

West Yorkshire & Harrogate Health and Care Partnership

Report of findings
'Our Journey to Personalised Care' Event

February 2019

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1. Purpose of the Report

The purpose of this report is to present the findings from the West Yorkshire and Harrogate (WY&H) Health and Care Partnership (HCP) 'Our Journey towards Personalised care' event which took place on Monday 25 February 2019 at Cloth Hall Court in Leeds.

This report describes the journey so far, the purpose of the event, the content of the sessions and the feedback we received from health care professionals. The report also sets out the legal obligations for engagement and the principles by which WY&H Health and Care Partnership want to engage, which is in line with the partnerships strategy.

2. Background and purpose of the event

2.1 National

The NHS Long Term Plan published on 7th January 2019 says it will roll out the NHS Personalised Care **model across the country**. People will get more control over their own health, and **more personalised care** when they need it.

Up to 2.5 million people will benefit from Personalised Care by 2024, giving them the same choice and control over their mental and physical health that they have come to expect in every other aspect of their life. This includes:

- The expansion of personal health budgets with 200,000 people set to benefit from one in the next five years.
- Around 750,000 people with a long term health condition will also receive a written personalised care and support plan to manage their condition.
- Up to 900,000 people will benefit from social prescribing and community-based interventions by 2024.

2.2 Local

In 2018/19 WY&H became a Personalised Care Demonstrator Site and we have made good progress, this includes

- Social Prescribing commissioned in all of our 6 places
- Personal Health Budgets available in all of our 6 places
- Patient Activation Measures in place in 4 of our 6 places with 2 places being mentored
- Shared Decision Making trialled in 2 of our 6 places
- Personalised Care & Support Planning fully implemented in 1 of our 6 places, with a further places progressing
- Over 100,000 people receiving 'personalised care' across WY&H

The commitments in the NHS Long Term Plan fit with our WY&H vision "putting you at the centre of everything we do".

2.3 Purpose of the event

The purpose of the event was to engage staff from a wide group of health, public health, social care, people with lived experience and Voluntary, Community and Social Enterprise partners in a conversation about personalised care. This was a show and tell event that looked at what personalised care is, why it's important, celebrating what we are doing in WYH, how people can get involved and what the next steps are.

3. Principles for Engagement

Our draft communications and engagement strategy sets out our principles for communications, engagement and consultation and our approach to working with local people. Engaging and communicating with partners, stakeholders and the public in the planning, design and delivery is essential if we are to get this right. We are committed to transparency and meaningful engagement in our work.

We are also committed to meaningful conversations with people, on the right issues at the right time. We believe that this approach informs the ambitions of our partnership - to work in an open and transparent way with communities.

The strategy can be found at <http://www.wyhpartnership.co.uk/get-involved> and sets out what the public can reasonably expect West Yorkshire and Harrogate Health and Care Partnership to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met.

Key drivers and legal obligations can be found in appendix 1.

4. What we already know

For many years the NHS has talked about the need to shift towards a more personalised approach to health and care so that people have the same choice and control over their mental and physical health that they have come to expect in every other part of their life. And as local health and care organisations work together more closely than ever before, they are recognising the power of individuals as the best integrators of their own care. The Universal Personalised Care document <https://www.england.nhs.uk/personalisedcare/> sets out how the NHS Long Term Plan commitments for personalised care will be delivered. It introduces the comprehensive model for personalised care, comprising six, evidence-based standard components, intended to improve health and wellbeing outcomes and quality of care, whilst also enhancing value for money. Implementation will be guided by delivery partnerships with local government, the voluntary and community sector and people with lived experience.

West Yorkshire & Harrogate has many of the elements of the personalised care model already in place or being developed. As part of the NHS England Personalised Care Demonstrator programme WYH have been working with support from NHS England to build, develop and spread the model of personalised care delivered locally in all of our six places Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield.

5. Methodology

This event was an essential part of our engagement process and included a range of health and care professionals such as:

- Clinical Chairs
- Senior Leaders in Health and Social Care
- Counsellors
- Primary care GP's
- Adult and children Social Care
- Community organisations
- Healthwatch

Health and care professionals were invited by invitation (see appendix 2) and through this invitation were asked to nominate representatives to attend the event. This was to ensure there was representation from across West Yorkshire and Harrogate. They were also asked to complete a registration form (see appendix 3) and to highlight any dietary requirements or additional support required.

As a partnership we are committed to open and honest conversations to develop solutions together.

It is important that we work in collaboration with all of our partners within the system and recognise the challenges in changing roles within health and social care, and particularly in primary care. This event will be another step to genuine and authentic conversations about how we can work together to support the work we are doing as a system. Agenda for the event can be found in appendix 4.

