



## Partnership Engagement Network (PEN)

### Report of Conference held on 27<sup>th</sup> June 2018

#### 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

On 27 June 2018 representatives from Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust along with the public, stakeholders, partners, and voluntary, community and faith sectors came together for the third PEN Conference – the second of 2018. There were over 80 participants in total.

Throughout the day participants heard presentations on the topics of Improving Access to Primary Care, What Matters To You, and an update on the Partnership Engagement Network Approach, including the launch of the Joint Engagement Strategy for Tameside and Glossop. Participants also took part in three 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 2 onwards.

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

- Improving Access to Primary Care
- Working Together to Tackle and Prevent Homelessness
- Identifying & Supporting Ex-Service Personnel – The Armed Forces Covenant
- Increasing Digital Skills & Employment
- Prescribing of Over the Counter Medicine
- Planning at End of Life

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 (2 to 7).

## Post Conference Feedback Survey

All participants were invited to take part in a post conference feedback survey. 36 responses were provided. Key results include:

- 94.4% of participants rated the PEN Conference as Very Good (44.4%) or Good (50.0%) overall.
- 91.4% of participants rated the organisation of the event as Very Good (40.0%) or Good (51.4%) overall.
- 91.7% of participants rated the presentations as Very Good or Good overall. 8.3% rated the presentations as Poor or Very Poor.
- Participants were invited to make comments about the presentations. Feedback points included:
  - Excellent length and well-paced
  - PEN branding to be incorporated into presentation slides
  - Comments on acoustics of room – some difficulty in hearing
- 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:
  - Size of some groups and acoustics of the room made it difficult to hear discussions
  - Some individuals dominated workshop discussions – need to be considerate of the views of all attendees
  - Ground rules for workshops to be outlined prior to session
  - Enjoyable, useful and well presented
  - Difference in facilitation skills between workshops
  - 'I learned something from each workshop and only wish I could have done more of them!'
- Over three-quarters of participants (77.8%) felt that they were given enough opportunity to express their opinions. 22.2% felt they were not given enough opportunity to do so.
- Thoughts and opinions provided on Partnership Engagement Network included:
  - 'Excellent platform and active space for conversation, inspiration and sharing information'
  - Brings together a mix of people from different organisations
  - Facilitates partnership working
  - Very useful
  - Good for signposting, information and contacts
  - Good range of issues covered
  - 'A great step towards effective engagement'
  - 'This was my first attendance & I thought that this was a fabulous event bringing people together & listening to different points of view/opinions. Thoroughly enjoyed the whole event, thank you'
  - More members of the public to attend
  - Involvement of young people would be beneficial
  - 'It appears to be a good collaboration between agencies with genuine patient engagement. If this model maintains its energy it will be a sound resource for the public to influence service delivery and improvements'
  - Advertise as widely as possible
- Suggestions for topics to be covered at future conferences included:
  - Integrated Care – services available and how to access

- Dementia
- Community Care
- Social Care Support
- Digital Skills & Employment
- Support for those leaving custody / ex-offenders
- Mental Health
- Self-care
- Safeguarding
- Supporting carers / young carers
- Patient Participation Groups
- Poverty
- Digital Inclusion
- Street cleaning

A full breakdown of the top line responses can be found at Appendix 8

### **Future PEN Conference Dates**

**Monday 15<sup>th</sup> October**, 9.30am – 2.00pm  
Hyde Town Hall, 10 Corporation St, Hyde SK14 1AL

### **Appendices**

The following appendices are attached:

- Appendix 1 – Conference Agenda
- Appendix 2 – Workshop notes; Improving Access to Primary Care
- Appendix 3 – Workshop notes; Working Together to Tackle and Prevent Homelessness
- Appendix 4 – Workshop notes; Identifying & Supporting Ex-Service Personnel – The Armed Forces Covenant
- Appendix 5 – Workshop notes; Increasing Digital Skills & Employment
- Appendix 6 – Workshop notes; Prescribing of Over the Counter Medicine
- Appendix 7 – Workshop notes; Planning at End of Life
- Appendix 8 – Post Conference Feedback Survey Findings

## Appendix 1



Tameside & Glossop  
Partnership Engagement  
Network (PEN)



### PARTNERSHIP ENGAGEMENT NETWORK CONFERENCE

Date: Wednesday 27 June 2018

Time: 9.30am – 2.00pm (lunch and networking from 12.55pm)

