Partnership Engagement Network (PEN)

Report of Conference held on 13th October 2017

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.

The approach ensures that the structures exist to have ongoing conversation with the public and stakeholders and creates forums for people and organisations to get their voices heard, but also to hear about and contribute to the development of public sector programmes and work.

Introduction

The purpose of the first Partnership Engagement Network Conference was to introduce the proposed approach and explain how PEN fits within the broader Tameside and Glossop engagement picture supporting delivery of public service reform and transformation.

Representatives from Tameside Council, 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 attended the conference. There were over 60 participants in total.

Participants heard a presentation on the Partnership Engagement Network approach and were then invited to discuss three key questions in small mixed groups. These were followed by further presentations on Care Together and Shared Priorities before facilitated workshops focussing on specific issues/challenges. A full agenda for the day can be found at Appendix 1.

The PEN Approach - Table Discussions

A number of key themes emerged from the three discussion points and feedback via the post conference survey. A full list of comments from the workshops is attached at Appendix 2.

Question 1. *Does this approach make sense?*

Participants were generally supportive and in agreement with the proposed approach, but identified areas for further improvement.

Summary of suggestions:

- Further explanation of the different elements of PEN i.e. the panel, the forum and network is required and where the information feeds in to
- Additional information on how the outputs of PEN will be taken on board by commissioners and affect public sector reform.

- Further clarification is needed on ‘what is in it for organisations’ and ‘what is in it for patients and public’

- A simpler diagram would aid understanding, it is currently confusing

Question 2. *If you identify any issues with the overall approach what would you change to improve it?*

Summary of suggestions:

- PEN should be reviewed often as issues may arise over time and regular reviewing will ensure credibility

- Feedback loop is crucial – ‘you said we did’ the public need to know what their input has helped to change

- Have the right representation from the right organisations/services – don’t neglect the small groups, they have a valuable contribution to make

- PEN needs to be localised - drill down to street level. Include evenings and weekends when people are around to capture real voices.

Question 3. *Specifically in relation to the Strategic Partnership Forum how do you think we should recruit people/organisations to be involved without it becoming unwieldy?*

Summary of suggestions:

- Ensuring that the forums are representative of the community as a whole looking at age, ethnicity, faith and gender.

- The importance of reaching the hard to reach groups and not just the usual suspects. The faith sector, the LGBT community and ethnic minorities must be adequately represented.

- If PEN conference attendees are provided with a list of proposed invitees to the forum they can help identify any gaps

All feedback obtained during these table discussions was recorded and will be used to further develop the PEN approach.

In addition, the post conference feedback survey also identified some themes which will be used to further develop the PEN approach. These included:

- The need for a mechanism for the public / patient voice to be heard and not just from those public / patients who regularly attend meetings. There is a need to obtain views from the broader population. Important that the views of everyday people are represented.
- Need to ensure we are not duplicating effort and are working well together

- PEN was viewed as a positive initiative to develop better, joined up communications.
- It was positive to see Elected Members involved.
- Important to demonstrate to delegates that action has been taken in response to comments raised – 'You Said, We Did'
- Will require good leadership and positive participation to succeed
- More clarity on purpose and rationale of PEN required – how will this inform commissioning
- PEN will only be successful if partners are listened to
- A greater understanding of the community and its diversity is needed to help inform PEN

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. Where the facilitators recorded key points and notes of the discussions these are available at appendix 3 onwards. The notes are based on the conversations in the workshops and are to provide a record of the points discussed.

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

- Integrated Neighbourhoods - The Integrated Neighbourhoods Service identifies people who are not coping and showing signs of becoming increasingly dependent. Through managing a select caseload, the team seek to build community assets to respond with an integrated and flexible approach in order to understand the real issues and help people become well adapted. This workshop invited participants to meet the team, find out about how they work, and hear some cases.

- Intermediate Care Proposals - Intermediate Care helps people avoid going into hospital unnecessarily by providing a link between hospitals, health and social care services and where people normally live. Tameside and Glossop CCG are currently consulting on how bed based intermediate care is provided to ensure it is fit for purpose, provides good quality care and is affordable. This workshop provided an opportunity for participants to hear more about and input to the consultation process.

- Patient Voice in Care and Support Planning - Care and support planning processes are routinely implemented in health and care settings and used to describe the system or service response to the care and support needs of individuals. This workshop explored ideas around the following themes:

- What are the benefits of embedding person centred approaches within care and support planning?
- What does care and support planning look like from the person's perspective?
- Who does it?
- What does it include?
- Who sees it?
- How is it accessed?

- Mental Health - Increasing demand and an increase in expectations laid out in the Five Year Forward View for Mental Health means that the pressures on mental health

services are unprecedented. New Transformation Funding provides opportunities to review the service in order to meet the needs of the local population. In June 2017 an integrated approach to investing funding was agreed by the Single Commissioning Board. This workshop provided further information into the Mental Health Transformation currently taking place across Tameside and Glossop and the wider Greater Manchester context.

- Preventing Homelessness Strategy - Homelessness is increasing on all measures nationally and locally. The government has introduced new legislation to increase the prevention of homelessness. The Mayor of Greater Manchester has pledged to end rough sleeping and to significantly reduce homelessness by 2020. This workshop provided information about homelessness in Tameside and an opportunity to learn about and have an input into our new homelessness prevention strategy.
- Air Quality - Air pollution has been identified as one of the biggest public health challenges facing the country at present with government figures estimating that approximately 2,000 deaths per year in Greater are attributable to poor air quality. This workshop looked at what the sources of air pollution are and to discuss what is being done nationally, at a Greater Manchester level and here within Tameside to make real improvements to our air quality. The responsibility to reduce air pollution belongs to us all, what can you contribute to deliver real improvements to air quality for the people who live in, work in and visit the borough?

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

All participants were invited to take part in a post conference feedback survey. 27 responses were provided. Key results include:

- 96.3% of participants rated the PEN Conference as Very Good or Good overall. 3.7% rated it as Poor or Very Poor.
- 85.2% of participants rated the presentations as Very Good or Good overall. 14.8% rated the presentations as Poor or Very Poor.
- Participants were invited to make comments about the presentations. Feedback points included:
  - The presentations were very clear
  - There was some use of acronyms and mention of services that the audience may not be aware of / understand
  - Need to evidence success
  - Request for more detail
  - PEN will require commitment to work although it is good the intention is there
  - Need to ensure the structure is not top down
- In terms of workshops, 83.3% of participants rated these as Very Good or Good overall. 16.7% rated the workshops as Poor or Very Poor.

- Comments about the workshops included:
- The need for interaction rather than just information giving
- Adequate time needed for discussion
- Useful and informative
- Useful space for conversation
- How will the workshops inform real change?
- The majority of participants (96%) felt that they were given enough opportunity to express their opinions. 4% felt they were not given enough opportunity to do so.
- Participants were invited to list up to three groups who they think should be members of the PEN Forum. Responses included:
- Patient Groups
- Single Commissioning Function
- Housing & Homelessness
- Citizens Advice Bureau
- Department of Work & Pensions (DWP)
- Neighbourhood Teams
- Voluntary, Community & Faith Groups including BAME groups
- Fire & Rescue Service
- Housing Associations
- GPs
- Probation Services
- High Peak Borough Council / Derbyshire County Council
- Welfare Rights
- Drug & Alcohol Services
- Young People's Groups / Representatives
- Suggestions for topics to be covered at future conferences included:
- Developing patient awareness
- Education
- Health Neighbourhood Teams
- Social Prescribing
- Homelessness
- Examples of collaborative working
- The impact of the voluntary sector on decision making

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

Next Steps

Following the input from attendees at the conference on 13th October, a workshop is planned to further develop the PEN approach before the next Partnership Engagement Network Conference on 28th February 2018

- **Task and finish workshop to develop joint engagement strategy** –
  Forum with stakeholders to develop outline joint strategy covering key principles and approach.

- **Partnership Engagement Network Conference** – 28th February 2018
  Launch joint strategy covering key principles and approach

Further details will be communicated in due course.

Appendices

The following appendices are attached:

- Appendix 1 – Conference Agenda
- Appendix 2 – Table discussion notes: Partnership Engagement Network Approach
- Appendix 3 – Workshop notes; Integrated Neighbourhood Services
- Appendix 4 – Workshop notes; Intermediate Care Proposals
- Appendix 5 – Workshop notes; Patient Voice in Care and Support Planning
- Appendix 6 – Workshop notes; Mental Health
- Appendix 7 – Workshop notes; Preventing Homelessness Strategy
- Appendix 8 – Workshop notes; Air Quality
- Appendix 9 – Post conference feedback survey results
- Appendix 10 – Partnership Engagement Network Diagram

Appendix 1.