Delegates were invited to sign up to two of seven planned workshops. There was a choice of three workshops in the morning and four in the afternoon (see appendix 5 for the content of the workshops).

Twelve market place stalls (appendix 6) were also set up in the main hall for delegates to visit during breaks and lunch; see below:

- Universal Personalised Care
- Community Based Interventions: Social prescribing, asset-based approaches.
- Supported self-management: Patient Activation and using the PAM within a tailored approach including self-management education
- Supported self-management: Better Conversations, Health Coaching
- Shared Decision Making, health literacy, choice
- Lived Experience/ Co-production.
- Personal Care and Support Planning
- Personal Health Budgets
- Finance and Commissioning
- Collaborative Practice
- Living with and Beyond Cancer
- Maternity and Personalised Care
- Transforming care Learning Disabilities

- Children's work with LAC

5.1 Presentations

The event was delivered as part presentation and part workshops. The presentations were as follows:

- Welcome and introduction, and why are we here presented by Ruth Twiggins Personalised Care Delivery Partner, NHS England
- Purpose of the day and why should primary care support cares presented by Karen Coleman, West Yorkshire and Harrogate Health and Care Partnership
- Universal Personalised Care (UCP) presented by James Sanderson, Director of Personalised Care and Pritti Mehta, Head of Personalised Care, North Region NHS England
- West Yorkshire and Harrogate Health and Care Partnership: purpose, vision & why we need change? Presented by Rob Webster: Chief Executive of South West Yorkshire Partnership NHS Foundation Trust and Lead Chief Executive West Yorkshire and Harrogate STP
- A personal view was presented Geoffrey Thorne, Breathe Easy, Bramley Group Secretary and Diane Burke, Head of Public Health (Long Term Conditions) Leeds City Council
- The cultures we need to support Universal Personalised Care - The stories of Collaborative Practice presented by John Walsh, OD Lead, Leeds Community Healthcare NHS Trust and Alyson McGregor: Director Altogether Better

5.2 Information provided in the delegate packs

- Agenda
- Delegate list
- Speakers biographies
- Who's in the room
- Universal Personalised Care model
- Evaluation form
- Questions to consider
- Note Paper
- Coloured flags were also used as an additional way to collect feedback.

The WY&H HCP communications and engagement team used twitter throughout the event providing quotes from guest speakers. Audience members also used twitter giving immediate feedback of the event. WY&H HCP Twitter address is @WYHpartnership.

A post event news feed can be found on our website at the following link

<https://www.wyhpartnership.co.uk/news-and-blog/news>

The findings from the event are captured below and include all the feedback received from the workshop discussions and evaluation form.

During the presentations there was also a film shown this can be found by visiting our website at the following link <https://www.wyhpartnership.co.uk/our-priorities/personalised-care>

The presentations used can be found by visiting our website
<https://www.wyhpартnership.co.uk/our-priorities/personalised-care>

6. Findings from the event

6.1 Workshop discussions

Findings from each of the workshop discussions and the evaluation form can be found below.

See section 9 for overall themes and key messages from this event.

We asked participants as part of workshop discussions to consider the following questions:

- What can we do together across WY&H?
- What can we do individually?
- How do we embed personalised care in our work?

Conversations were recorded on a data capture template (see appendix 7). Raw data from these conversion are below;

Q1) What can we do together across West Yorkshire and Harrogate Health and Care Partnership

Shared decision making workshop

- Work with schools, universities etc. to have a conversation with young people before they need to go access services
- Work with citizens to tell them how health and social care delivery is changing and how their role is changing. Give examples of how this has worked in the Netherlands
- Make a training offer across West Yorkshire and Harrogate on shared decision making

Patient Activation Measures (PAMs) workshop

- Joint reflective training programme which is sustainable and works in areas throughout the West Yorkshire and Harrogate Health and Care Partnership

Social Prescribing workshop

- How can we facilitate this as a partnership? Through what forums?
- Share models and learning across the patch
- Aim to get all places using a full 'holistic' model of social prescribing

Health Conversations workshop

- Capture learning from past/other initiatives – 'use corporate memory' and look at how this can support and enhance what we are doing now
- Modelling the behavior we want to see in others.

Personalised care and support planning workshop

- Improve information sharing across different areas of West Yorkshire and Harrogate
- Developing a train the trainer model for personalised care and support planning.
- Use a common language regarding personalized care and support planning
- Establish WY&H community of practice – this is only happening at local level at the moment

Collaborative Practice workshop

- Talk to each other

- Be honest with other don't just sit and nod. Be brave and challenge – it's ok to do this
- How do we change to ensure everybody gets a voice?
- Get all the voices in the room – Social care, Local authorities have not been heard today
- Start with the people that are interested (people step forward when they care) – It will only happen if we make it happen
- We need to think about how we support each other
- Build mindset & culture in leaders to develop collaborative practice across West Yorkshire and Harrogate (recognizing that leaders can come from anywhere)

Q2) What can we do individually?

