and Victoria Hamlett, Public Health Programme Officer, Tameside & Glossop Strategic Commission)
F	Tameside & Glossop Bereavement Booklet - (Michelle Treanor, Senior Transformation Manager and Danielle Clarke, Project Support Officer, Tameside and Glossop Integrated Care NHS Foundation Trust)

Greater Manchester Clean Air Whole Room Engagement Activity

Number of attendees – 87

Question 1: What other actions could be taken to improve air quality across GM instead of introducing clean air zones?

- Encourage use of local transport rather than cars.
- Behaviour changes to break up travel times
- Improve safety of public transport – youth clubs family support
- More electric car plug in spaces
- Make bus passes cheaper for everyone to encourage use
- Active work places
- Give public transport a better image on social media
- Government initiatives to make green cars cheaper
- Make taxi drivers charge more for the use of less carbon efficient taxis
- Car share schemes
- More green space integrated into plans
- More public transport – frequency options and plans that are reliable
- Green planning that meets what communities want and need
- How to prevent charges on consumers
- Pedestrian areas
- Do individual attitudes and preferences align with what is green? Can this change?
- Use of technology e.g. skype meetings working from home.

Question 2: To what extent do you think that cleaning up GMs bus fleet, HGV's, vans, and coaches, and other commercial vehicles is a priority for improving air quality and why?

- Reducing produce you can buy online encourage to shop locally
- Buses to take workers to work, one bus rather than 50 cars
- People could carpool to work, make this an initiative
- Make larger businesses pay extra for more vehicles as they are creating more of a carbon footprint than smaller businesses
- What is the impact on rural communities?
- Evidence published for planned reductions, how does this link with plans to bring transport back into public ownership?
- Clean air days
- Can rate planning help?

Question 3: Do you have any comments on clean air zone boundaries?

- Air pollution doesn't respect boundaries
- Create special days to show the public and make them familiar with the idea
- What consideration has been given to cross boundary travel?
- Consistent policies across areas for this idea
- Concern about highways outside of boundaries

- Needs to be nationalised
- How will businesses respond?
- What takes place nationally?
- Does the clean air zone tie in with other strategies wider areas.

Question 4: Proposed charges: buses/ coaches £100 per day. Heavy goods Vehicle £100 per day. Vans minibuses, motorhomes £7.50 per day. Taxis and private vehicles £7.50 per day. What do you think of the proposed charges for each vehicle type?

- Charges will go straight on to customers
- Exclude roads where pollution concentrated e.g. M60 Denton. How can GM ensure these companies are supported?
- How are localities factored in?
- Emission tests by the police
- Promote hydrogen along with electric
- Include private owners to – need to be bold
- Why is charge standard despite company size?
- Make charges consistent with age of vehicle
- Charges are a hostile approach culture and infrastructure
- Look at hotspots put charges there first
- People need more conscience for clean air
- Extend boundary to edge of Glossop
- How are they enforced - how do people pay?
- Cost passed onto customers
- Set up cost, admin cost etc.?
- What if funding doesn't come through to help businesses.
- Dual purpose vehicles business/ family
- Charity/ volunteer vehicles at risk of stopping.
- Foreign visitors.
- Penalties for non-payment.
- Small businesses go out of business.
- GM needs to make public transport easier.
- Oyster card type system.
- Traffic to Glossop is bad – trains should be cheaper.
- More park and ride schemes, trams from Ashton to Manchester are good.
- Need to consult with freight businesses £100 per day could cause further unemployment. What about the voluntary sector?
- Mini buses operated by volunteers should be exempt.
- Electric cars are far too expensive.
- Cost of transit isn't the only factor – driving is more convenient.
- Public transport can't be trusted.
- Driving is much safer and faster at night - could lead to isolating people?
- How would the money raised be reinvested?
- Cycling infrastructure?
- Airport trams don't run at night.
- Ambulances not exempt. £7.50 a day per ambulance.

- Could tariff introduction be staggered, ramp up to full £100 over time.
- Unrealistic time scale, more like a 10 year plan.
- Voted against congestion charge
- Invest in rickshaws
- Stagger the price closer to the centre
- Ashton to Hyde costs as much as driving into the city.

Question 5: Do you think any vehicles should be exempt from the daily charge should a clean air zone be introduced, and why?