Partnership Engagement Network Conference

DATE: Friday 13th October
TIME: 9.30am – 2.00pm
VENUE: The Main Hall, Hyde Town Hall, 10 Corporation Street, Hyde, SK14 1AL

A G E N D A

1.	**Introduction and Welcome** (Brenda Warrington - Executive Member for Adult Social Care and Wellbeing, TMBC)	9.30am
2a.	**Partnership Engagement Network (PEN): aligning approaches to engagement & consultation** (Chris Easton, Head of Strategy Development, T&G ICFT)	9.40am
2b.	**Table Discussion and Feedback around the PEN**	10.00am
3.	**Shared Priorities and Objectives** (Simon Brunet – Policy Manager, TMBC)	10.50am
4.	**Care Together** (Jess Williams – Programme Director, Care Together, T&G CCG)	11.05am
	BREAK	11.20am
5.	**Workshops Round One** (See below)	11.40am
6.	**Workshops – Round two** (See below)	12.30pm
7.	**Wrap Up** (Ben Gilchrist – Deputy Chief Executive of Action Together and Healthwatch CEO)	1.20pm
	LUNCH AND NETWORKING	1.30pm

Workshops Round One 11.40am – 12.20pm	**Workshops Round Two** 12.30pm – 1.20pm
A: Integrated Neighbourhoods (Claire Galt and Kristian Jura – Federation Representative and Integrated Neighbourhood Services Team (North), Greater Manchester Police)	**A: Integrated Neighbourhoods** (Claire Galt and Kristian Jura – Federation Representative and Integrated Neighbourhood Services Team (North), Greater Manchester Police)
B: Intermediate Care Proposals (Ali Lewin – Deputy Director of Commissioning, Tameside and Glossop Clinical Commissioning Group)	**B: Intermediate Care Proposals** (Ali Lewin – Deputy Director of Commissioning, Tameside and Glossop Clinical Commissioning Group)
C: Patient Voice in Care and Support Planning (Chris Easton / Nicola Wood – Head of Strategy Development and Person and Community Centred Approaches Programme Manager, Tameside and Glossop Integrated Care NHS Foundation Trust)	**C: Patient Voice in Care and Support Planning** (Chris Easton / Nicola Wood – Head of Strategy Development and Person and Community Centred Approaches Programme Manager, Tameside and Glossop Integrated Care NHS Foundation Trust)
D: Mental Health (Pat McKelvey / Chris Pimlott – Head of Mental Health and Learning and Service Manager for Healthy Minds, Tameside and Glossop Single Commission & Pennine Care NHS Foundation Trust)	**D: Mental Health** (Pat McKelvey / Chris Pimlott – Head of Mental Health and Learning and Service Manager for Healthy Minds, Tameside and Glossop Single Commission & Pennine Care NHS Foundation Trust)
E: Homelessness Strategy (Diane Barkley/Sally Atueyi – Head of Homelessness and Community Safety and Senior Housing Strategy Officer, TMBC)	**E: Homelessness Strategy** (Diane Barkley/Sally Atueyi – Head of Homelessness and Community Safety and Senior Housing Strategy Officer, TMBC)
F: Air Quality (Sharon Smith/Gary Mongan – Head of Environmental Services and Environmental Services Manager, TMBC)	**F: Air Quality** (Sharon Smith/ Gary Mongan – Head of Environmental Services and Environmental Services Manager, TMBC

Appendix 2.

Table Discussions: Partnership Engagement Network Approach

1. Does this approach make sense?

- Yes, and integration makes sense, but it will be a challenge to bring this together
- Yes, but challenge when convincing different organisations
- Need a simpler structure/improved simplified diagram
- Good for groups where people are keen on integration, but it is a challenging topic
- Bureaucratic procedures of different organisations, particularly those you are unfamiliar with, can pose barriers to action on integration
- People need to understand the benefits to them and value to their organisation of being involved in this. How their contributions will influence action.
- Need to accelerate your ability to reach out to more people.
- Yes, but must have different voices, people on the ground, hearing real peoples voices
- Danger of same groups being round the table – needs to be wider and more diverse representation
- Need to break down barriers as there are currently more barriers than solutions.
- Yes and meeting people on your table at PEN conference is useful.
- The whole system needs to know about and be able to access the structure
- We do not want the same faces!
- This is a good process before formal processes e.g. – H&W Board
- Seems to be good but need to ensure comprehensive engagement.
- Need to capture the voice of the well – Asset Based Approaches
- Ensure good two way communication
- Remove dotted arrows. Diagram should emphasise PEN
- How do we demonstrate that our input makes a difference to the output – prove that our voice has been heard.
- We need a better description of the model. Who is on the three levels? Who will communicate between them?
- No, what is the aim of each level?
- Complex diagram – can it be simplified – could it be more thematic?
- It does make sense but keep it simple
- Panels would focus down on very specific themes. Is it manageable?
- What's in it for "us" What's in it for "you" – needs to be sold in the right way (not clear at the moment)
- Ensure correct commissioners on all 3 levels of process to influence commissioning
- Further clarification is needed on what is it you're trying to do and trying to achieve, what's in it for the patients/public.
- Further clarification needed on model/diagram – what the aim is of each of the PEN functions.

2. If you identify any issues with the overall approach what would you change to improve it?

- Potential issues as council and GMP do not cover Glossop but NHS does
- Difficult to answer this question at this point – should be reviewed often
- Issues of data protection if information is being shared
- DWP to be included
- Avoid it simply being a "talking shop"
- Define health – include wider organisations such as CGL
- Think how employment and skills fits in here
- Better communication but avoid bombarding service users – they get consultation fatigue. Communication between the levels should be "top down".
- Engage communities in neighbourhoods.
- Needs to be more people focused rather than process driven.
- The need for some clear feedback on our discussions and ideas
- Feedback on the event and what has been suggested is very important. There does not seem to be any solutions at the end of these events.
- Keep it simple to ensure it is manageable.
- Have the right representation from the right organisations/services – don't neglect the small groups, they have a valuable contribution to make
- Do not blur the line – have clear functions for each element.
- Have clear decision making pathways
- Faith sector is on as "partners" but no representative on the network list.
- Today there is very little representation from ethnic minorities – that is a really big issue!
- Must have "You said – we did" and feed it back – this never happens
- Listening to the public
- To keep it credible have regular reviews to check it is working
- Prioritise so that we can actually concentrate on the current issues.
- We need to ensure that there is a clear simple way of the information flowing so that we can influence and prioritise issues.
- Need sign up/commitment for each theme
- Problem - by all feedback coming into a central box this could be overwhelming and not be productive for co-design. Solution - would be for forums to take place with smaller groups, happening on a regular basis.
- Problem - these kinds of meetings will not get peoples voices heard. These meetings are preaching to the converted. Solution - this needs to be totally localised drill down to street level. This needs to be evenings and weekends when people are around to capture real voices.
- Panel should be light touch
- The PEN should also focus on preventative issues rather than simply being reactive.
- Need to 'sell' the PEN in the right way in order to make it so people are interested in buying into the concept.

- Also important that the feedback loop is completed so that public know what their input helped with: change -> action -> response
- Representation: DWP should be included as they are the organisation with the biggest reach in Tameside and Glossop
- Feedback from event: ensure members of the public are heard and know how they have influenced decisions
- Commitment and sign-up is essential. Regular reviewing to ensure credibility. Need clear decision making channels to make change a reality. Representation important again.
- Is everyone represented today i.e. the police, fire, DWP, care homes?
- Very little representation from ethnic minorities. Were only specific groups invited?
- Further clarification is needed on what is it you're trying to do and trying to achieve, what's in it for the patients/public.
- Further clarification needed on model/diagram – what the aim is of each of the PEN functions.

3. Specifically in relation to the Strategic Partnership Forum how do you think we should recruit people/organisations to be involved without it becoming unwieldy?