Shared Decision making workshop

- Keep shared decisions making in mind at all levels
- Make sure clinicians are informed about the data and impact of working using a shared decision making model

PAMS workshop

- Embrace change

Social Prescribing workshop

- Support culture change in your work
- Link social prescribing to the wider Universal Personalised Care Model – it's often part of the pathway

Personalised care and support planning workshop

- Access case studies from Leeds CCSP
 - Share learning
 - Spread the work
- Use tools to review support plans as a good starting point
- Identify pockets of good practice and learn from them
- Have a system template for personalised care file and bring in data from other agencies.

Collaborative Practice workshop

- It starts with 'me' – Start where the people are which is hard when we are trained to fix people.
- Be yourself – release the true resourcefulness in other (we know this can be hard)

Q3) How do we embed personalised care in our work?

Shared decision making workshop

- To work as a place
- Transfer finding to our communities to support them to decide for themselves how to implement shared decision making

PAMS workshop

- Integration
- Partnerships
- Building relationships
- Training colleagues who use PAMS to fully understand 'why' we are using it

Social Prescribing workshop

- Examine the range of local services and identify gaps
- It there referral criteria? Can limitations be lifted to benefit more people?
- Can this be linked to Personal Health Budgets
- Plan to improve information systems for referral and information sharing
- Embed social prescribing awareness with all healthcare workers – e.g. receptionists, nurses, GP's, Managers, Therapy, etc.

Personalised care and support planning workshop

- Review contracts with the aim of commissioning differently/influencing providers
- Value of networking at events like these.

6.2 Flags

Delegates received a flag in their pack should they want to write suggestions on during the event, see below;

- Clinicians need to share case studies and examples of collaboration and personalisation via networking opportunities.
- Need to recognise the role of local authorities.
- Strength based conversations take longer to undertake. There is so much emphasis on quantitative rather than qualitative measurement.
- Need to review the terminology of the personalised care model – make it less medical focused as currently isn't really a co-production model.
- Here more from the people who have experienced this – listen to the voice of the person
- Personalised care – Changing cultures and better conversations
- Recognising talents existing within each one of us.
- There have been some fabulous outcomes when people lead their own support

6.3 Q&A discussion

Delegates were invited to put questions to a panel of five speakers. The questions and responses are below.

Q1) The panel were asked how do we bring the homelessness way of working into personalised care?

- The greatest motivation is caring, kind open relationships. Caring is the freedom to speak up and having someone who will listen. Personalised care is intuitive.

Q2) Are there any discussions be held with the Department of Work and Pensions (DWP) regarding volunteering and how this would affect people? As Wakefield are holding an open day for volunteers

- This has been previously looked at but there isn't a relationship with the DWP but we do need to look at revisiting and opening up dialogue as we need to get the message across the whole system. Cross-government departments need to come together but this needs to start in place.

Q3) How do we do we target inequalities in person when 40 to 50% of people don't feel they have the skills to manage their own health?

- There needs to be a circle of care brining housing and health back together. We need to look at where the resources are and work together.

6.4 Evaluation

Each person who attended the event was asked if they could complete an evaluation form. 32 people completed or partially completed an evaluation form. See appendix 9 for the evaluation form template.

Raw data from the form the evaluation form can be found in appendix 10.

There were five presentations in total and seven workshop presentations. The lowest score recorded was in relation to the Q&A session which scored 5 by one person. All other presentations scored 5 and above with the most prevalent score being 10

Key themes that people told us in the evaluation:

“It would be good to have a more all-inclusive approach with Adult Social Care for events like this. Perhaps a local care partnership workshop would be helpful. The event was too health focused, there needs to be a view on social care also”.

“Perhaps the language used needs to be reviewed and made more user friendly in-line with a co-production approach”.

“It is a shame there wasn’t much discussed around partnership working with local authorities, especially around how social prescribing can work alongside early intervention services within local authorities.”

7. Equality

A total of 94 people attended the stakeholder event. Of those 13 people completed or partially completed an equality monitoring form (see appendix 11).

Participants who completed the form were from Leeds, Wakefield, Huddersfield, Harrogate and York with an age range from 24 to 59.

8. Overall findings and key messages

Key messages from the personalised care event are summarised below.

Overall people want to see an integrated way of working. Sharing models of good practice and working in collaboration, changing cultures and using a common language.

What can we do together across WY&H?

- Across the various workshops it was felt that building on the networks we have created around personalised care and share models and learning.
- A common language needs to be used to inform citizens about changes to their role.
- Map out our systems and look at who is not there.