Venue: Jubilee Hall, Dukinfield Town Hall, King Street, Dukinfield, SK16 4LA

### AGENDA

1.	<b>Welcome</b> (Councillor Brenda Warrington – Executive Leader, TMBC)	9.30 – 9.35 am
2.	<b>Introduction</b>	9.35 – 9.40 am
3.	<b>PEN update</b> (Chris Easton – Head of Person & Community Centred Approaches, T&G ICFT and Simon Brunet – Policy Manager, T&G SC) including time for Engagement Strategy launch photograph	9.40 – 9.55 am
4.	<b>Improving Access to Primary Care</b> (Jessica Williams- Programme Director, Care Together/Interim Director of Commissioning, and Dr Kate Hebden- Tameside and Glossop CCG)	9.55 – 10.10 am
5.	<b>Workshops – Round 1</b> (See overleaf)	10.10 – 10.50 am
6.	<b>Feedback – 1 key point from each table</b>	10.50 – 10.55 am
	<b>BREAK</b>	10.55 – 11.10 am
7.	<b>What Matters To You</b> (Maggie Murdoch - Public & Patient Lay Advisor, Tameside & Glossop CCG and Simon Brunet – Policy Manager, TMBC)	11.10 – 11.20 am
8.	<b>Workshops – Round 2</b> (See overleaf)	11.20 – 12.00 pm
9.	<b>Feedback – 1 key point from each table</b>	12.00 – 12.05 pm
10.	<b>Workshops – Round 3</b> (See overleaf)	12.05 – 12.45 pm
11.	<b>Feedback – 1 key point from each table</b>	12.45 – 12.50 pm
12.	<b>Wrap Up</b>	12.50 – 12.55 pm
	<b>LUNCH AND NETWORKING</b>	From 12.55 pm



	<b>WORKSHOPS</b>
<b>A</b>	<b>IMPROVING ACCESS TO PRIMARY CARE</b> (Janna Rigby & Tori O'Hare – Heads of Primary Care, and Dr. Kate Hebden, Tameside & Glossop CCG)
<b>B</b>	<b>WORKING TOGETHER TO TACKLE AND PREVENT HOMELESSNESS</b> (Diane Barkley - Head of Homelessness and Community Safety and Sally Atueyi - Senior Housing Strategy Officer, Tameside MBC)
<b>C</b>	<b>IDENTIFYING &amp; SUPPORTING EX-SERVICE PERSONNEL – THE ARMED FORCES COVENANT</b> (Vanessa Rothwell - Partnerships Manager and David Brown – Armed Forces Officer, Tameside MBC)
<b>D</b>	<b>INCREASING DIGITAL SKILLS &amp; EMPLOYMENT</b> (David Berry, Head of Employment & Skills, Tameside MBC)
<b>E</b>	<b>PRESCRIBING OF OVER THE COUNTER MEDICINE</b> (Peter Howarth, Head of Medicines Management, Tameside & Glossop CCG)
<b>F</b>	<b>PLANNING AT END OF LIFE</b> (Fiona Horrocks, End of Life Care Facilitator, Lisa Walsh – Community Macmillan Clinical Nurse Specialist and Lisa Byrne, Hospital Clinical Nurse Specialist, Tameside & Glossop ICFT)

<b>WORKSHOP ROUND 1 (10.10am – 10.50am)</b>	<b>WORKSHOP ROUND 2 (11.20am – 12.00pm)</b>	<b>WORKSHOP ROUND 3 (12.05pm – 12.45pm)</b>

## Appendix 2

### Workshop notes; Improving Access to Primary Care

The workshop discussions focused initially on the challenges in accessing primary care, with general practice as the main topic of discussion. This element of the discussion was to reinforce the areas of challenge that we were already aware of but also to identify any further issues that were not known. Once these had been drawn out of the group, the focus was turned onto having a positive and proactive discussion about potential opportunities and ideas to improve access to primary care. The groups' feedback and ideas are summarised below.

#### Challenges

<b>Communication</b>
How we get information out to everyone
Self-care education
Visually impaired people using online systems, similarly those with language barriers
GP practice systems to accommodate visually impaired people – reception staff awareness and call out systems
Inclusivity – literacy, internet access
Patient perception of quality of care e.g. newly diagnosed diabetes type 1, information being given and guiding patients to support groups for specific conditions, written patient information made available, associated services and awareness
Getting patients to engage positively with reception care navigation
Positive communication – kindness, remove blocks
<b>Systems</b>
Housebound patients – medication reviews face to face rather than telephone consultations (specific example of stroke survivors and speech)
Appointment systems, phone access, queuing outside
Time – enough to give to patients, appointments running on time and anxiety
Making improved access universal
Long Term Conditions access to GP of choice
Missed opportunities from practices sharing information with patients
Social prescribing
Availability of services/ delays where the practice is referring
Vulnerable groups – appointment attendance – isolated/ lonely impact on use of services

#### Opportunities

<b>Training/Education</b>
Patient education
Reception staff education
Patient passports
Carer support and education
Opportunities for communicating with groups including schools - ?student councils re mental wellbeing, accessing services
Voluntary sector – bringing people together through life experiences
PPGs influence and voice – supporting patients to reduce anxiety in using health care
Expert patients – encouraging use of social prescribing

Advocacy e.g. dementia and awareness in practice about the individual
Patient education using virtual reality technology in place of residence – reduced demand on practice
<b>Communication</b>
Communication between providers about individuals
Ways of managing types of appointments
Generational/ cultural change
Accessing patient records – positive impact on demand on telephone lines
Texting reminders e.g. using MJOG to promote extended access
<b>Changed ways of working</b>
Advocacy e.g. dementia and awareness in practice about the individual
Improving DNAs – how to do this?
Housing and healthcare working together
Extended hours – improvements for clinicians and patients
Self care and self-referral e.g. physio, mental health
Improving proactive signposting and use of services by reception
Nurse referrals and other actions to reduce referrals
Partner organisations e.g. Be Well – practices recognising resources and services available to them for the patient, building on services available in the practice and supporting accessibility e.g. listening services

The discussions with each of the three groups was positive, providing a range of people to have their chance to air their views and influence the ways services are redesigned and commissioned.