- Charity organisations/ furniture collections etc.
- Volunteer/ private cars (registered keepers)
- Emergency vehicles not exempt but priority funding support
- Concerns: impact on small/ medium size businesses.
- Balance: relative perspective cost of enforcement. Implementation how?
- Taxi regulation.
- Charges: Add funds to a pot to help support businesses with charges of adapting their vehicles. Agricultural vehicles (until investment/ support for replacement).
- Remove private vehicle exemptions in time with significant government support to individuals/ car industry.
- Encourage use and purchase these: electric vehicles, hybrids, low emissions.
- Charity organisations and SEN minibuses and emergency services.

Question 6: To what extent do you think the installation of electric vehicles charging point across GM is a priority to help improve air quality, and where should the charging points be installed?

- High priority – Three times as many points needed
- Practical challenges: if you charge near homes - time to charge – one in each community or village. How GM can influence national supply/ source of the energy.
- Where?: car parks, shopping centres, super markets, work place, office block, cluster, hospitals, incentive parking (passenger exceptions).
- Further suggestions: exclusion zones for cars around school at peak times?
- Focus on changing lifestyle – public transport, walking or cycling.
- Invest in cycle route?
- Also encourage electric vehicles if reduce needed.
- Should prioritise the cost of public transport and safety.
- Accessibility – look at who we are serving, T&G are one of the more socially disadvantaged boroughs e.g. car ownership, cost of journey
- How will it affect agricultural vehicles?
- Where: park and ride (TFGM) out of centres.
- Car park with free fees for EVs.
- Business/ property developers- build into planning.
- Public car parks with time limits, new builds to incorporate charging ports – solar panels on all new buildings

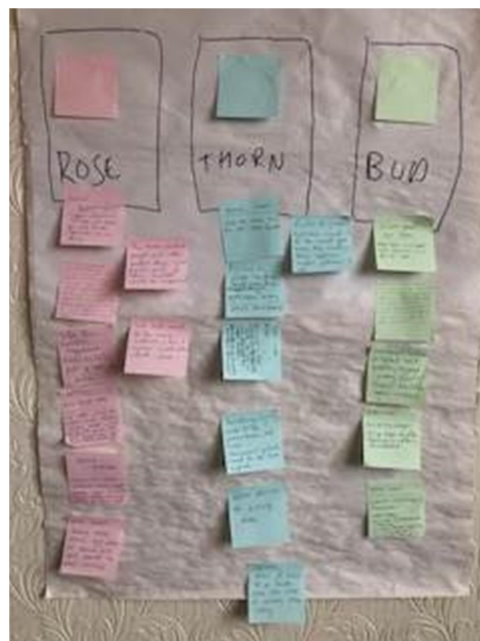
Workshop notes; Active Neighbourhoods, GM Get Moving Campaign

The workshop consisted of a Rose, Thorn, Bud exercise with participants providing their input on the development of the Active Neighbourhood Model. The output was due to be discussed at the Active Alliance Executive on Wednesday 17 July when thematic analysis will take place to further shape the development of the model.

Generally speaking of the 'Roses', the audience were welcoming of the use of all assets, including parks and greenspace, and the simplicity of walking as an accessible option. Likewise the wider focus on public spaces was deemed a positive. The holistic nature of the approach was acknowledged to be a positive.

With regards to the 'Thorns', people queried the cost of making alternative spaces for activity viable. Valid points were made around the current transport/cycling and walking infrastructure and the ease or difficulty of getting around by active modes. Likewise valid points were raised on the safe sharing of space by people travelling in different ways. Some concerns were raised around the use of residential streets for play and importantly the management of residents who may not advocate streets for play.

Many 'Buds' were identified within the community and existing assets to build upon the programme offer for activity across a range of spaces. Family activities were also identified as a good area of development. The development of Bluespace was seen as an area of big potential with the right work around cleanliness and safety underpinning its use. The use of Parks and Greenspace for activity, in particular free activity, was seen as an important means of engaging people in physical activity.



Workshop notes; Personalised Care Planning at the End of Life

Workshop 1 - Individual Plan of Care and Support for the Dying Person in the Last Hours and Days of life (IPOC).

The discussions were led by Fiona Horrocks and Helen Sharples as the Trust EOLC Facilitators for the Community and Acute settings. We came together to offer a review of the IPOC and invite discussion regarding opinion and feedback regarding the document.