What can we do individually?

- It was felt that individuals should be themselves and release the resourcefulness in others and to support a culture of change.

How do we embed personalised care in our work?

- A common theme was around training and skills development for workforce.
- Broader engagement – not just GP's and patients. Have conversations with partners who participate in the person's journey. Invite champions to be involved in more of the conversations

9. How the findings will be used

This report of findings will be reviewed by Personalised Care Steering Group who will consider next steps, within West Yorkshire and Harrogate Health and Care Partnership.

The report will be shared with those who attended the event and people who have previously expressed an interest in Personalised Care. The report will also be uploaded to the West Yorkshire & Harrogate Health and Care Partnership website.

Appendix 1 – Key drivers and legal obligations

Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation. Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance 'equality of opportunity', and c) foster good relations. All public authorities have this duty and will need to be assured that "due regard" has been paid.

The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services

Appendix 2 – Invitation

**West Yorkshire and Harrogate: Our Journey to Improve Personalised Care
Monday 25 February 2019
9.30am to 4pm**

Cloth Hall Court, Quebec Street, Leeds LS1 2HA

West Yorkshire and Harrogate would like to invite you to attend a full day workshop on personalised care on Monday 25 February 2019.

Please confirm your attendance by Friday 11th January by completing the attached registration form and returning it by email to joanne.rothery@wakefieldccc.nhs.uk or by calling 01924 315795. Please also let us know if you have any access / dietary requirements. To be sure your place is held for you, you must confirm by 11th Jan, you may pass on your place to a delegate.

>>>

The event is aimed at Senior leaders in health and social care, practitioners, clinicians, GPs, policy managers, commissioners, care providers, counsellors, public health, adult and children social care colleagues, unpaid carers, community organisation representatives, Healthwatch and other colleagues.

There will be opportunity to;

- **Hear from NHS England Personalised Care Director James Sanderson about why personalised care matters.**
- **Attend workshops covering topics such as; Social prescribing, health coaching, personalised care and support planning, patient activation, tailoring approaches to care, using the Patient Activation Measure, community asset based approaches and shared decision making.**
- **Learn more about what is happening across West Yorkshire & Harrogate and contribute to shaping the future for personalised care in West Yorkshire & Harrogate.**

The aim of this event is to engage you in shaping how we build personalised care in West Yorkshire & Harrogate, to update you on the work taking place across West Yorkshire and Harrogate around improving personalised care with and for people.

Chair for the day:

- Jo Webster, CEO for Wakefield Clinical Commissioning Group and West Yorkshire and Harrogate Health and Care Partnership CEO lead for Personalised Care

Guest speakers:

- Rob Webster, West Yorkshire and Harrogate Health and Care Partnership, CEO Lead
- James Sanderson, Director of Personalised Care NHS England
- Pritti Metha, Head of Personalised Care, NHS England

Appendix 3 – Registration Form

WY&H HCP Carers & Primary Care: Engagement Event - Registration Form Date: Monday 25 February 2019 Time: 9:45 – 4:00pm (9:00 – 9:30 registration) Venue: Cloth Hall Court, Quebec Street, Leeds LS1 2HA	
Please complete this form to register for the event and return to via email to Joanne.Rothery@wakefieldccg.nhs.uk	
Please return this form by Tuesday 29 January 2019	
If you need have any questions about the form please email us on: Joanne.Rothery@wakefieldccg.nhs.uk	
1. Please tell us who will be attending the event:	
Name	
Email or telephone number	
If more than one person attending please provide their name and contact details here:	
2. Are you attending as:	
an individual <input type="checkbox"/>	on behalf of an organisation or group <input type="checkbox"/>
If attending on behalf of an organisation or group please tell us which one:	
3. Please can you tell us if you have any dietary requirements (for example: gluten free, dairy free, vegan, vegetarian, halal, kosher etc.)	
4. We aim to ensure that people have equal access to public events. If you need additional support such as alternative formats or other reasonable adjustments please tell us. (For example: documents in alternative formats such as: large print, easy read, braille)	

Appendix 4 – Agenda

West Yorkshire and Harrogate Health Care Partnership (WY&H HCP) ‘Our Journey towards Personalised Care’

Agenda

Monday 25th February 2019,

9.00am to 4.00pm

Cloth Hall Court, Quebec St, Leeds, LS12HA

Follow us @wyhpartnership

Purpose of the event

To engage a wide group of health, public health, social care, PWLE, and VCSE partners in conversation about personalised care, what it is why it’s important, celebrating what we are doing in WYH, how to get involved and what the next steps are.