A number of the opportunities are being addressed through ongoing workstreams relating to the General Practice Forward View (GPFV) and it was acknowledged that one of the key outputs from the session for commissioners is to improve on what and how we communicate with patients and providers. There is further opportunity to engage and work with PPGs and PNGs which we will include in the way we develop ideas going forward. There will also be opportunities to take further topics through the network in the future.

In addition to the workshop sessions, a presentation was also given to the group on the subject of Improving Access to Primary Care where the range of primary care providers across the locality, including self-care workstreams and also an overview on the delivery of GPFV was given.

Primary Care Committee are asked to note the content of this report and discussion at the network and note this opportunity for dialogue and input from the network.

## Appendix 3

### Workshop notes; Working Together to Tackle and Prevent Homelessness

#### Introduction

Three workshops focussed on the draft Preventing Homelessness Strategy. In each of these workshops, the workshop facilitator, Sally Atueyi (Senior Housing Strategy Officer), outlined the background to the draft strategy.

The Preventing Homelessness multi-agency forum and the Registered Providers Forum were at the centre of the development of the strategy.

At the outset a review of homelessness in Tameside was undertaken. This review has provided a clear picture of homelessness within the Borough. The review involved gathering and analysing Quantitative and Qualitative data.

Extensive consultation was undertaken to inform Tameside's Homelessness Review and this involved consulting a wide range of key stakeholders including services and partner organisations who deliver services to homeless people, and homeless people. The consultation included: one to one interviews, workshops, focus groups etc.

As part of this consultation two PEN workshops were held on the Preventing Homelessness Strategy in October 2017 which were attended by members of the public and representatives of statutory organisations and organisations from the third sector.

The review findings have shaped the development of the draft strategy Preventing Homelessness Strategy.

At the PEN workshops held on 27 June, each of delegates were given an A3 one page summary of the draft strategy which presented the draft vision, eight strategic priorities and example actions under each priority.

Tameside's draft for vision is of a borough wide approach where those living, working and visiting Tameside understand the catastrophic effects of homelessness on the lives of people and its causes, and work together to tackle and prevent homelessness.

Tameside's draft Preventing Homelessness Strategy 2018-2021 presents eight strategic priorities. These are:

1. A holistic and integrated response to preventing homelessness
2. Proactive information management and provision of advice
3. Raised awareness of the causes of homelessness and services, and a shared understanding that preventing homelessness is everyone's business
4. Early intervention before a crisis
5. Increased resilience and targeted support
6. Preventing rough sleeping
7. Access to a wide range of affordable, permanent accommodation options
8. Identifying, cultivating and empowering untapped resources in the community

A brief summary of the main themes of the three workshops are provided below.

## **Workshop 1**

This workshop had a wide ranging discussion which included exploring initiatives aimed at:

Expanding current housing stock such as utilising empty properties across the borough, and a scheme which is operating via Ashton Pioneer Homes (APH), where Private Landlords are leasing their properties to APH to be managed by APH.

Preventing registered social landlord tenants from being evicted because of problems they have encountered with the introduction of new Universal Credit Payments. A representative of Irwell Valley Homes gave examples of initiatives that they have in place to help those who may be at risk of eviction. These include having a Deprivation Team which works with families receiving benefits who may be affected by Universal Credit Payments and who may subsequently be at risk of eviction. They also have an agreement in place with the DWP that direct payments can be made to the landlord in cases where tenants on Universal Credit are falling into arrears. Irwell Valley Homes offer debt advice and support to all their tenants to ensure that their tenants can prioritise their rent payments. They also have 'Universal Credit Champions' to help people who fall into arrears due to the waiting time experienced by tenants when they move over to Universal Credit Payments.

The workshop also discussed why Tameside no longer has direct access hostels.

## **Workshop 2**

The group discussed the draft one page summary of the Preventing Homelessness Strategy and provided a range of comments and suggestions relating to the need to provide emotional support to young people who are homeless, and safeguard young people from migrating from Tameside to sleep rough in the centre of Manchester.

The group also discussed the Housing First Model and its inclusion in the strategy.

The group considered the draft vision and the need to specify the types of tangible things that people can do to help homeless people. It was agreed that the strategy needs to be accessible to all and written in plain English.

The group agreed that a Tameside Preventing Homelessness Charter needs to result in appropriate action and the need for the strategy to ensure that this happens.

The workshop discussed providing sessions on preventing homelessness in schools to educate young people. There are other services which go into the schools and it was suggested that the Homelessness Team could link with these services. For example it was mentioned that the Population Health Service run a session in schools to educate young people about learning disabilities and physical disabilities and the DWP go into schools and link in with the Career Advisors.

The workshop also discussed how the draft Tameside Preventing Homelessness Strategy feeds into the work on homelessness which is currently being led by Andy Burnham, the Mayor of Greater Manchester.