- CRC + probation missing from the list on the diagram and also DWP and New Charter
- Could try and bring Oldham and Tameside DWP person on board, but not a decision maker.
- Needs to be more representative of the community as a whole looking at age, ethnicity, faith and gender.
- Digital communication – looking at examples of how town teams communicate and recruit via social media.
- Better involvement of young people using technology and platforms.
- Recruit people at grass root level
- Provide attendance list so we can see who's in attendance and help identify gaps
- Housing/private rented sector is essential. National landlords Association and Residents and tenants association
- GMFRS to be included
- More elected members attending groups to listen.
- Commitment and sign up is essential
- Ensure that the right people are in the room through the Influencing Network
- ICFT & TMBC membership
- More informed meetings with groups, such as visiting rough sleepers on the street, meeting parents at the gates, to find out what they really want.
- We would like to see space for co-designing solutions and development with residents as well as consultation
- Different approaches to different communities – make it accessible.
- Need to have some form of sign up process to include all.
- Getting the right votes heard at the right times/places is vital

- We think the panel should be more representative of the public – how do we reach the "hard to reach"?
- What organisation/services are out there and what they do? Perhaps a map of these or a website would be helpful
- Diversity of voices at a localised level is important to allow less well known voices feed into the wider network
- Locality is vital = local voices, local issues
- Also need to ensure it is truly representative and not just the usual suspects.
- What networks already exist?
- Housing – there is a housing network, could they identify people?
- Need representation from minority backgrounds

Other Comments/Suggestions/Parking Area

- Using well respected GP's would help get people interested
- Lack of long term funding makes delivering services very difficult.
- New Charter money from rents but that is dropping.
- Shrinking of provision from strategic bodies throws clients onto charities
- Communication is not two way between commissioners and service providers.
- Oldham has a powerful Oldham Youth Council and commissioners listen. This does not seem to happen in Tameside and Glossop. Youth council in Tameside and Glossop needs revamping.
- Greater Manchester seems to be removing some of the ability to organise things locally.
- Charities feedback to clinical lead commissioners, but nothing changes.
- Decision makers say they are listening but ordinary members of the public are not being heard.
- Governors – vote/structure (functions) needs revisiting
- Digital technology should not be over emphasised – a lot of the population of Tameside will not be able to access internet based solutions.
- Use patient groups to provide a reality check on proposals and identify potential cracks/gaps and how different patients may struggle with to access services.
- Stalybridge is very isolated and people cannot get there.
- Remember the 3R's – relationships, reality and representation Potential of using the new council building in Ashton as a trial point in communicating the Care Together concept to the public at large

Appendix 3.

Tameside Integrated Neighbourhood Services Teams

Participants heard a presentation about the work of the Tameside Integrated Neighbourhood Services Teams.

The Integrated Neighbourhood Services Objective is to; “Help our citizens and our communities to live better, now and in the future”

Integrated Neighbourhood Services Teams focus on:

- Identifying those people who are ‘not coping’ and showing signs of increasing dependency
- Building community resilience and identifying those community assets that already exist
- Allowing for some of the demand they have been responsible for in the past to be taken off of them in the future.

The areas of demand and the operational bases of the Integrated Neighbourhood Services were explained and discussed.

The progress made during a year - May 2016 to May 2017 was detailed, followed by several case studies.

Case Study – A Story of Success

A case study was presented of a vulnerable adult female, with undiagnosed learning difficulties who had been referred to Integrated Neighbourhood Services by a police officer. The intervention resulted in this vulnerable adult female being found a placement which is able to cater for her needs and has introduced her to a wider circle of support and friends.

Integrated Neighbourhood Services Team Case Studies

Case studies of key workers were outlined and discussed, these included:

- A Greater Manchester Police Key Worker
- A New Charter Housing Trust Group Key Worker
- A My Recovery Tameside Key Worker
- A Greater Manchester Police Key Worker

These case studies illustrated the part played by different organisations involved in Integrated Neighbourhood Services

Appendix 4.

Intermediate Care Workshop Notes

Intermediate Care Workshop One

Ageing Population

- The age breakdown of intermediate care service users is generally older people. With an ageing population is getting rid of a service a good idea? If there is a bad flu outbreak demand could be high.

  Intermediate Care is a specialist, intensive facility. Intermediate Care beds are not the type of beds that someone with the flu or a chest infection would use. There is lots of planning for winter across the whole health and social care system, and while we do need to be mindful of an ageing population, community focus and interventions elsewhere in the system cover this e.g. flu jabs.

- 27% of people who get referred to Shire Hill have to go back to hospital. Should they have been discharged in the first place?

  It is possible for someone to be discharged and then in the space of time that they are in intermediate care get ill again, especially when considering that most of these people will be frail and elderly already.

Care Offer

- There are wider system concerns regarding health and social care across Tameside and Glossop.
- Good quality care is what we're all aiming for. GMFRS will be working closely with Derbyshire to see if there is a smarter way of working across the border in order to provide the same services as GMFRS do 'Safe and Well' visits where they can make referrals to other health and social care agencies. They provide reassurance to people to help them live independently.
- The five Integrated Neighbourhood Teams are already working together to ensure that the care offer is same across both areas.
- In regards to the provision of social care in the wake of the intermediate care consultation, Derbyshire County Council's work will start when the decision has been made. Their adult social care services flex and adapt to any changes to the intermediate care process. This adaptation is already done with winter planning.
- The goal is to prevent people from going into hospital in the first place. Intermediate care provision will work within a whole system of integration and will become more of a step-up from home facility rather than a step-down from hospital.

Information Sharing

- The need to get information out about work that happens behind the scenes / across the whole system was raised frequently, as it is clear that people don't realise what investment is happening within each of the health neighbourhoods.

- There is no information about referrals back to hospital from the Stamford Unit, despite there being this information about Shire Hill.
- The GMFRS would like to be part of the referrals process in order to keep hospital beds clear. (Action: Julie Moore to influence this further)
- Questions were asked around how best information can be shared. Is this through the community response service? Is it available in other languages and are community groups aware?
- It was highlighted that some surgeries reported to have run out of paper consultation documents, however over 1450 paper copies have been distributed and they can easily be provided with more.

<u>All other comments</u>

- It was raised that concerns around Shire Hill seem to be different from intermediate care, and more focussed on wider geographical / health economy issues.
- Spot beds in nursing homes in the community won't work – nursing home staff can't deal with strokes or orthopaedic issues.
- It was raised that as far as Intermediate Care goes, option two is a good idea. However, a member of the workshop felt that Shire Hill hasn't been used as Intermediate Care.
  The Clinical Commissioning Group confirmed the care they commission from Shire Hill is Intermediate Care.
- Concerns were raised about overall capacity.

Intermediate Care Workshop Two

<u>Social Care</u>

- Social care crossing the border was again a pertinent issue. Derbyshire Council will be working closely with Tameside to ensure that the care offer is not lost, this is something that already happens and relationships are already in place.

  Any social care issues are operational and Derbyshire CC will be able to adapt and flex once a decision is made.

<u>Shire Hill Building</u>

- It was highlighted that rationally, option 2 is the best option for quality of care, but emotional ties to the Shire Hill building make rationality difficult. It was mentioned that Shire Hill is not being lost, but that simply the intermediate care beds may be moving.
- Glossop residents are sceptical about the future of the Shire Hill building. They are worried it will be turned into housing.

  Community services and physiotherapy will all remain in the Glossop Health Neighbourhood. It is not the CCG's decision as to what could happen to the building as it is owned by NHS England.

Stamford Unit

- The Stamford Unit is better for dementia which is a growing issue. It has more specialist staff who struggle getting to Glossop. This means there would be significant financial gains in going with option two, but also a far better quality of care.
- Patients from Glossop who receive intermediate care in the Stamford Unit will receive better care. The issue was raised about those who may struggle to see their families, but a Glossop volunteer raised that The Bureau already drive people to and from Shire Hill and the Stamford Unit, and this service would continue.

Home Based Care

- It was raised that the full utility of beds depends upon good housing stock. What forward planning is done to help people at home?
  Discharge to assess carries out assessments to see what the home environment is like.
- Action Together have been part of the Home First consultation and the ticket home system ensures every patient has a safe and easy journey from hospital to home by ensuring small questions (do you have your house keys? Is there milk in the fridge? Is your gas and electricity on?) are answered by the team to ensure people can get home quicker and their quality of care is improved.
- The need to ensure that Home First, Ticket Home, and Intermediate Care work together and ensure the patient is involved in their own journey was raised as important.
  One of the advantages of having a Single Commissioning Function is that managers from health, finance, housing and transport can now all have these conversations more easily.
- The plans for home base care are located within the development of integrated neighbourhoods.

All other comments

- Social prescribing will give people the abilities to care for themselves
- The need for evaluation to see if service changes have actually improved care was raised
- Knowing about other services was viewed as vital in assuring patients that they will receive excellent and consistent health and social care – e.g. John's Campaign
- The communication issue was also raised as it is not very clear what will happen to social care across Tameside and Derbyshire Councils in the consultation documents

Appendix 5 .

Person Centred Care and Support Planning Workshop Notes

Questions:

- What information should be included in a person centred care and support plan?

  - What matters to me in my life?
  - The information about me that is most important to me
  - Goal orientated – including my key goals
  - Who to contact when things go wrong – a person nominated by me – not necessarily next of kin.
  - Strengths, Interests, Motivations
  - Worries and Concerns
  - What works/doesn't work for me?
  - What keeps me safe?
  - Section for the patient's 'free hand'
  - It should be outcomes based from the beginning
  - What is included should be flexible, and 'live'
  - Person centred not system centred
  - Advice, information and signposting
  - Patient record and clinical record combined

- Who works with the person to agree a plan?