Preparation for the event

You can find out more about Universal Personalised care here;

<https://www.england.nhs.uk/personalisedcare/upc/comprehensive-model/>

Time	Title	Speaker/lead
9:00am	Refreshments, marketplace and networking	
9:45am	Welcome & introductions	Jo Webster – Chief Executive of NHS Wakefield CCG
10:00am	Universal Personalised Care (UPC)	James Sanderson, Director of Personalised Care & Pritti Mehta, Head of Personalised Care, North Region, NHS England
10:30am	West Yorkshire and Harrogate Health and Care Partnership: purpose, vision & why we need change?	Rob Webster: Chief Executive of South West Yorkshire Partnership NHS Foundation Trust Lead Chief Executive West Yorkshire and Harrogate STP
11:00am	Break & Marketplace	
11:20am	Choice of 4 workshops	<ol style="list-style-type: none"> 1. Supported self-management: Patient Activation Measures (PAMs) 2. Supported self-management: health coaching & ‘Better Conversations’ 3. Social prescribing & community based support 4. Personal Health Budgets
12:30am	Lunch & Marketplace	
1:15pm	A Personal View	Geoffrey Thorne: Breathe Easy’ Bramley group Secretary. Diane Burke: Head of Public Health – (Long Term Conditions). Leeds City Council
1:25pm	The cultures we need to	John Walsh, OD Lead, Leeds Community Healthcare NHS

Time	Title	Speaker/lead
	support Universal Personalised Care The stories of Collaborative Practice.	Trust Alyson McGregor: Director Altogether Better
1:55pm	Workshop session – Choice of 3 workshops	<ol style="list-style-type: none"> 1. Shared Decision Making, health literacy, choice 2. Personalised Care and Support Planning 3. Collaborative Practice
3:00pm	Break & Marketplace	
3:15pm	Q&A panel session	Chair: Ian Holmes: Director, West Yorkshire and Harrogate Health and Care Partnership Panel: James Sanderson, Pritti Mehta, Geoffrey Pudsey, John Walsh, Alyson McGregor
3:35pm	Next steps	Ian Holmes What can we do together across WY&H? What can we do individually?
4:00pm	Close and networking	



Twitter

@Pers_Care

@NHSPHB

#personalisedcare

#NHSPHB

#pcdemonstrator

West Yorkshire and Harrogate Health Care Partnership 'Our Journey towards Personalised Care' Description of the Workshops

There will be 7 workshops running - 3 in the morning and 4 in the afternoon.
You will be able to book onto 1 workshop in both the AM and PM session and can book on at registration on the day.

Workshop Session. Morning 11:20am Choice of 3 workshops		
Title	Description	Lead
4. Supported self-management: Patient Activation Measures (PAMs)	This workshop will explore the use of the patient activation measure within the Recovery Colleges and the role of self-management in supporting people's health and wellbeing. The patient activation measure (PAM) is a tool used to understand a person's level of knowledge, skills and confidence in managing their health and wellbeing.	Pam Sheppard
5. Supported self-management: health coaching & 'Better Conversations'	This workshop will explore the experience in Leeds of developing an approach to ' Better conversations ' across the Health and care workforce. Supported self-management increasing the knowledge, skills and confidence (patient activation) a person has in managing their own health and care through systematically putting in place interventions such as health coaching, self-management education and peer support.	Lucy Jackson
6. Social prescribing & community based support	This workshop will provide an overview of social prescribing, the evidence base and training. It will then focus on the Bradford experience showing how the service developed from an innovative social prescribing service 20 years ago to the commissioning of the current service. This covers the development of a 1 year pilot in 27 GP practices and how, through a collaborative relationship between the commissioner and the VCS provider (HALE), a cross Bradford service was commissioned for Jan 18 – March 20. We will conclude by showing how the service is being delivered and developed."	Bridget Jones



Appendix 6 – Market Place

Market Stall arrangements Ruth to confirm market stall numbers possibly 12?

Market Place stalls will provide an opportunity for delegates to find out more information about specific topic areas, have a conversation with someone, ask questions, obtain information or be directed to where they can find information.

Stall should be visually appealing and have a few posters/ banners or just printed out A4 pinned up saying what the topic is.

Where: In the main hall

When: Stalls need to be set up and ready to run as soon as registration opens at 9am, Lunch time and break times.

Organisation: The workshop lead will manage arrangements and delegate to the presentation team to ensure the relevant stall has people covering it at registration time (9-10) and in the breaks. There will be 6 stand up boards available and tables. Leads should ensure there are posters to pin up and materials for people to take or arrangements to e-mail information to people after the event.