One member of the group mentioned that St Andrews Health Centre in Stalybridge is involved with the Nesta 100 day challenge and asked whether this would be feeding into the draft strategy.

### Workshop 3

The group considered the one page draft strategy and raised a range of issues relating to BME communities including:

- How will BME communities be educated about the available provisions for homeless people?
- Has the strategy considered that BME communities may not be willing or able to present to a centre or hub to receive help and advice about homelessness? Can the information be taken to them in their communities?
- What language formats will the strategy be available in?
- Could Peer to Peer educators be trained to communicate key issues and information to these harder to reach communities?
- Could mosques be used to educate /spread key messages about homelessness?
- What is being done to help those with no recourse to public funds who are fleeing domestic violence?

All these issues will be fed into the Equality Impact Assessment of the draft strategy.

It was suggested that engaging with faith sector leaders could be a means to reach community members who may, due to culture, not wish to access support from a hub or centre for homelessness.

The group asked whether there is an online directory of services, resources and advice which is available to members of communities. The facilitator informed the group about the Street Support website which includes details of services and advice for homeless people provided across Greater Manchester. She agreed to send them a link to this website and also to send a note containing information about the services that you can refer a rough sleeper to for support in Tameside.

The group also discussed the problems faced by homeless people who need to claim benefits but have no fixed address, and the difficulties encountered by offenders leaving custody and the lack of sufficient early interventions to prevent homelessness. This has resulted in instances where they do not have a fixed address to go to on release from prison.

Innovative approaches which could be used to signpost homeless people to support and advice and learning from other Councils was also mentioned.

## Appendix 4

### Workshop notes; Identifying & Supporting Ex-Service Personnel The Armed Forces Covenant

The Armed Forces Covenant is a promise by the nation ensuring that those who serve or who have served in the armed forces, and their families, are treated fairly.

The workshops provided an overview to the Covenant and the delivery of this in Tameside and Glossop. Many of the attendee's had little previous knowledge of the Covenant and as a result all three sessions were heavily weighted in the explanation of the concept and the development so far.

#### **The Armed Forces Covenant**

An Enduring Covenant Between  
The People of the United Kingdom  
Her Majesty's Government

– and –

All those who serve or have served in the Armed Forces of the Crown  
And their Families

The first duty of Government is the defence of the realm. Our Armed Forces fulfil that responsibility on behalf of the Government, sacrificing some civilian freedoms, facing danger and, sometimes, suffering serious injury or death as a result of their duty. Families also play a vital role in supporting the operational effectiveness of our Armed Forces. In return, the whole nation has a moral obligation to the members of the Naval Service, the Army and the Royal Air Force, together with their families.

They deserve our respect and support, and fair treatment.

Those who serve in the Armed Forces, whether regular or Reserve, those who have served in the past, and their families, should face no disadvantage compared to other citizens in the provision of public and commercial services. Special consideration is appropriate in some cases, especially for those who have given most such as the injured and the bereaved.

This obligation involves the whole of society: it includes voluntary and charitable bodies, private organisations, and the actions of individuals in supporting the Armed Forces. Recognising those who have performed military duty unites the country and demonstrates the value of their contribution.

This has no greater expression than in upholding this Covenant.

However, there were some very useful partnerships developed over the course of the workshops and the Covenant development in Tameside and Glossop has benefitted greatly as a result of the opportunity in the following ways:

- Further development of the work with our GP Practices resulting in six practices expressing an interest in signing the Covenant.
- A new working relationship with High Peak Council to support the Glossop Armed Forces Families.
- Opportunities to link an existing HLF funded project with both the Social Prescribing and Employability and Skills Teams in terms of up skilling in digital transferable skills sets within our veteran community.
- An opportunity to work closer with the DWP in terms of awareness raising within frontline staff.
- 2018 / 19 Armed Forces Action Plan now has a wider range of health and wellbeing initiatives with partners. (copy available upon request).



- New opportunities for reaching more of the Armed Forces Community through leaflet distribution and the offer of delivering awareness sessions to teams.

Any further details, suggestions or requests for support to be sent to: [covenant@tameside.gov.uk](mailto:covenant@tameside.gov.uk)

## **Appendix 5**

### **Workshop notes; Increasing Digital Skills & Employment**

The following topics were discussed across 3 workshops. The feedback has been absorbed and will be used to launch Inspiring Digital Enterprise Award (iDEA) in the coming months.

#### **Why would people want to use iDEA?**

- Simple, easily accessible and free to use
- Gain knowledge for employment purposes
- Nationally recognised with certificate from Duke of York
- Recreationally, it is fun to use

#### **Where would people use iDEA?**

- People First
- Libraries
- Loxley House
- Through housing associations
- Schools

#### **How can we get the community inspired about iDEA?**

- Through established groups of people
- Through good promotion campaign in schools, businesses and organisations
- Peer mentoring, some people may want to volunteer to be champions to other groups/individuals
- Social media campaigns

#### **How do you think iDEA could help people get into work or skills?**

- Improve IT skills, more services are online
- Improve confidence by achieving badges and gaining knowledge
- Help people to find out more about their health condition
- Help people to self-manage their condition through increased knowledge and access to information and services
- Recognition of personal achievement