  - The person who knows them best at that moment in time
  - The person who they feel most comfortable with
  - A trained peer supporter with support from key worker/lead worker
  - A volunteer mentor who has experience of the condition and can provide understanding and motivation

- Where is it recorded and how is it best accessed?

  - With the person and shared with their nominated contacts
  - Owned by the person
  - Electronically with secure, password protected online access. People who need support to use online methods could nominate a 'navigator' – someone close to them who they trust who can access the plan when the person needs information from it/wants to update it.
  - A journal or 'story board' that is held by the person with 'chapters' for relevant parties – GP, Carers, the person and any other nominated agency e.g. the church, voluntary sector providers etc.
  - Ownership and control should rest with the person
  - CAF sits with the family, electronic access and shared with whoever they give permission to.

- Who should be able to see the plan?

- The person's key worker/lead worker
- The person should be able to set up privacy options and levels which controls who sees aspects of the plan and certain criteria e.g. full access, or partial access excluding medical records etc.
- Only those who the person gives consent to
- Legal considerations around information sharing and safeguarding

- What are the benefits of collaborative, personalised care and support planning?

  - Ownership
  - Control
  - Based around the person not the system
  - Supports people living longer to live well
  - Supports communities and individuals making health choices every day to draw on their strengths.
  - Outcome based
  - Develops a better relationship with person and key workers

- Other comments:

  - Suggestions that a set of quality standards and principles for PCC&SP should be created which could be applied to a single approach regardless of organisation.
  - It is key to build the skills to carry out and facilitate the care planning process, and for practitioners to 'empty their heads' of their own agenda and beliefs in order to be truly person centred.
  - Issues around capacity and at what point a person is no longer able to make decisions for themselves.
  - At one point do we stop being 'person centred' – i.e. when person still has capacity but isn't making decisions that are beneficial for their welfare but it isn't yet a safeguarding concern/ E.g. given of 95 year old lady who isn't living well at home but refuses to accept a care home.
  - More communication and values training for clinicians, there needs to be a cultural shift.

Appendix 6.

Mental Health Workshop Notes

- A number of representatives from voluntary sector organisations attended the mental health workshop
- The workshop started with a summary of the national outlook in terms of mental health, then at Greater Manchester level, then at Tameside and Glossop level
- There was a variety of responses from attendees during the two discussions
- A strong interest from attendees that the stigma around mental health issues needs to end
- A preference from some of self-care for some mental health conditions, rather than services
- Attendees wanted to reduce the negativity around mental health treatment provision, i.e. stigma if people were receiving treatment for mental health issues
- To equip various front line services with a better understanding of mental health
- One example of good practice was about Ashton Sixth Form where health and wellbeing of students was focused on
- People were surprised at the high volume of referrals that mental health treatment services get, i.e. demand compared to supply of services
- An interest from attendees about mental health support being integrated into voluntary organisations such as Age UK

Appendix 7.

Preventing Homelessness Strategy Workshop Notes

Discussion One

Introductory Presentation

- Rough sleeping is homelessness at its most acute, but they are not the only people who are homeless
- Someone who has a home, but their home is untenable, i.e. due to domestic abuse, overcrowding, can be considered homeless
- Homelessness isn't always visible
- When a person presents as homeless an assessment is made, 5 part, as part of legislation
- 5 criteria:
    1. Are they eligible for provision of the service, i.e. immigration status
    2. Are they actually homeless
    3. Are they in priority need
    4. Are they intentionally homeless
    5. Do they have a local connection
- Temporary accommodation is very expensive and very disruptive
- Rough sleeping statistics are a snapshot, taken Greater Manchester wide on the same day
- Collected intelligence indicates rough sleepers congregate in the city centre
- Someone becoming homeless is within an interrelated social, economic, and political context, not a personal failure
- Factors such as benefits changes, rent arrears, universal credit changes, reduction in security of tenure contribute to homelessness

Developing Tameside Preventing Homelessness Strategy 2018

1. Main causes of homelessness in Tameside?

- Breakdown of family relationships
- Insufficient finances to support oneself
- Mental health issues/problems
- Lifestyle 'choices' such as drugs, alcohol

2. Preventing homelessness

- Dialogue between tenant, landlord and an Oldham Council officer led to the tenant in rent arrears, who was being threatened with notice/eviction, not being evicted
- This was based on the clarification by the council officer (probably Housing Standards Officer) that if the tenant was evicted, they would not necessarily be eligible for support by the council

- Upon understanding the situation better the landlord was more willing to work towards a compromise
- In this instance clear communication helped prevent the tenant becoming homeless, and the input of an independent third-party helped create a better dialogue between the tenant and the landlord
- Provision of supported housing projects helps prevent homelessness
- The Housing First initiative, which New Charter were involved in, gives people a property then helps build the support around them afterwards
- Providing this stable home gives the person a foundation from which to build their lives

3. Factors causing repeat homelessness

- People causing damage to homes they live in or anti-social behaviour
- Possible that people will be repeatedly evicted until no landlords will accept them, leading to them becoming homeless
- Each individual will have a different combination of factors that have led to their homelessness, sometimes interrelated, mental health problems, drugs, finances etc.
- Homeless people with complex and varied problems not having the contacts to deal with their specific issues, but instead perhaps a general contact who is not qualified for the specific issues
- A lack of joined up working between the different services that deal with homeless people, i.e. social landlords, landlords, council, police, etc. although some integrated partnerships are already in place, not currently holistic
- Difficult to bring private landlords into these integrated partnerships
- Another difficulty is sharing information between public and private sector organisations in the light of data protection
- Many homeless people might be undiagnosed and untreated mentally ill
- A lack of sufficient mental health care facilities
- Reduction in number of council funded spaces for homeless people in supported housing
- A lack of financial safeguards, at least in some areas, for landlords in the Bond scheme that is supposed to provide security for landlords offering tenancy to some tenants

4. Access to information about preventing homelessness

- Experienced people in the public sector will have contacts at different organisations
- However, people who don’t work in the public sector per se, but at perhaps voluntary or faith based may not have the contacts
- Street Support has a website and app which has a list of resources for homeless people
- Street Support states what different services deliver and what different services require in terms of support, donations etc.

Discussion Two

Introductory Presentation

- Not everybody who sleeps rough is homeless and vice versa
- In 2014/15 193 households in temporary accommodation
- Overflow in bed and breakfast hotels such as Premier Inn and Travelodge
- Usually the rough sleepers snapshot is in November
- To conduct the estimate police, neighbourhood staff, etc. put down name and date of birth of people they believe to be sleeping rough, cross-reference to make sure there are no duplicates and that nobody's actually in accommodation
- If you do an actual count rather than an estimate, it can't include people squatting in a building, have to see them bedding down for the night etc.
- We have good intelligence in Tameside as to the identity of rough sleepers as it is a relatively small borough
- The Sanctuary Scheme, which focuses on domestic abuse, is very effective at homelessness prevention

1. Main causes of homelessness in Tameside?

- Lack of money
- A lot more people not coping financially
- Unemployment
- Debt
- People getting used to a certain standard of living that they can't sustain
- National housing shortage, particularly social housing
- 'Affordable' housing is not affordable
- People can't afford to get in housing if not in work
- Bedroom tax stops people from moving into available housing
- People under 35 won't get shared room allowance from 2019, which will make things worse
- Lack of housing options
- Housing is low key in, say, health discussions despite the link of housing and health
- 8 million people on housing waiting list
- A lack of joined up working between police, RSLs, health etc. in relation to housing
- Homeless people tend to be under 35
- Hospital discharges picks up people over 55, so they don't get sent straight from the hospital to housing advice

2. Preventing homelessness

- If someone is in debt problems, they should only be served notice as a last resort
- Additional support

- Widening structure of tenure
- Intervention that focuses on lifestyle changes, such as changing budgets, educational, changing behaviour
- Fundraising to help donate to charities addressing homelessness
- Helping people stay in their homes through TMBC support services such as community responses, rather than going into care, hospital, homelessness etc.
- Possible adaptation of current provision of equipment like community response alarms, pendants, for the application of helping keep people at risk of becoming homeless to stay at home
- Signpost people to welfare rights
- Create sustainable communities and help people develop a stake in their community, can help prevent homelessness by providing social

3. Factors causing repeat homelessness

- Lack of support network
- More people relying on the private rented sector where the focus of landlords is profit
- Private rented sector not having the same support network as RSLs
- Local authority not able to build more social housing
- Not enough 1 bedroom flats available
- Not enough education and communication to people as to why houses need to be built,
- Local authority too slow to release land, or always focused on maximum profit from land sales

4. Access to information about preventing homelessness

- Quite easy with access to a computer
- Need to make what's available on the internet accessible to people without the internet, i.e. physical stalls with advice at key locations
- The nine towns are centre points for physical stalls which could offer advice, perhaps could be rotated between towns
- Learn from services such as Topaz café

Appendix 8.

