

West Yorkshire & Harrogate Health and Care Partnership

Report of findings

Public panel stakeholder workshop

10 July 2018

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1. Purpose of the Report

The purpose of this report is to present the findings from the second West Yorkshire and Harrogate (WY&H) Health and Care Partnership (HCP) public panel stakeholder workshop which took place on Tuesday 10 July at St. Georges Centre in Leeds.

This report describes the journey so far, the purpose of the workshop, the content of the workshop and the feedback we received from patient and public panel representatives from across West Yorkshire and Harrogate.

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 workshop

There is currently a lay member assurance group for the Joint Committee of the 9 Clinical Commissioning Groups (CCG) with a primary purpose of assuring the 9 West Yorkshire and Harrogate CCG Governing Bodies through their respective patient and public involvement work. This is an important part of our priority programmes, which includes cancer, urgent care, mental health and stroke.

We want to build on this work and develop our public involvement much wider with the aim of having a West Yorkshire and Harrogate public involvement panel working more closely with all partners. The panel will help to co-produce a robust governance structure which can offer assurance on all engagement and consultation work of the West Yorkshire and Harrogate Partnership across all sectors, i.e. hospitals, Local Authorities, CCGs. It will also act as an advocate and constructively challenge the Partnership and ensure that public involvement is at the heart of all decision making.

WY&H HCP held a workshop for chairs of patient and public panels from across West Yorkshire and Harrogate on Tuesday 17 April at St. Georges Centre in Leeds.

The workshop was the first of its kind across WY&H which was to start conversations with the chairs of patient and public panels. The aim of the workshop was to:

- To build on work to date
- Start to co-produce a robust governance structure which can offer assurance on engagement and consultation work across all sectors in WY&H

This workshop was an essential part of our commitment to engage with all sectors which included a range of people who chair patient and public panels across WY&H; organisations included;

- Lay members from NHS Clinical Commissioning Groups
- Governors from NHS Foundation Trusts
- Lay members from GP Patient Reference Groups

- Chairs from Voluntary and Community Sector organisation such as; Mesmac and Bradford's Peoples Board
- Healthwatch

The workshop provided an opportunity for people to find out what exists locally and for chairs of the patient and public panels to come together and start to have conversations as part of table discussions and deliberate how to co-produce a robust governance structure which can offer assurance on all engagement and consultation work of the West Yorkshire and Harrogate Partnership across all sectors, i.e. hospitals, Local Authorities, CCGS.

Key messages from the public panel workshop are summarised below and are in no particular order;

- There was a strong focus from people in the room about the need to be honest, open and transparent.
- Have meaningful continuous engagement; people want to feel that they are being listened to. There was also a strong reference to making sure feedback happens and the loop is closed.
- Ensure that we are talking and listening to diverse groups of people such for example; young people and carers etc. and recognise that people have different needs and interests.
- Use simple language and make jargon more accessible by using plain English.
- Be clear what we are trying to achieve and recognition of potential engagement fatigue and duplication.

You can find the report from the first workshop on our website <https://www.wyhpartnership.co.uk/get-involved/engagement>

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. Methodology

West Yorkshire and Harrogate Health and Care Partnership held a second workshop for chairs of patient and public panels from across West Yorkshire and Harrogate on Tuesday 10 July at St. Georges Centre in Leeds.

This was a second workshop following on from the workshop earlier this year, which was to continue with conversations with the chairs of patient and public panels. The aim of the workshop was to:

- To build on work to date
- Start to co-produce a robust governance structure which can offer assurance on engagement and consultation work across all sectors in WY&H

This workshop was an essential part of our commitment to engage with all sectors which included a range of people who chair patient and public panels across WY&H; organisations included;

- Trust Governors
- Clinical Commissioning Groups
- Voluntary and Community Sector e.g. Mesmac and Trans Mission

A full list of the organisations who came to the workshop and those interested in being involved can be found in appendix 2.

The workshop provided an opportunity for chairs of the patient and public panels to come together and start to have conversations as part of table discussions and deliberate how to co-produce a robust governance structure which can offer assurance on all engagement and consultation work of the West Yorkshire and Harrogate Partnership across all sectors, i.e. hospitals, Local Authorities, CCGS.

See appendix 3 for the workshop engagement plan.

5. Public panel stakeholder workshop

A small group of representatives from local public, patient groups who expressed their interest in being involved following the first workshop in April came together to co-produce a mechanism for providing assurance for authentic patient and public involvement in our Partnership work.

On arrival at the workshop people were given a pack of information which included;

- Agenda

- List of people and their organisations who were attending the workshop and those who expressed an interest but were unable to attend
- Evaluation form
- Equality monitoring from
- Report of findings from the April workshop

The report of findings from the April workshop can also be found on the WY&H HCP website <https://www.wyhpартnership.co.uk/get-involved/engagement>

Following initial correspondence for expressions of interest, people were invited to attend with a follow up invitation (see appendix 4 for invitation).