## Appendix 6

### Workshop notes; Prescribing of Over the Counter Medicine

#### Workshop One – key themes

If the guidance is implemented at a local level the following suggestions were made by participants, which may help with the implementation process:

- Screening process for GPs to use as a guideline
- Policy for GPs e.g. Derbyshire have already implemented a policy HW Derbyshire to share
- Involve people with learning disabilities, carers, people with dementia and stroke patients – HW Derbyshire have already done a piece of work with Derbyshire CCG for this particular group of patients – HW Derbyshire to share
- Increase people's understanding about self-care and what it means, keep it simple and incorporate mixed approaches to the way we communicate the message e.g. pictorial, alternative languages, appropriate messages for the blind and visually impaired
- Educate the public
- Educate professionals
- Incorporate press releases into the overall message based around prevention of illness and wellbeing and how to stay fit and well rather than having to resort to medication
- Alternatives to medication e.g. therapies, meditation and hypnosis

#### Social Exclusion/Socially Vulnerable

- Caveats to the guidance should be at GP discretion
- Guidance within the guidance for people who are on benefits and/or low income
- Children are a concern - Educate the schools via local councillors

#### Workshop Two – key themes

#### Social Exclusion/Socially Vulnerable

Concerns were raised in relation to key groups who could potentially be vulnerable if the guidance is implemented locally:

- Children
- People who are on benefits
- Hard to reach need to be educated
- People who have language barriers
- People with Mental Health problems

#### Other

- A requirement for mentors in the community to help local people to navigate their way around the guidance
- Educate people about self-care early – start in schools and universities

- Educate pharmacists and manufacturers about people who are blind and visually impaired so that knowledge about self-care is available and equitable to all, regardless of disability
- Work with pharmacists to help them with systems and processes for the over prescribing of medication
- Communicate the message clearly and communicate it in lots of different ways
- Educate people about the prevention of illness rather than the cure

### Minor Ailment Scheme

- There are some patients who are taking advantage of MAS this needs to be looked at to explore the reasons why and how this can be avoided
- Encourage Pharmacists and people working in Pharmacies to build relationships with people – customer service training

### **Workshop Three – key themes**

#### Social Vulnerability

- Major concerns about how this might affect Children (safeguarding) – educate parents
- People living with Dementia
- People on benefits – WHO
- Complex patients, patients with LTCs

All of the above should be educated to take responsibility for their own health (self-care and prevention)

- Link the guidance into social prescribing – prevention – don't work in silos

#### Minor Ailment Scheme

- MAS should have more restrictions

#### Other

- Educate GP reception about self-care, social prescribing etc., - change their job title's (triage staff??) and job descriptions so that they are able to effectively and appropriately triage patients.
- Put Pharmacists in GP surgeries
- Re-educate people about self-care – educate early in schools, children's centres, universities etc.,

## Appendix 7

### Workshop notes; Planning at End of Life

#### Workshop 1

In relation to your health what has been happening to you?

- It depends on who you're talking to
- People might not feel qualified to answer this question
- Make it more emotive, how do you 'feel about your health', this may open the conversation up more and be more personal

Which elements of your care are most important to you?

- Maybe say 'other than your medical care, which elements are most important?'
- Keep it sensitive and personal
- Say 'cared for' instead of care
- 'What do you need to feel cared for?'
- Are we asking 'are there additional things that you need' or 'what do you value from what you're receiving now?'
- Looking at the wider picture what might a person with learning disabilities need?
- References to alternative documents for people in different languages or different format for people with learning disabilities or visual impairment so they can access in the best format possible
- Could bereavement counselling be structured into end of life planning for family of person who is approaching end of life?
- Signposting to support services in documents

At this time in your life, what makes you happy, brings you joy or you feel is important to you?

- Finding different ways to provide things, i.e. if someone can't go out with friends, bring friends to them
- Should this question come first?

What are your wishes for your care, now and in the future?

- The word 'care' means different things to different people
- Provide definition of care in brackets in the question, with examples of care underneath the question
- Care might mean spiritual care to some people
- Could use support as a synonym to care but again this means different things to different people
- If examples such as spiritual care, family care etc. is there, people will be drawn to the example under the most relevant section to them

What are the spiritual beliefs, traditions or needs that are important to you or to your loved ones?

- Do you need to add 'now or in the future' to the end of the question

- Should philosophical or other types of beliefs be prompted on this question as well as spiritual beliefs
- Should religion be split up from spiritualism
- Should there be a descriptor of what spiritualism is?
- Ask what are the religious beliefs and needs at the beginning

## Workshop 2

In relation to your health, what has been happening to you?

- It gives somebody the opportunity to share where they're at or where they think they're at
- Allows them to correct any perception or assumption that a medical professional has about them
- It's good because it doesn't label or pigeon-hole somebody because of their condition
- It's not saying 'what's wrong with you' which is good
- The question doesn't indicate whether it refers to treatment or diagnosis
- The question is not specific enough
- On the other hand, the flexibility allows a more open response
- Perhaps the question needs more examples
- The interpretation of the question depends who's delivering it and what precedes the question
- 'What has been happening to you' sounds passive, maybe it should be present tense 'what is happening to you'

Which elements of your care are most important to you?