Air Quality Workshop Notes

Participants received a presentation on Air Quality which included:

- Local Air Quality Management – Local Authorities Responsibilities
- The Pollutants of Concern
- How Air Quality is Assessed
- Air Quality Monitoring
- The New Greater Manchester Air Quality Action Plan
- Non Transport Related Sources of pollution
- Tameside Air Quality Steering Group
- Sources of NOx and PM10
- Emissions by Vehicle Type
- National Air Quality Plan

Discussion points

Feedback included that participants were expecting a rather dry subject matter and surprised themselves on how quickly they became engaged in the subject.

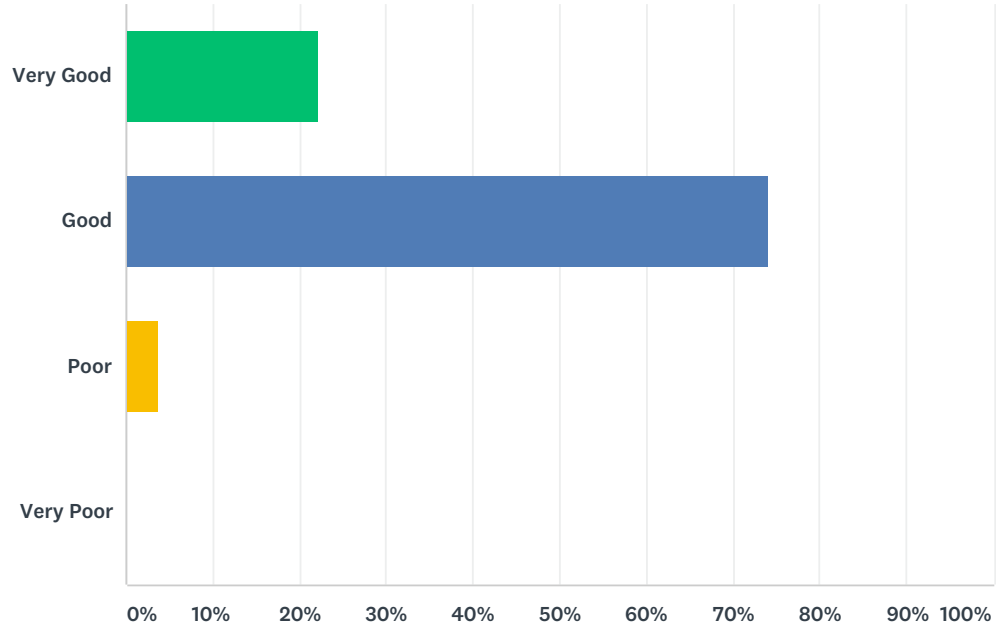
There was little realisation about how many deaths each year are attributable to poor air quality and it was discussed that this may be because the problem is no longer as strikingly visible compared to the 50's and 60's smog's.

It was then discussed that the problem is not just an "Environmental Health" issue but we all have a shared responsibility to find a solution by making personal lifestyle choices. It was acknowledged that there are times when our busy lives mean we need to use the car but there are other times when we could make better choices.

One participant made the point that the school admissions criteria can now mean that parents cannot get their children into the same school and find themselves doing additional/longer school runs to ensure their children get to school on time, which needs to be addressed.

Q1 How would you rate the Partnership Engagement Network Conference overall? (Please tick one box only)

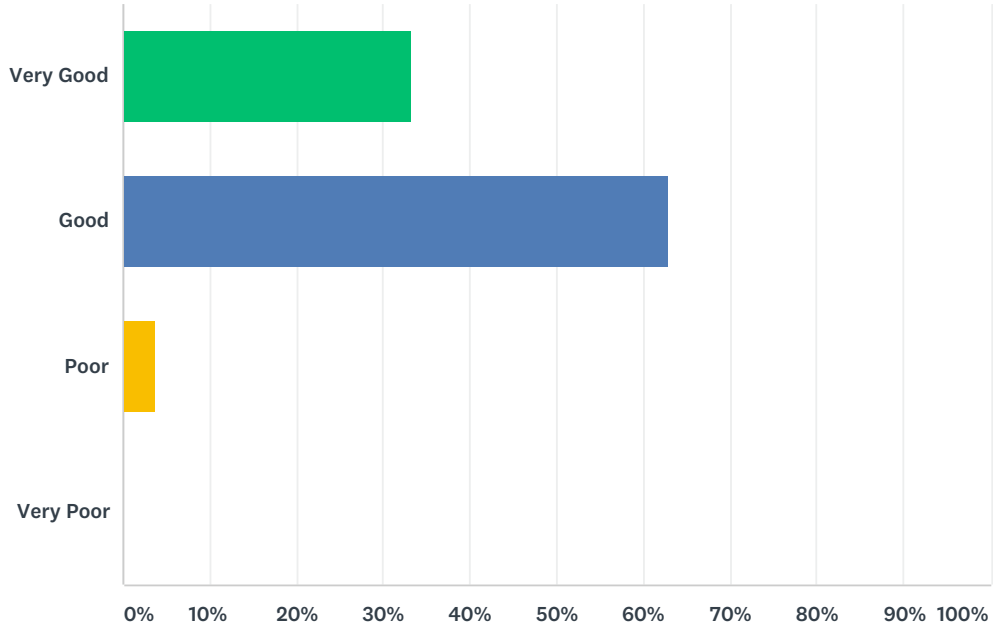
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	22.22%	6
Good	74.07%	20
Poor	3.70%	1
Very Poor	0.00%	0
TOTAL		27

Q2 How would you rate the organisation of the event? (Please tick one box only)

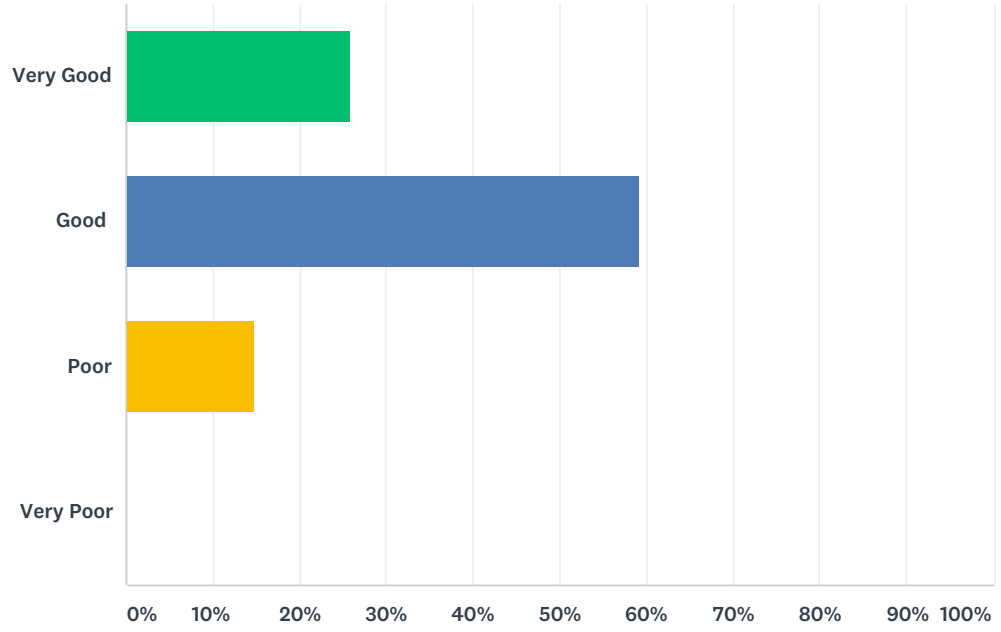
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	33.33%	9
Good	62.96%	17
Poor	3.70%	1
Very Poor	0.00%	0
TOTAL		27

Q3 How would you rate the presentations overall? (Please tick one box only)