Market Place Stall Topic/ Focus	Lead for organising	Contributors	Any other info
1. Supported self-management, Patient Activation and using the PAM within a tailored approach including self-management education	Pam Sheppard	Lindsey Crossley Taylor We also have a range of materials we will be bringing as well. Lily Sharma (NHSE)	
2. Better Conversations, Health Coaching	Lucy Jackson	Jo Johnson (NHSE)	
3. Community Based Interventions: Social prescribing, asset based approaches.	Bridget Jones	David Cowan (Connexus) Penny Butcher (NHSE)	
4. Shared Decision Making, health literacy, choice	Sarah Antemes	Surfraz Ahmed (NHSE)	
5. Personal Care and Support Planning	Diane Burke	NHSE TBC	
6. Collaborative Practice	Alyson McGregor		
7. Living with and Beyond Cancer	Rebecca Jowett Rebecca.Jowett@wakefieldccg.nhs.uk		
PHB	Jo Price		
Childrens work with LAC	TBC		
Finance and Commissioning	Amanda Westerman		
Lived Experience/ Co-production.	Colin Royle		



Appendix 7 – Data capture form

Date	25 February 2019
Venue	
Event	Our Journey towards Personalised Care
Time	Market Stall Holders arrive for 8:00am Event 9:45am – 4:00pm
Workshop title	PLEASE ADD WORKSHOP TITLE
Workshop Facilitator	PLEASE ADD NAME
Scribe	PLEASE ADD NAME

Instructions:

- This template is used to report key outcomes in a standard way, the table scribe is responsible for taking notes on the day, either directly into this template or by transposing their notes into this format later. If you are using this to record points on the day please expand the boxes to allow for notes.
- Note taking should focus on summary points and agreements rather than providing a verbatim transcription – please follow the above reporting note to record the expressed sentiment to allow for
- The role of the table facilitator is to keep the discussions ‘on task’ and to move the discussions on if it becomes stuck on one point or the discussion is being dominated by one (or two) individuals. Encourage quieter members to contribute by asking them directly for their opinion, but do not push if they do not wish to participate.
- For those who are not keen to participate – remind participants they can complete the evaluation form or write comments on a post it note

Question 1

What can we do together across WY&H

Question 2

What can we do individually?

Question 3

How do we embed personalised care in our work?

Appendix 8 – Evaluation form

Feedback
West Yorkshire and Harrogate Health Care Partnership (WY&H HCP)
Monday 25th February 2019, 9.30am to 4.30pm
Cloth Hall Court, Leeds

Name & Organisation (Optional)

Presentations (including content and presenter) – Was the information presented in a way that you could understand?	Please rate by circling the appropriate number - 1 being no understanding at all and 10 being completely understand
Welcome and Introductions	1 2 3 4 5 6 7 8 9 10
Presentation 1 – Universal Personalised Care (UPC)	1 2 3 4 5 6 7 8 9 10
Presentation 2 – West Yorkshire and Harrogate Health and Care Partnership: purpose, vision & why we need change?	1 2 3 4 5 6 7 8 9 10
Presentation 3 – A Personal View	1 2 3 4 5 6 7 8 9 10
Presentation 4 – The cultures we need to support Universal Personalised Care The stories of Collaborative Practice	1 2 3 4 5 6 7 8 9 10
Q&A Panel session	1 2 3 4 5 6 7 8 9 10
Next Steps	1 2 3 4 5 6 7 8 9 10
Is there anything else you would like to tell us?	

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Morning Workshops (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you where listened to?	Please rate by circling the appropriate number -1 being no not at all and 10 being yes completely
Workshop 1(AM) – Supported self-management – Patient Activation Measures (PAM)	1 2 3 4 5 6 7 8 9 10
Workshop 2(AM) – Supported self-management – Health coaching ‘Better Conversations’	1 2 3 4 5 6 7 8 9 10
Workshop 3(AM) – Social prescribing & community based support	1 2 3 4 5 6 7 8 9 10
Afternoon Workshops (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you where listened to?	Please rate by circling the appropriate number -1 being no not at all and 10 being yes completely
Workshop 1 (PM) – Shared decision making: health literacy choice	1 2 3 4 5 6 7 8 9 10
Workshop 2 (PM) – Personalised Care and Support Planning	1 2 3 4 5 6 7 8 9 10
Workshop 3 (PM) – Collaborative Practice	1 2 3 4 5 6 7 8 9 10
Workshop 4 (PM) – Personal Health Budgets	1 2 3 4 5 6 7 8 9 10
Market Place Stalls (including stall holders) – Please consider if the stalls	1 2 3 4 5 6 7 8 9 10

<p>provided the content and information you were looking for and whether the stall holders were able to answer your questions.</p>	
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Is there anything else you would like to tell us?

<p>Please rate the following by ticking the appropriate box</p>	<p>Very good</p>	<p>Good</p>	<p>Poor</p>	<p>Very Poor</p>
<p>Registration</p>				
<p>Welcome</p>				
<p>Introduction</p>				
<p>Venue</p>				
<p>Lunch</p>				

Is there anything else you would like to tell us?