- Will the form be accessible in a private form, i.e. not being filled in with somebody
- Needs to have a large print version, version for learning disability form etc.
- The 'elements' word is a problem because it seems too clinical and it may not be clear to the general public

What are you wishes for your care, now and in the future?

- This question needs to have a lot of space after it as this is a very expansive question
- Having a conversation means that questions can be asked in more depth
- Is this likely to be used to help the individual or for statistical purposes?
- Who is allowed to see this form, just medical professionals or family?

At this time in your life, what makes you happy, brings you joy or you feel is important to you?

- Great
- Does it need the 'At this time in your life' bit at the beginning? Is it too negative
- Maybe it does need the 'At this time in your life' because somebody might be restricted in what they do due to illness
- Change 'At this time in your life' to 'These days'
- Could be negative to enter into things that you used to be able to do but can't anymore

- However, could be positive to reminisce about things that you used to be able to do and liked, even though you can't do anymore
- A good addition could be, what things would you like to do?

What are the spiritual beliefs, tradition or needs that are important to you or to your loved ones?

- It's good that it doesn't focus on a specific denomination

What do you worry about or fear happening in the future?

- It isn't always about worrying or fearing, because people might believe they are going to heaven or that death is a release from physical pain
- Perhaps the question should be, 'If you do worry or have fears, what do you worry about or fear happening in the future'

If your condition deteriorates and you become more ill, where would you most like to be cared for?

- Be careful of asking this question as we might over-promise and under-deliver
- Will people know the options?
- Perhaps 'deteriorated' is too negative a use of language
- Use of language that will be more accessible, will everybody fully understand what the word deteriorate means?
- Maybe question should be about what are the next steps rather than that the condition is deteriorating

Have you made a will or any funeral plans? Who is aware of this and its location?

- Could this be made a legal form

Do you have any special requests, preferences or other comments?

- Look at the language, is the language of the questions inclusive enough?
- It should be about promoting a discussion with an outcome, rather than a questionnaire

Who would you like to have these conversations with you or your loved ones?

- It depends who has access to the form
- GP
- Chaplain service

### **Workshop 3**

In relation to your health, what has been happening to you?

- It's straightforward
- It's too open, not specific enough
- People might not want to admit that there is something wrong with them
- People should make a stand themselves for what they want, they should get the treatment they want,
- The question does not have enough warm-up, it is too abrupt, bowling in

- Whether the question is appropriate or not depends on the context
- People may not like being asked how their health is if they're at end of life stage

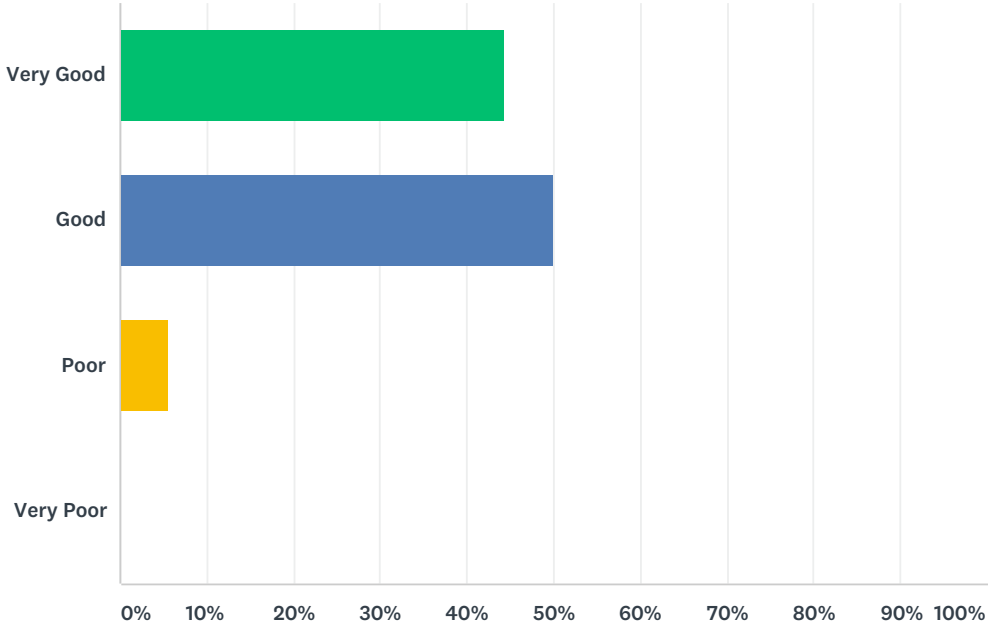
At this time in your life, what makes you happy, brings you joy, or you feel is important to you?