Each of the following were comments taken from those who attended Workshop 1:

- The document is a visible reminder of the EOLC in place. This can be difficult but at least all the notes are together if they are needed i.e. Paramedic, District Nurses.
- Allows a standard of care to exist for both the person and the family. You don't have to keep telling the same thing to everyone who comes to care for them
- Provided individual needs to be addressed which could only be a good thing
- A need for a SPOC (Single Point of Contact) is paramount at this time
- Allows you as a family to be aware of the care which is being given
- Reassured that care is being delivered in an appropriate manner.
- Not happy with the words on the front of the purple file "Individual Plan of Care for the Dying Person". Is this really necessary? It was agreed that not necessary in someone's home or residence, however understandably in place in a hospital environment as it sits with the notes in the medical/nursing trolley
- Allows all who are providing care to read the previous visits.
- Open conversations - we need to know what is happening. Is communication training available for all carers? (This was a question from two Care Providers in the Community)
- Preferred Place of Death PPD – Allowing a person to die peacefully where they want to be. The IPOC can travel with the person from the hospital to the community, and in reverse if necessary.
- Having the ability to lie with your loved ones as they pass – one lady discussed this had happened with her mother when her father passed away and how it made that moment such a wonderful one even in sadness.
- Communication between the carers and the family and person. Keeping everyone aware of the situation. "Please do not assume we all know, or that we all want to know everything!"
- You can see who is involved in the care, and have contact details if you panic.

Advanced Care Planning – ACP. As part of the launch of the Trust ACP document "My Care My Way", we discussed the planning of personal wishes and care for your future.

- The importance of your wishes is something you never really think about until you have to
- Is the document available to everyone? Yes it is. Care Providers were very keen to read more and take this to their clientele
- Knowing that actually, I can do this now, when I don't really need it

- Who was involved in creating the document?
- Where can we get them from – available at GP Surgeries, and via any connections with Healthcare Professionals and Social Care teams
- It's interesting to hear about this
- How to complete the document if a person already has lost capacity – speak with people who know them best. It's like a jigsaw, you need to piece it together to complete their wishes
- Discussing death and dying is very hard

It certainly gave food for thought and those who attended were very keen to discuss the availability of the document and training which is offered to assist the implementation of it for professionals.

Workshop 2 - Individual Care plan in the Last Days of Life

What do you think is important at this time?

- Access to help and support – knowing who and why and when to contact people who can help. Some doctors are ambiguous with timings – clearer discussions with the person regarding stage of disease.
- Knowing support is accessible, however not too many people as it can be overwhelming. Some professionals may get defensive if asked to step back.
- Coordination of contacts for end of life care – having to organise and ring around takes away that element of care and could take precious time – could the individual feel isolated? We need a constant person to phone to encourage better coordination. Work ongoing looking at this.
- Individualisation of the care plan.

How much would you like to be involved in care for loved one or yourself?

- Does the person have capacity to voice their care and what they want? What happens if circumstances change e.g. the 'dying' person might wish to die at home, however might need advanced medical care – a conversation needs to be had around if circumstances change such as spiritual wishes/musical wishes/individual choices – could this be replicated in a clinical setting?
- A best interests meeting could look at end of plan for options.
- Encourage the conversations among families in early stages so the wishes are clear from the offset – reduce stigma of death – have the conversation early!
- Death should be discussed as pregnancy should be discussed – that level of preparation and excitement for the future (celebration of life).
- Clarification of end of life wishes – family members could get into conflict/stress if a clarified end of life plan is not made by the 'dying' individual.
- Asking about if the person wants a family member to take personal care of them – context and circumstances change which could affect 'dying' individual.
- More clarity in what happens at the end of life and what to expect – for the individual and for family
- Staff attitudes/manner/demeanour
- A lay person may not understand fully what resources and support is available and what can happen at the end.

- In care plan, 'Are you happy in the home you're in?' etc. Ask the individual. Flexible and adaptable, depends on staff capacity and staff attitudes.
- Audit of the current system and data analysis of current efficiency?
- Consistency of care between care providers – what happens if one care giver forgets to read or update? Staff need to comply with end of life care plan.
- Unwillingness to report things that are not working well – important for improving care for the individual.
- Integration of care givers and communication between care givers to ensure incidents and unusual behaviour are reported so correct end of care is given. Under reporting lead to system failures.
- When management leave, will the care continue or will it change? Will it backtrack from where it was? Sustainability?

How important are religion and spirituality?

- Only the person at end of life can answer. Very individual. Should give as much importance as other needs such as physical needs. End of life book? Which services to cancel after death, any pets to consider etc. End of life patients may worry about pets.