Any other general comments?

Thank you for taking the time to complete this form



Appendix 9 – Raw data – evaluation

Feedback
Co-production event for the
West Yorkshire and Harrogate Health Care Partnership (WY&H HCP)
Tuesday 25 September 2018 9.00am to 12:30pm
The Clayton Hotel, Leeds

Name & Organisation (Optional)

Presentations (including content and presenter) – Was the information presented in a way that you could understand?	Please rate by circling the appropriate number - 1 being no understanding at all and 10 being completely understand																
Welcome and Introductions Response received:	1	2	3	4	5	6	7	8	9	10	1	1	4	9	13		
Presentation 1 – Universal Personalised Care (UPC) Response received:	1	2	3	4	5	6	7	8	9	10			3	7	14		
Presentation 2 – West Yorkshire and Harrogate Health and Care Partnership: purpose, vision & why we need change? Response received:	1	2	3	4	5	6	7	8	9	10				6	9	11	
Presentation 3 – A Personal View Response received:	1	2	3	4	5	6	7	8	9	10			1		10	18	
Presentation 4 – The cultures we need to support Universal Personalised Care The stories of Collaborative Practice Response received:	1	2	3	4	5	6	7	8	9	10			1	1	3	9	16
Q&A Panel session Response received:	1	2	3	4	5	6	7	8	9	10			1	1	4	4	10
Next Steps Response received	1	2	3	4	5	6	7	8	9	10			1	4	6	5	10

Is there anything else you would like to tell us?

“Good event, well organised”

“Very health focused, where is the engagement with local authorities? Personalised care seems to have become a medicalised approach! Perhaps some of the language used needs to be reviewed to make it more user friendly in-line with a co-production approach”

“It’s a shame there wasn’t much around partnership working with local authorities, especially around how social prescribing can work alongside early intervention services with local authorities.”

“As often is the case, the Q&A and next steps section was a bit low energy as people had already peaked”

“It would be interesting to see a ‘what happened next’ event/webinar to showcase how this has translated into practice.” “Really energetic event! Thank you”

“Great depth of speakers and choice of workshops”

“It was a really engaging day I feel inspired to take the agenda forward and embed within cancer services”

“Share what each organisation/place is doing to address personalisation and the language used. Rehabilitation needs to be included more explicitly”.

“It has been a really great day and has provided me with more inspiration around personalised care agenda”.

“The real question is whether personalised care is the right thing to do”

“I would have liked to have a speaker to talk through some of the work Leeds Local Authority are doing. Local authority needed more of a voice today”.

“Understanding does not denote quality – Perhaps you could ask for feedback on that in future session”

“Some slides were difficult to see from the back of the room, but the presenters did well to explain the detail”.

“Helpful event in terms of information sharing, hearing how others are working in areas of common interest. It has been a good opportunity to share good practice and not reinventing the wheel”.

“Communicate”

“Would be good to have a more inclusive approach with involvement from local care partnerships and Local Authorities”.

“Perhaps longer should have been spent on the next steps may have been helpful”

Morning Workshops (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you were listened to?	Please rate by circling the appropriate number - 1 being no not at all and 10 being yes completely									
Workshop 1(AM) – Supported self-management –Patient Activation Measures (PAM) Response received	1	2	3	4	5	6	7	8	9	10
								2	2	
Workshop 2(AM) – Supported self-	1	2	3	4	5	6	7	8	9	10

management – Health coaching ‘Better Conversations’ Response received								1	2	6
Workshop 3(AM) – Social prescribing & community based support Response received	1	2	3	4	5	6	7	8	9	10
						1	2	7	3	
Afternoon Workshops (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you where listened to?	Please rate by circling the appropriate number - 1 being no not at all and 10 being yes completely									
Workshop 1 (PM) – Shared decision making: health literacy choice Response received	1	2	3	4	5	6	7	8	9	10
							1		1	1
Workshop 2 (PM) – Personalised Care and Support Planning Response received	1	2	3	4	5	6	7	8	9	10
						1	1		1	1
Workshop 3 (PM) – Collaborative Practice	1	2	3	4	5	6	7	8	9	10
							3	7	7	
Workshop 4 (PM) – Personal Health Budgets Response received	1	2	3	4	5	6	7	8	9	10
							1		1	1
Market Place Stalls (including stall holders) – Please consider if the stalls provided the content and information you were looking for and whether the stall holders were able to answer your questions. Response received	1	2	3	4	5	6	7	8	9	10
					1	3	2	2	1	3
<p>Is there anything else you would like to tell us?</p> <p>“Lovely food, thank you” “the presenters were very friendly and enabled questions”</p> <p>“Workshop 3 reinforced the need to educate GP’s and to question how they operate”</p> <p>“Examples of what hasn’t worked and what learning can be shared”</p> <p>“Great depth of speakers and choice of workshops”</p> <p>“All the workshops were very informative”</p>										

“Collaborative practice and better conversations both focussed on doing the right thing not what NHS England dictates”.