- Could this be incorporated with a will?
- This needs to be promoted more
- The question is assuming that there are things in people's lives that they are happy about? What if they're not happy?
- The question maybe should be 'am I contented' rather than 'am I happy'
- If you're doing the questionnaire or asking these questions whilst people are still healthy, it may not be relevant, perhaps it should be asked in two stages, the same questions perhaps
- Sometimes you may change your opinion of what you want and how you feel depending on when the questions are asked
- Because of the type of questions this could turn into a form-filling exercise
- We need to train people to be intuitive
- You don't need specific questions, instead headings and areas where free-form intuitive, unplanned questions can be asked.
- How do you fit in the carer, who is caring for the person who is ill?
- An assessment should be worked into the questionnaire with decision trees, about where the care is going, does somebody need a carer? Do the family need to know?
- The process is more about the organisation or clinical staff rather than the patient, this can be seen through the phrasing
- Culture is a major aspect of it
- Families will be in chaos at end of life, so these questions are important to ask to get a plan established.

**Appendix 8 - Post Conference Feedback Survey Findings**

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

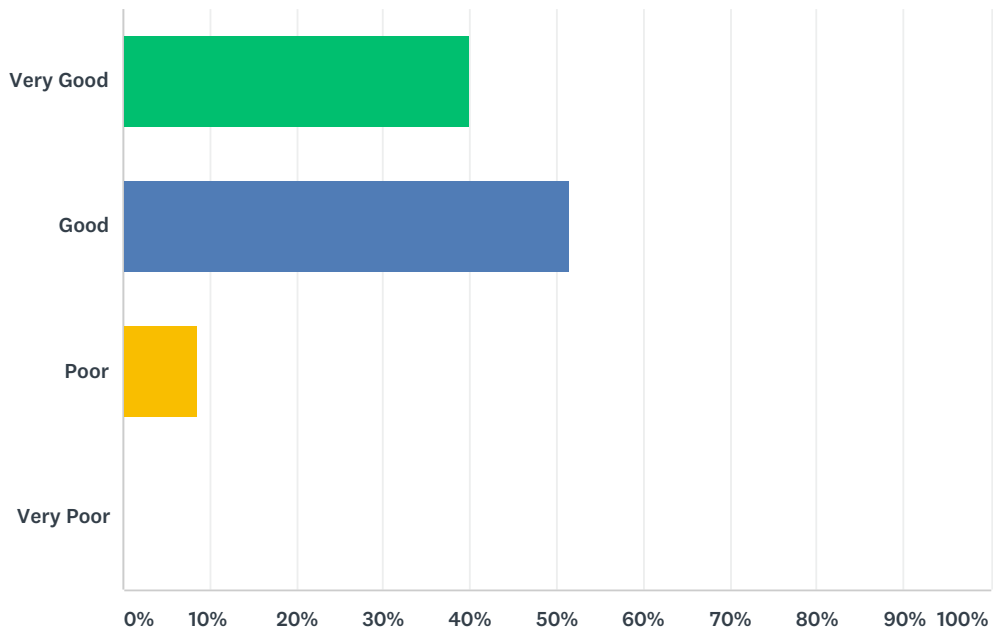
Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	44.44%	16
Good	50.00%	18
Poor	5.56%	2
Very Poor	0.00%	0
<b>TOTAL</b>		<b>36</b>

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

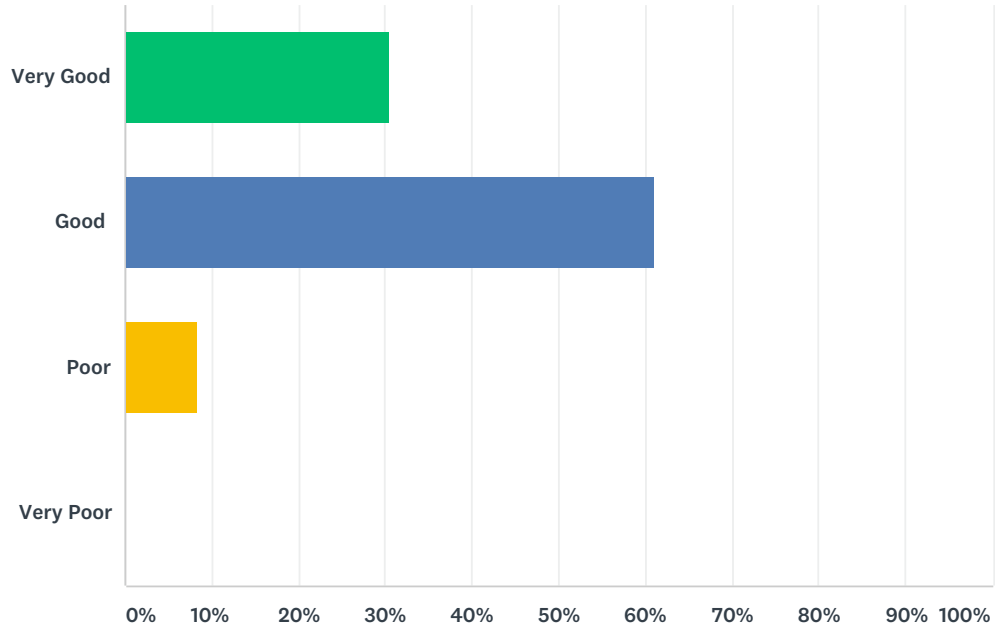
Answered: 35 Skipped: 1



ANSWER CHOICES	RESPONSES	
Very Good	40.00%	14
Good	51.43%	18
Poor	8.57%	3
Very Poor	0.00%	0
TOTAL		35