Workshop notes; Tackling Dementia in Tameside and Glossop

Workshop 1:

- Communication about available resources, and ease of access for both professionals and the public needs to increase
- Identification of a key person who oversees post diagnostic dementia support – this has been identified and will be in place by August 2019
- Positive discussions about how the integrated pathway has the opportunity to support people living with dementia much better
- Discussions about the importance of involving carers at all times ‘Shared Lives’ being a prime example of this
- More work is required for dementia for minority groups (LGBTQ, BME), participants for involvement in the dementia innovation work sought from the workshop to participate in these upcoming events (NB that for the upcoming community of engagement event there are 4 people from the BME community now attending)
- Councillor Margaret Sidebottom very positive about developments and wants to support work as it evolves
- Healthwatch also very keen to support the development of the integrated pathway
- Discussion about the diversity of the 5 neighbourhoods, and having a central point for holding and disseminating information to enable easier and swift availability, with a hub and spoke model built into local communities
- Detailed discussions took place about more treatment in the community rather than hospital settings, with a move away from utilising medication to control behaviour. Also emphasising the importance of medics and primary care being involved in this as a developmental piece of work that needs completing
- Discussion about holding some information workshops to look at dementia and how this impacts the community, also with a focus of reducing stigma and myth-busting
- Concerns about the availability of day care within the locality, and requests made that this is reviewed during the innovation work
- General discussion about the availability of dementia friendly transport, and also the location of dementia support groups, that needs to be factored into robust post diagnostic support
- More education and awareness-raising is needed to reduce the risk of dementia, especially for vascular dementia which can be impacted by life choices.
- Discussion about how DWP is linked in with better information and increased support for people with early onset dementia, and mild cognitive impairment
- More integration can take place by looking at some of the work already completed by the dementia friends work and taking learning from that
- Additional consideration needs to be given for people with dementia and sensory impairments

Workshop 2

- Further discussions held about the upcoming dementia innovation work presented within the initial part of the session
- Agreed with first group that more work needs to be done for underrepresented groups living with dementia or who are carers. Most significant issue being that dementia is not recognised within some of these communities, so there will be a different starting point.
- Discussion about how we can increase community awareness and engagement to facilitate change
- Concerns about the memory tests that are currently used within primary care, and the appropriateness for some communities, need to be more inclusive.
- GPs and other practice specialists need to understand and engage more with community minority groups to facilitate this change
- Still a lot of awareness-raising needing to be done in local communities
- Potential to relaunch the dementia friendly sessions and ensure that all public facing services have access to these
- Strong links need to be forged between the community VCSE and neighbourhood teams to further support the pathway
- Potential to make better use of the mobile libraries as an information asset
- Community groups need more support in order to be able to provide a richer offer
- Discussion about how the VCSE is supported to develop a richer commonly offer, and the practical support they may need to facilitate this

Workshop notes; New Ways to Access General Practice

Questions/comments raised by workshop attendees:-

Question - When were E Consults introduced?

Answer – March 19 (*interesting they hadn't heard of it before*)

Question – Is the reason only 9 of T&G Practices are signed up that it has only just started?

Answer – Yes

Question – Are we concerned that so few have signed up, is it a waste of resources if practices don't sign up.

Answer – this is a new system and will take time to increase uptake.

Comment – Primary care do not support LTC (long term conditions), people feel abandoned, appreciate there are fewer doctors/resource issues but what can be done?

Comment back – social prescribing, join PPG (Patient Participation Group), Patient Champions, those who can use the on line resources do, so those who can't can have the face to face appointments.

Question – are the initiatives (NHS app, on line consultation) local initiatives or national?

Answer – national but will be local implementation

Comment – concern it will just shift the blockage and GP will continue to be busy. Plus it could be confusing and cause someone to go through the on line questions and still end up having to see the GP.

Comment – lonely, confused, elderly, depressed may not wish/be able to fill in a questionnaire.

Comment – people worried about something when the doctors are shut could see this as a good thing, as being able to record their symptoms could allay their anxiety.

Comment – on line/NHS app/e-consultation are not suitable for visually impaired so they will be disadvantaged.

Comment – if a person attends the surgery and is told there are no appointments left, but there are appointments on line, reception should be able to use these.

Comment – phone systems across practices are not equitable, many need upgrading.

Conversation about convenience of extended access appointments in relation to locality.

Concerns raised over 3 week wait for routine appointments in Hyde Neighbourhood area – did not clarify specific practice.

Question about why GPs are gatekeepers and the delay in the system when trying to get appointments with GPs and then forward referrals to other specialists.

Conversation about a practice which told a patient they don't offer online services. To be followed up with the practice manager, patient advised to contact the practice again and ask for access.

Workshop notes; Tameside and Glossop Lung Health Checks

Tameside and Glossop Lung Health Checks Patient Engagement Network Consultation:

Workshops discussed the Lung Health Checks programme and the proposals of each delivery model.