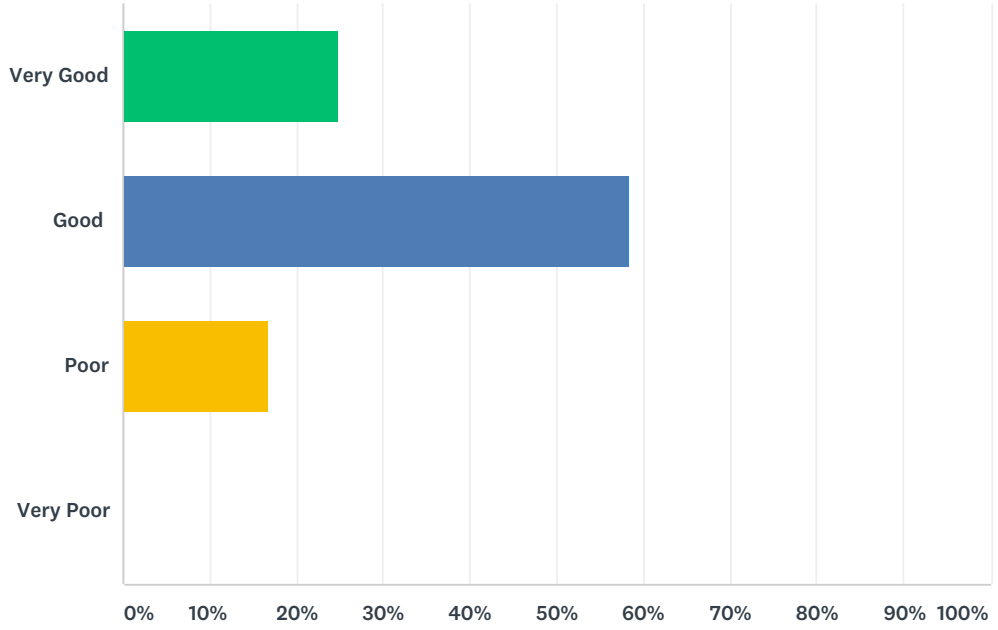
Answered: 27 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	25.93%	7
Good	59.26%	16
Poor	14.81%	4
Very Poor	0.00%	0
TOTAL		27

Q5 How would you rate the workshops overall?

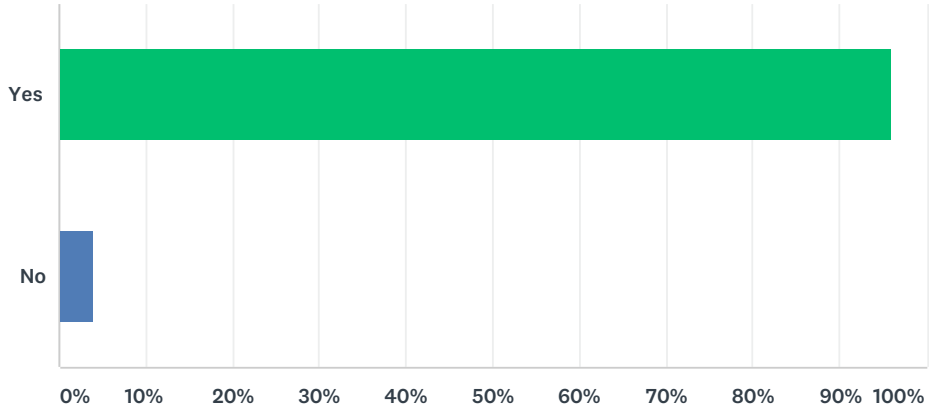
Answered: 24 Skipped: 3



ANSWER CHOICES	RESPONSES	
Very Good	25.00%	6
Good	58.33%	14
Poor	16.67%	4
Very Poor	0.00%	0
TOTAL		24

Q7 Do you feel you were given enough opportunity to express your opinions? (Please tick one box only)

Answered: 25 Skipped: 2



ANSWER CHOICES	RESPONSES	
Yes	96.00%	24
No	4.00%	1
TOTAL		25

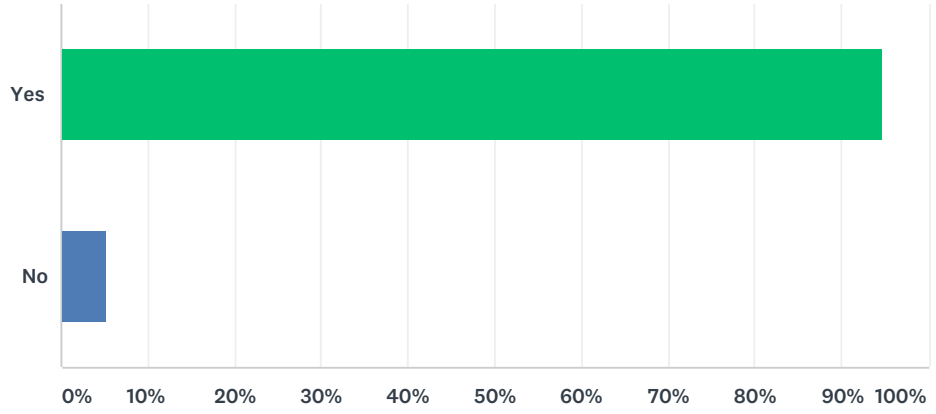
Q9 Please list up to three groups you think should be members of the Partnership Engagement Network Forum (Please write in the boxes below)

Answered: 16 Skipped: 11

ANSWER CHOICES	RESPONSES	
Group One	100.00%	16
Group Two	100.00%	16
Group Three	75.00%	12

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

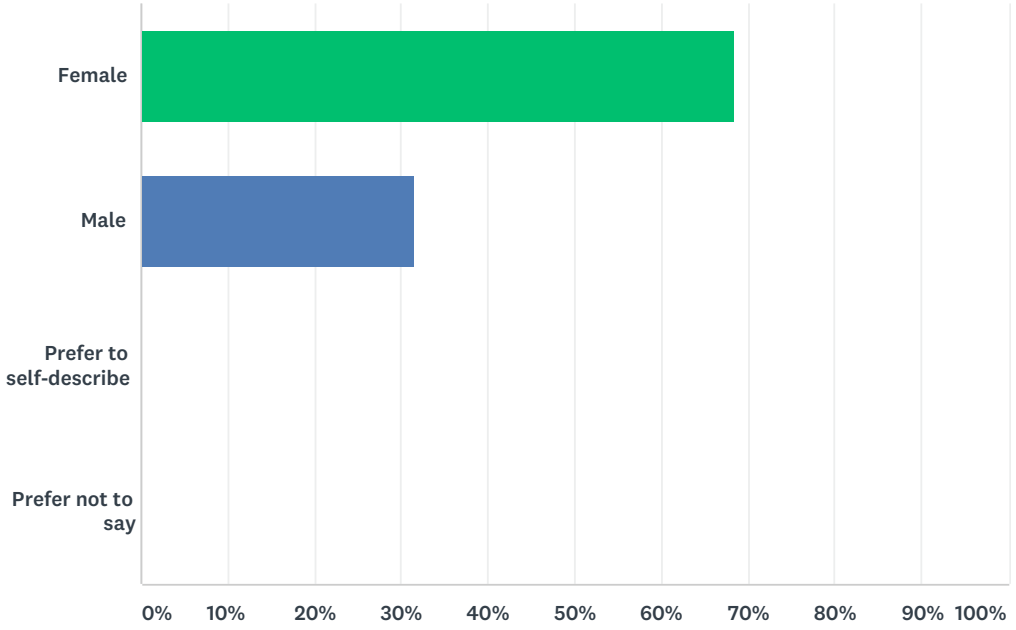
Answered: 19 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	94.74%	18
No	5.26%	1
TOTAL		19

Q13 What best describes your gender? (Please tick one box only)

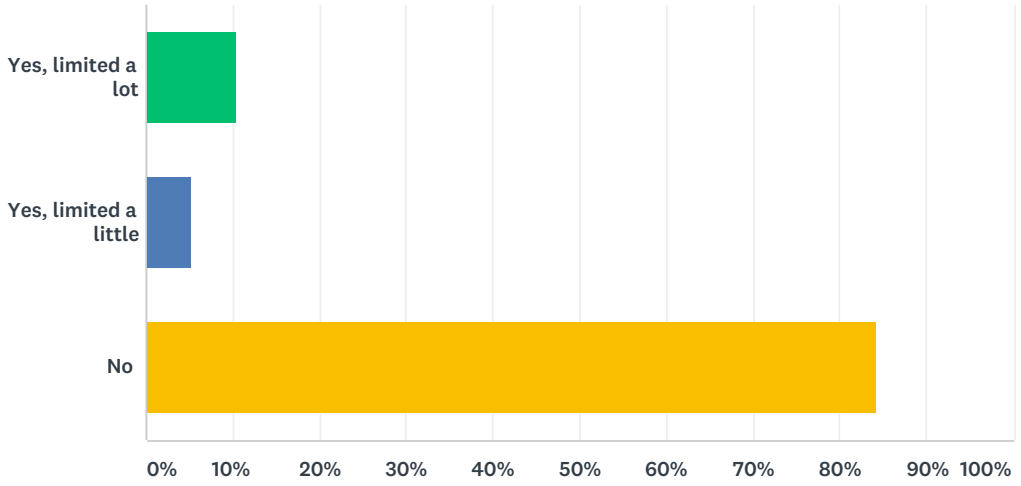
Answered: 19 Skipped: 8



ANSWER CHOICES	RESPONSES	
Female	68.42%	13
Male	31.58%	6
Prefer to self-describe	0.00%	0
Prefer not to say	0.00%	0
TOTAL		19