“Slightly disappointed in workshop 1, some of the language used and examples given failed to acknowledge the assets that people have and fostering an asset based approach rather than doing too”

Please rate the following by ticking the appropriate box	Very good	Good	Poor	Very Poor
Registration	20	5		
Welcome	22	5		
Introduction	18	5		
Venue	26	4		
Lunch	20	10	1	

Is there anything else you would like to tell us?

“Enjoyable and interesting day”

“Could you please circulate the workshop slides”.

“The food wasn’t very healthy”

“A great venue and lunch was lovely, thank you”.

“There was a good mix of policy/strategic overview and place based examples”

“Excellent get together”.

“What about holding a local care partnership workshop”

Any other general comments?

“Personalised care and the underpinning asset based conversations are the philosophies of Occupational Therapy. Rather than inventing the wheel utilise their skills, experience and knowledge in these areas”.

“Excellent day”

“Very informative day, thank you”.

“Look at the cross attendance – why there is representation missing”

“Great to have such a wide range of attendees and examples of the work already happening across the partnership”.

“Thank you for a very informative day”.

“I feel excited and motivated to make changes and to help move things forward”.

“Utilise the expertise of Occupational Therapists in organisations; network and signpost as part of daily work.”

“A Great day, thank you”.

“Personalised care appears very NHS led, VCS and social care invited but not as leaders despite the fact they have been doing this for years”.

“A very well organised day”

“It would have been good if the local care partnership had held a workshop”.

“Need to hear more from social care as it was too health focused”.

“There is for me a big piece of work about engagement of citizens so that the expectations, approach, model of health and care is clearly understood and owned”.

“Some aspects could have included examples of how Adult Social Care is looking at this. It was mentioned but the event was very health oriented, there needs to be Public Health and Adult Social Care representation. The event was interesting and informative and would be useful with to others”.

Thank you for taking the time to complete this form

Appendix 10 – Equality Monitoring Form

<p>1. What is the first part of your postcode?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Example</td> <td style="padding: 2px;">HD6 / LS2</td> </tr> <tr> <td style="padding: 2px;">Yours</td> <td style="padding: 2px;"></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>2. What sex are you?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p>3. How old are you?</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 20%; padding: 2px;">Example</td> <td style="padding: 2px;">42</td> </tr> <tr> <td style="padding: 2px;">Yours</td> <td style="padding: 2px;"></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>4. Which country were you born in?</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Prefer not to say</p> <p>5. Do you belong to any religion?</p> <p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other (Please specify in the box below)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 5px;"></div> <p><input type="checkbox"/> Prefer not to say</p>	Example	HD6 / LS2	Yours		Example	42	Yours		<p>6. What is your ethnic group?</p> <p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> <p>Black or Black British:</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> <p>Mixed or multiple ethnic groups:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> <p>White:</p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div> <p>Other ethnic groups:</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%; margin-bottom: 10px;"></div>
Example	HD6 / LS2								
Yours									
Example	42								
Yours									

	<input type="checkbox"/> Prefer not to say
<p>7. Do you consider yourself to be disabled?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Type of impairment: Please tick all that apply</p> <p><input type="checkbox"/> Physical or mobility impairment (such as using a wheelchair to get around and / or difficulty using their arms)</p> <p><input type="checkbox"/> Sensory impairment (such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)</p> <p><input type="checkbox"/> Mental health condition (such as depression or schizophrenia)</p> <p><input type="checkbox"/> Learning disability (such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)</p> <p><input type="checkbox"/> Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)</p> <p><input type="checkbox"/> Prefer not to say</p> <p>8. Are you a carer?</p> <p>Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p>	<p>9. Are you pregnant?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>10. Have you given birth in the last 6 months?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>11. What is your sexual orientation?</p> <p><input type="checkbox"/> Bisexual (both sexes)</p> <p><input type="checkbox"/> Gay (same sex)</p> <p><input type="checkbox"/> Heterosexual/straight (opposite sex)</p> <p><input type="checkbox"/> Lesbian (same sex)</p> <p><input type="checkbox"/> Other</p> <p><input type="checkbox"/> Prefer not to say</p> <p>12. Are you transgender?</p> <p>Is your gender identity different to the sex you were assumed at birth?</p> <p><input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><input type="checkbox"/> Prefer not to say</p> <p>Once completed please either leave on the table with your evaluation form or hand them both to a member of the team.</p>

Thank you for taking the time to complete this form.

Contact details

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