The lung health check programme selects participants from a local population at high risk of lung cancer and offers a low dose computed topography (LDCT) to eligible subjects. It specifically targets those who have ever smoked and those who attend will be assessed to calculate their risk of developing lung cancer. There are a number of delivery models that were discussed:

- Nottingham – patients are contacted by letter, inviting them to a one-hour appointment at the GP practice. Patients are offered a CT scan in a convenient location, not necessarily in the same place as the LHC.
- Leeds – one-stop mobile unit. The patient is sent a letter from their GP requesting them to book an appointment. The appointment takes place at a mobile unit which can move to different locations for ease. Advice is offered onsite and patients who meet criteria are given a CT scan right away and any suspicions are progressed through rapid referral.
- Manchester – this is similar to the Leeds model. It also takes place in a one-stop mobile unit and also undertaken by specialist nurse.

Summary:

The Manchester and Leeds delivery models were preferred out of all of the LHC delivery models proposed. It was agreed that having the whole LHC process as a one-stop shop in a mobile unit would work best for patient experience, as it was agreed that when a process is made easier more people will engage. Having the LHC, CT scan and smoking cessation all contained within the same unit and all done during the same appointment will reduce patient anxiety and fear of waiting for their results and travelling back for further appointments/scan. Having the mobile unit within neighbourhoods was paramount to ensure people in each neighbourhood are given the opportunity to attend and reduces any potential traveling barriers. It was emphasised the importance of out of hours, late evening/night, and weekend appointments to accommodate for working life and other responsibilities the population may have. It was agreed that a letter invite would work best, however whether this was in the form of a GP letter-head, NHS letterhead or a 'lung health check' letterhead was undecided. Marketing and communications was a key point which can support the success of the LHC programme, the groups thought it was very important to have 'nudge' messages to build up familiarity of the LHC programme as well as reminders for example posters and billboards. The need for social media and online communications was emphasised as well as the need for external physical marketing/advertising and communications for those who do not use online channels and for those who may travel and be more receptive to external marketing/advertising. There was not a unanimous decision made on whether having a smoking cessation offer within the LHC mobile unit was favoured due to some feeling this was patronising for smokers.

Conclusion

It was felt that the Manchester and Leeds delivery models would work best in Tameside & Glossop in terms of patient experience and engagement as well as meeting the needs and reducing further demand on primary care and hospital services. A one-stop shop was favoured to ensure that patient anxiety is reduced, information governance issues are reduced and unnecessary travel is reduced and supporting the clean air agenda. The preferred method in general of invite was by letter and the majority agreed for the letter to be sent on a GP letterhead due to the trust, familiarity and personal approach this would have. Text message reminders were seen as an important method of communicating with LHC patients to encourage them to book an appointment and to remind them of their appointment. It was emphasised that there needs to be a dedicated budget set for marketing and communications for LHC as this can engage with LHC patients to encourage them to attend. To encourage attendance for a LHC, marketing and communications needs to be appropriate to reduce language, speech, hearing and other barriers relating to disabilities. Smoking cessation was seen by the majority as a key part of the LHC programme.

Workshop notes; Tameside and Glossop Bereavement Booklet

What information would I expect to see?

- Information about death Certificates
 - How many copies?
 - Do they need to be certified?
 - How to obtain copies
- Have an action list, e.g., have you done X, Y & Z? and differentiate between action points and resources
- Links to what is available locally
- Pensions
 - Access
 - Who to contact
 - How to find out if anyone has a pension
- Finances
 - Signposting to help
 - Entitlements
 - Help with financial abuse
- Learning to find a new normal – how to do this?
- Understanding grief and emotions – medical and support info
- List of groups/resources – signposting
 - Bereavement support groups
 - Resources for children who are bereaved – (Susan Machin x 4699)
 - Pastoral care
 - Chaplaincy
- Young adult groups – support and info
- Something that helps young people who will not be interested in the legal side of things.
- Practical ways of accessing support groups
- Organisations that can help – follow ups
- Legal implications if not related to the deceased
- Practical list of what needs to be done
- Practical information on funding a funeral
- Funeral links – comparison sites for costings
- Funeral
 - How to arrange?
 - Who to contact
 - Entitlements
 - Funeral options – don't just go with the first funeral director you come across.
 - What to expect at a funeral
 - Things to consider – flowers, donations
 - Alternative funerals – doesn't have to be in a church
- Registering a death?
 - How to register

- when you can do this
- Information for those that have carers?
 - What to do if primary carer passes away?
- FAQ section
 - What to do if.....?
- What services are available for different communities
 - Faith groups
 - Can affect the whole community
- Specialist groups
 - Learning difficulties
 - Autism
- Maternity (do maternity have their own bereavement booklet?)
 - Still births
 - Elective terminations
- What to do if someone passes away and they have animals?
- How to access information if relatives lives elsewhere – different areas have different processes.
- Wake
 - Where can this be held?
 - Cost
 - Size
- What to do if you know someone that is homeless and they pass away?
- Info on what to do if things are not in place, e.g. house is in the deceased name
- Other services that can help, e.g. Tell Us Once

How would you want to receive information?