Q14 Are your day-to-day activities limited because of a health problem or disability which has lasted, or is expected to last, at least 12 months? Include problems related to old age. (Please tick one box only)

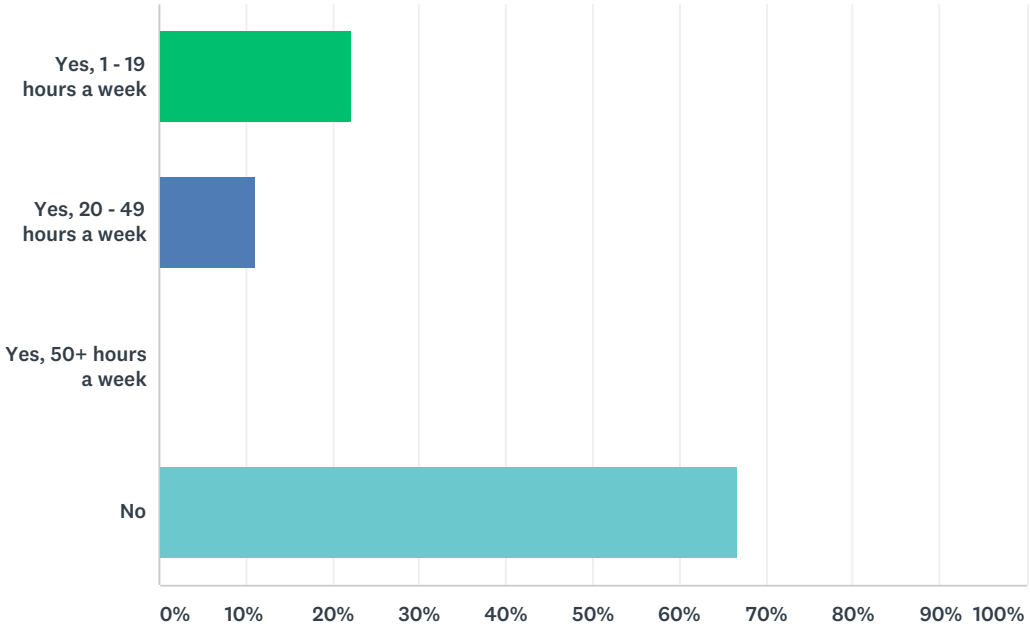
Answered: 19 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes, limited a lot	10.53%	2
Yes, limited a little	5.26%	1
No	84.21%	16
TOTAL		19

Q15 Do you look after, or give any help or support to family members, friends, neighbours or others because of either, long term physical or mental ill-health / disability, or problems due to old age? (Please tick one box only)

Answered: 18 Skipped: 9



ANSWER CHOICES	RESPONSES	
Yes, 1 - 19 hours a week	22.22%	4
Yes, 20 - 49 hours a week	11.11%	2
Yes, 50+ hours a week	0.00%	0
No	66.67%	12
TOTAL		18

Q16 Which ethnic group do you consider yourself to belong to? (Please tick one box only)

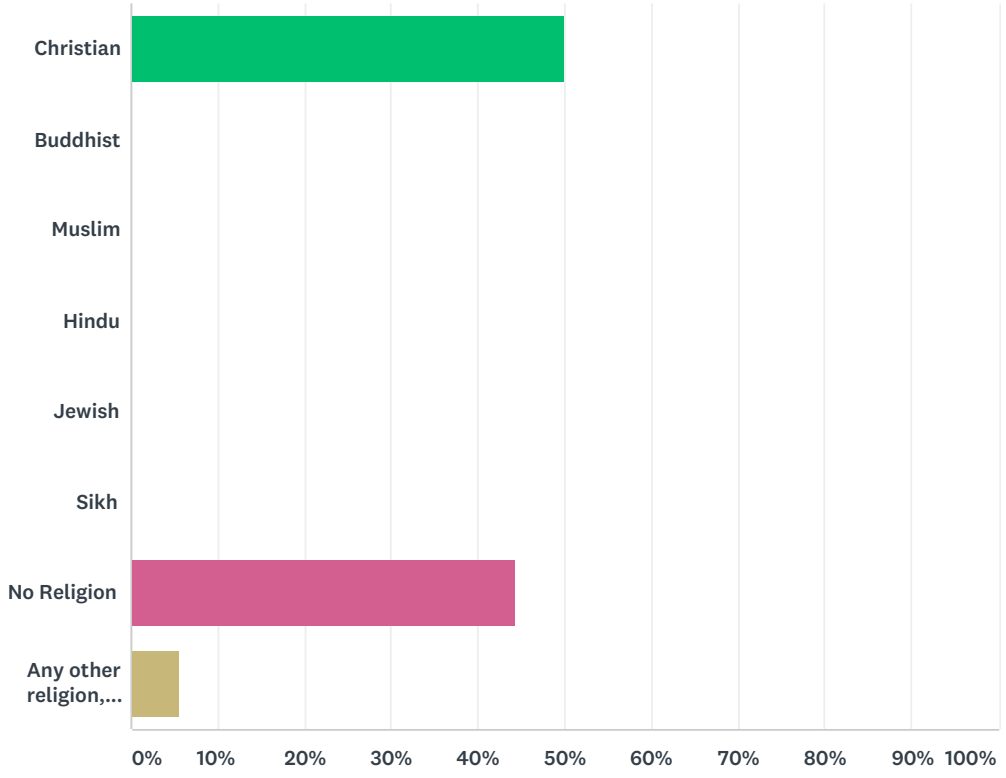
Answered: 18 Skipped: 9

ANSWER CHOICES	RESPONSES	
White – English / Welsh / Scottish / Northern Irish / British	94.44%	17

White - Irish	0.00%	0
White - Gypsy or Irish Traveller	0.00%	0
Other White background (please specify in the box below)	5.56%	1
White & Black Caribbean	0.00%	0
White & Black African	0.00%	0
White & Asian	0.00%	0
Other Mixed / Multiple ethnic background (please specify in the box below)	0.00%	0
Asian / Asian British - Indian	0.00%	0
Asian / Asian British - Pakistani	0.00%	0
Asian / Asian British - Bangladeshi	0.00%	0
Asian / Asian British - Chinese	0.00%	0
Other Asian background (please specify in the box below)	0.00%	0
Black / Black British - African	0.00%	0
Black / Black British - Caribbean	0.00%	0
Other Black / African / Caribbean background (please specify in the box below)	0.00%	0
Arab	0.00%	0
Any other ethnic group (please specify in the box below)	0.00%	0
TOTAL		18

Q17 What is your religion? (Please tick one box only)

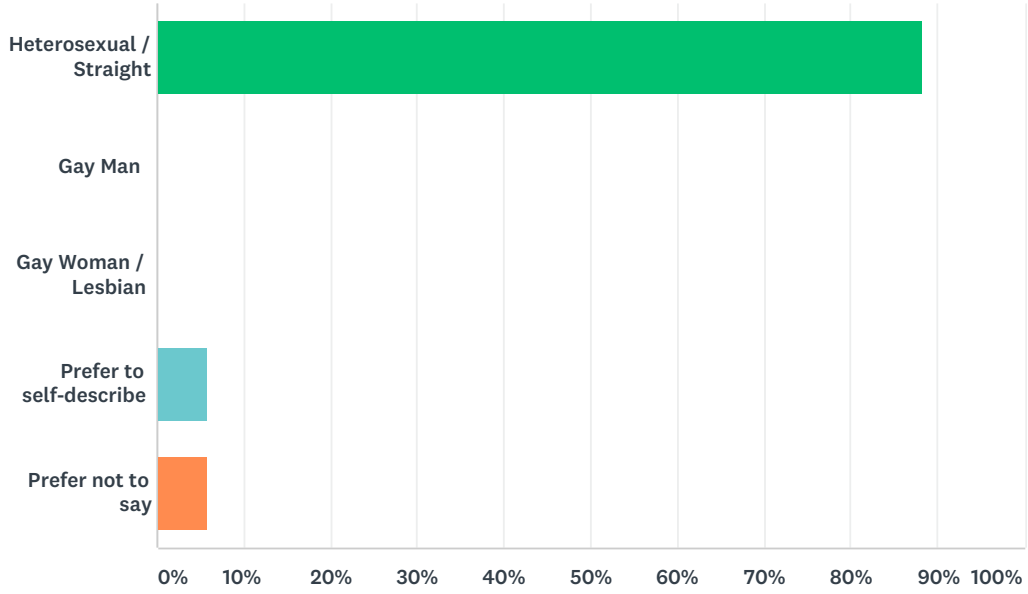
Answered: 18 Skipped: 9



ANSWER CHOICES	RESPONSES	
Christian	50.00%	9
Buddhist	0.00%	0
Muslim	0.00%	0
Hindu	0.00%	0
Jewish	0.00%	0
Sikh	0.00%	0
No Religion	44.44%	8
Any other religion, please state	5.56%	1
TOTAL		18