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

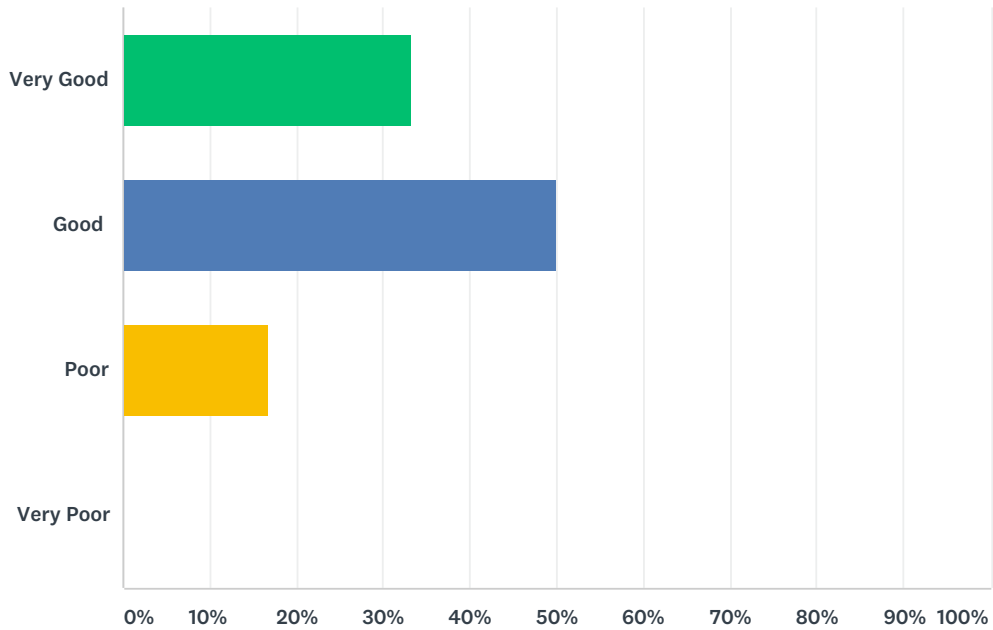
Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	30.56%	11
Good	61.11%	22
Poor	8.33%	3
Very Poor	0.00%	0
TOTAL		36

## Q6 How would you rate the workshops overall?

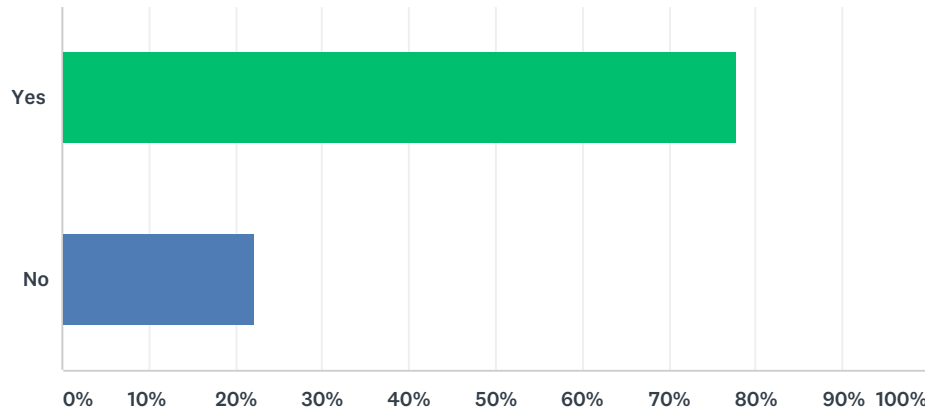
Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	33.33%	12
Good	50.00%	18
Poor	16.67%	6
Very Poor	0.00%	0
TOTAL		36

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

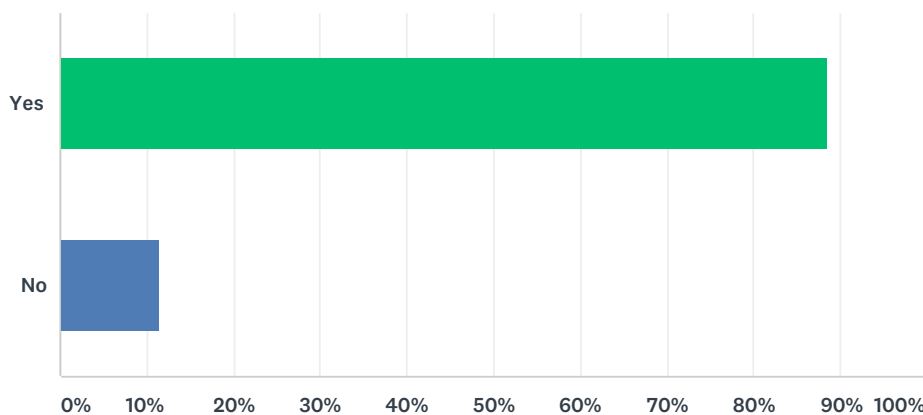
Answered: 36 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	77.78%	28
No	22.22%	8
TOTAL		36

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

Answered: 35 Skipped: 1



ANSWER CHOICES	RESPONSES	
Yes	88.57%	31
No	11.43%	4
TOTAL		35