- As many platforms as possible
 - Physical is best and can be put down and gone back to. Can make scribbles on a physical booklet.
 - Online
 - Printed versions
 - Obtainable from care providers.
- Download a checklist – have you done....? And then link to further resources should they need to.
- Information needs to be handed to the bereaved so they have time to process.

Other comments

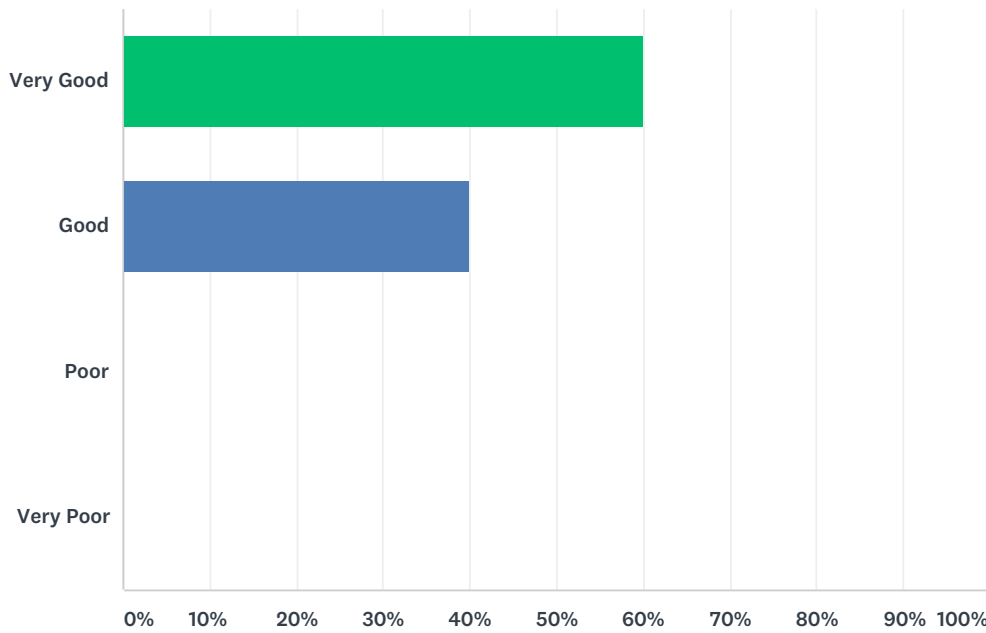
- Information for before a death to help prepare
- How to talk about death
 - Wishes
 - Wills
 - Funerals
- Resources available
 - Harebell suite – hospital
 - Bridge the Gap (suicide)

- Love of Lacey
- Bereavement Group – St Georges Church, Hyde
- Albion Church hold a yearly group to remember babies that have passed.
- Finding rainbows
- Child bereavement support groups
- Needs to be aimed at all family members not just husband/wife
- Local funeral directors may be able to put in touch with local bereavement groups.
- Need to consider the timing of handing out the information
- Follow ups after handing out the information
- How is the booklet going to be kept up to date?
- Don't make it too clinical
- Have a questionnaire at the end of the booklet – can help guide on future versions.

Partnership Engagement Network Conference Feedback - June 2019

Q2 How would you rate the Partnership Engagement Network Conference overall? (Please tick one box only)