Q18 What is your sexual orientation? (Please tick one box only)

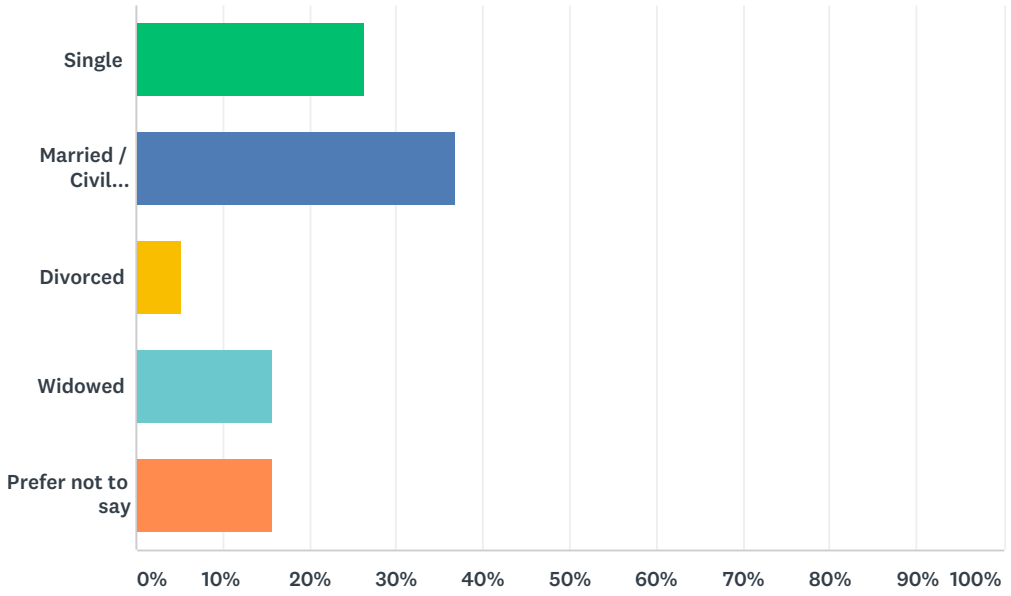
Answered: 17 Skipped: 10



ANSWER CHOICES	RESPONSES	
Heterosexual / Straight	88.24%	15
Gay Man	0.00%	0
Gay Woman / Lesbian	0.00%	0
Prefer to self-describe	5.88%	1
Prefer not to say	5.88%	1
TOTAL		17

Q19 What is your marital status? (Please tick one box only)

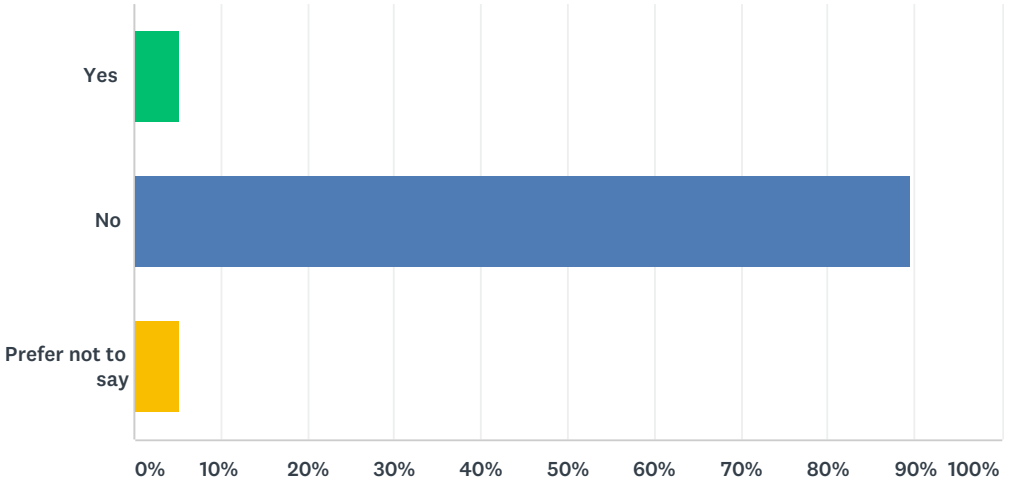
Answered: 19 Skipped: 8



ANSWER CHOICES	RESPONSES	
Single	26.32%	5
Married / Civil Partnership	36.84%	7
Divorced	5.26%	1
Widowed	15.79%	3
Prefer not to say	15.79%	3
TOTAL		19

Q20 Are you a member or ex-member of the armed forces? (Please tick one box only)

Answered: 19 Skipped: 8



ANSWER CHOICES	RESPONSES	
Yes	5.26%	1
No	89.47%	17
Prefer not to say	5.26%	1
TOTAL		19

Appendix 10

TAMESIDE AND GLOSSOP PARTNERSHIP ENGAGEMENT NETWORK

Decision Makers can use PEN to **cascade messages to the public** through established forums, networks and communication channels of Stakeholders

Strategy and Decision Making

Health & Wellbeing Board | Executive Cabinet | ICFT Trust Board | Single Commissioning Board

Informs

Decision Makers can use PEN to **cascade messages to the public** through established forums, networks and communication channels of the public and patients

Stakeholders

Formal Stakeholders
- Overview and Scrutiny
- Councillors & MPs
- Town Councils
- All Clinical Committees within the SCF
- T&G ICFT Governors

Partners
- Police
- GMFRS
- Voluntary, Community, Faith
- Housing Associations
- Schools & Colleges
- Business
- Health
- DWP
- Dental
- Optical
- Pharmaceutical

Public reps
- Healthwatch
- Action Together
- Residents Associations
- High Peak CVS – The Bureau
- Patient Neighbourhood Groups

The Partnership Engagement Network

Decision makers seek input/engagement on new and developing models, the development of options, emerging ideas and specific issues or challenges

Play active part in shaping public services
Proactively feed in issues and ideas

Play active part in shaping public services
Proactively feed in issues and ideas

Public and Patients

Members of the Public

Patients

Service users

Networks – Examples below (this list is not exhaustive)

- Patient Participation Groups
- Faith Groups
- Equality and Diversity Group
- Town Teams
- Youth Council
- Children in Care Council
- Carers Forum
- Age UK
- MIND
- Tameside Sight
- Glossop Visually Impaired
- People First
- The Stroke Association
- Hyde Bangladeshi Welfare
- Glossop LGBT
- West African Development
- Kush Amdid

Integrated Neighbourhoods
Feed in, develop local participation and contribute local voice

cascade messages

cascade messages

TAMESIDE AND GLOSSOP PARTNERSHIP ENGAGEMENT NETWORK

PEN Forum

When: Four times a year

Who: A limited number of representatives from stakeholders (multi-agency) plus representatives of organisations or groups that represent the public and patients.

Purpose: To undertake more detailed discussion around 'place shaping' Tameside and Glossop and to explore key issues in greater depth.

Participants would have subject specialism and capacity to provide advice on key issues.

PEN Conference

When: Twice a year

Who: Up to one hundred representatives from stakeholders (multi-agency) plus representatives of organisations or groups that represent the public.

Purpose: To share best practice and learning, and to build relationships across the multi-agency partnership.

Half day facilitated workshop,

content will be a combination of public service led presentations seeking input on specific issues, along with some structured discussions around specific issues/challenges.

PEN Panel

When: As required

Who: Up to twenty individual members of the public and patients drawn from the existing Big Conversation membership plus other sources, e.g. T&G ICFT Membership

Purpose: To be directly involved in the development of new models and options. People participating would depend upon the issue in question and the the twenty individuals would be refreshed on a regular basis.

Opportunity to reach out to a much wider variety of people than would traditionally engage.

Public and Patients

For Public and Patients the Partnership Engagement Network is a space where they have genuine influence and can forge connections that enable them to progress their own agendas.

PEN provides the opportunity for collaboration around key, public service wide issues, that might result in specific partnerships working on areas of further integration.