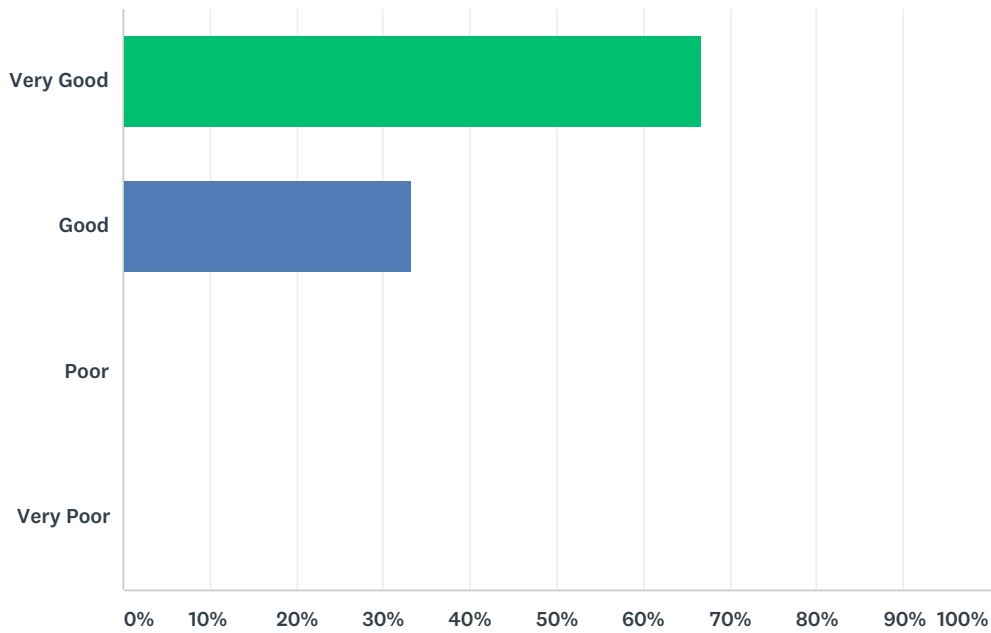
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	60.00%	9
Good	40.00%	6
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		15

Q3 How would you rate the organisation of the event? (Please tick one box only)

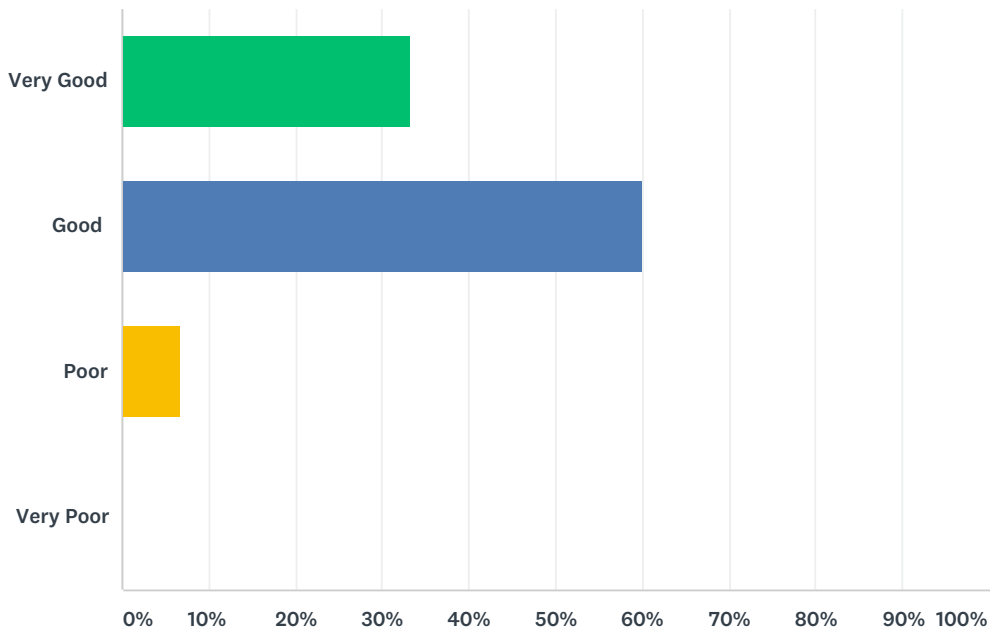
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	66.67%	10
Good	33.33%	5
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		15

Q4 How would you rate the presentations overall? (Please tick one box only)

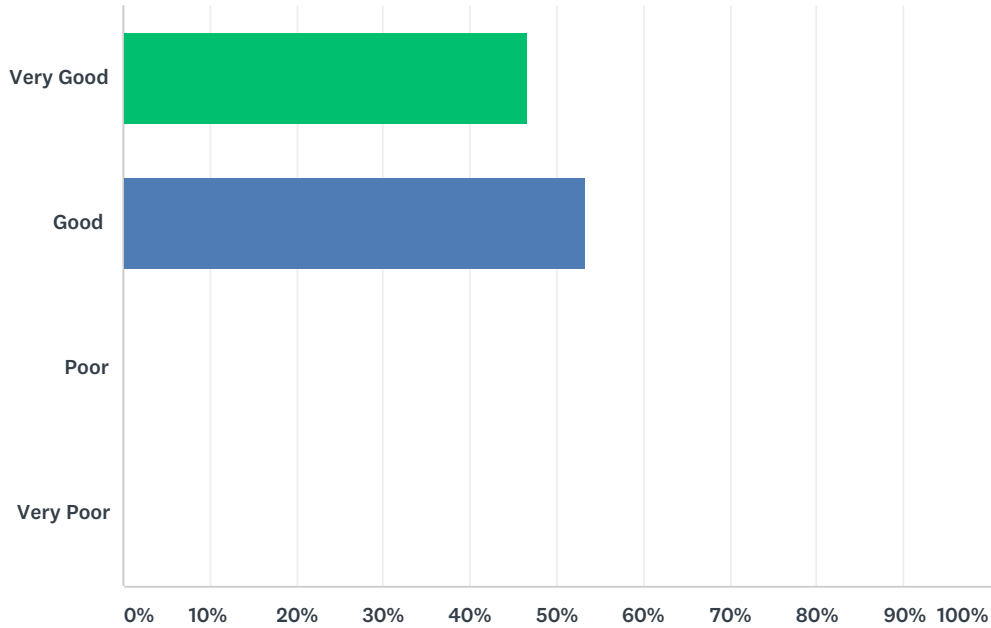
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES
Very Good	33.33% 5
Good	60.00% 9
Poor	6.67% 1
Very Poor	0.00% 0
TOTAL	15

Q6 How would you rate the workshops overall?

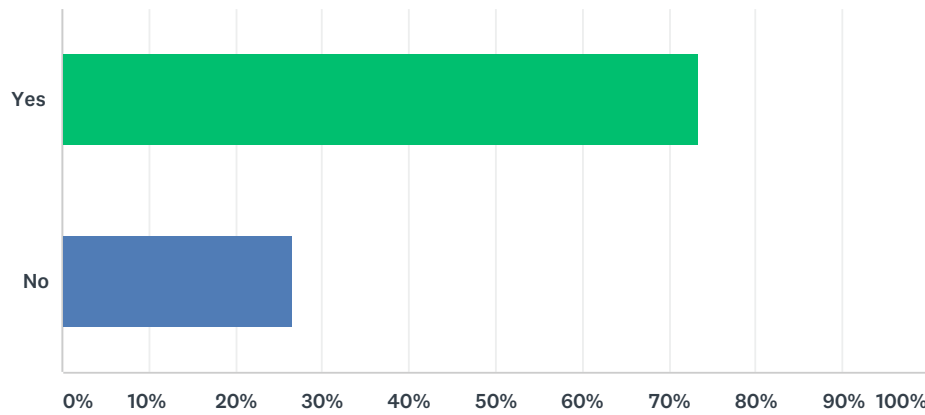
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	46.67%	7
Good	53.33%	8
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		15

Q8 Do you feel you were given enough opportunity to express your opinions? (Please tick one box only)

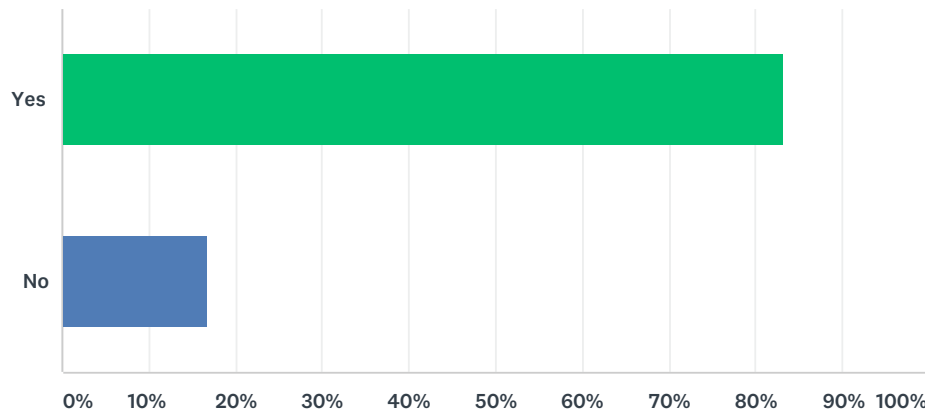
Answered: 15 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	73.33%	11
No	26.67%	4
TOTAL		15

Q12 Would you like to be kept informed of the latest events and consultation activity in Tameside and Glossop?

Answered: 12 Skipped: 3



ANSWER CHOICES	RESPONSES	
Yes	83.33%	10
No	16.67%	2
TOTAL		12