The content and delivery of the workshop is described below in more detail.

5.1 Presentations

The workshop was planned as part presentation and part discussion. The presentations were as follows:

- Hello and welcome presented by the Head of Communications and Engagement for the WY&H HCP
- Feedback from the April workshop presented by the Partnerships' Engagement Manager
- Activity 1
- Partnership Patient and Public Involvement presented by the Partnerships' Engagement Manager
- Activity 2
- Next steps, thank you and close presented by the Head of Communications and Engagement for the WY&H HCP

The presentations used are included in the report (see appendix 5).

5.2 Gathering views

There were two tables in the room with representatives from each of the organisations on both tables and following the presentations there were two activities planned for each table to have a discussion and feedback one main point.

As part of the activities planned we were asking participants to discuss and think about the following;

Activity 1

- What do you think about what you have just heard?
- What does good public involvement look like to you?

Activity 2

- Your role and contribution?

The group decided it would be more beneficial to have a whole group conversation rather than two separate table discussions given the small number of people in the room. Due to the rich conversations in the room and level of input from everyone it was more appropriate to let the conversations continue than stop and break into the table activities that had been planned. There were two note takers capturing conversations.

An evaluation form (see appendix 6) also gathered people's views at the end of the workshop, and provided a final opportunity for participants to tell us anything they thought we should know.

The findings from the workshop are captured below;

6. Findings from the workshop

The public panel workshop took place on Tuesday 10 July 2018 at St George's Centre in Leeds from 1pm till 4pm. In total 15 people including WY&H HCP staff attended the workshop. A further nine people are interested in getting involved but were unable to attend the workshop.

Discussions captured were;

A need from people in the room to distinguish between WY&H HCP governance which some saw as formal and establishing the public panel which some saw as not as formal. One person said engagement can get buried under governance.

People wanted to know why they were here and what was wanted from them. Ideas were on how the panel should work for example; working groups aligned with key workstreams within the Partnership. People were concerned there could be disconnect with what is happening with the group and what is happening 'on the ground'.

Some people said to leave the governance and politics behind and not get caught up in the money.

It was felt that the group wasn't fully representative and that it needed to look at strategy not grass root levels.

People said 'there is a huge appetite to look at involvement' and that they want to learn. Recognising different methodologies and that organisations work in different ways. The group also understood they represent an organisation and each organisation has their own set of principles for engaging with public.

People wanted to know what exactly their role would be and how they fed back to their respective organisations. There was mixed views in the rooms with some having feedback mechanisms back into their organisation whilst others didn't or they were not aware of them.

Some of the group wanted to look at the accountability and ensuring it's transparent and being clear on what's negotiable and what is non-negotiable.

It was thought by some that individual organisations who make decisions that there is no way of influencing patient and public involvement outside of those individual organisations.

People thought the group had a real opportunity to ensure voices of the community are being heard and wanted to make sure we are doing genuine engagement.

People also wanted to understand how the Partnership reported back to organisations such as the department of health, health minister, care quality commission.

People recognised that there can be a challenge bringing people together as some people can bring their own agenda. And that the group needs to be about asking the question 'has the public been properly involved?'

Patient assurance can be a difficult concept, learn from others who have tools to ask the right questions to ensure good involvement.

Other ideas suggested by people in the room were;

- Opportunity to share what people are working on
- Each engagement will be different and cannot have a standard approach but could have a set of principles
- Need to be able to feedback in a meaningful way locally to staff, patient and the public
- The group needs to ensure the 'embed and embrace' concept is adopted
- Need a 'flexible' ideal that we can keep coming back to and scrutinise
- Need practical examples of changing people's lives – the ambulance trust had done a good piece of work around dementia that is an example of this
- Need a core group of strategic thinkers and then co-opt relevant voices depending on the agenda i.e. mental health or cancer.
- Need a small cohort of people who can think objectively, to have continuity and have a strategic overview and hold the Partnership to account.
- Virtual group

The group felt they would like to get to a standard that they all agree to, and were happy had been invited to the workshop. People recognised that it is the first part of the journey and all are equal partners. There needs to be positivity and value everyone's opinions and ground rules need to be set if to move forward together. And to start by what is the group going to assure.

6.4 Workshop evaluation form

Each person who attended the workshop was asked if they could complete an evaluation form. Of the people who attended the workshop nine people completed or partially completing an evaluation form at the event.

Findings from the evaluation form can be found below;

Presentations

Participants were asked to rate each presentation (including the content and presenter) and if the information was presented in a way that they could understand? By circling an appropriate number - 1 being no understanding at all and 10 being completely understand. The majority of presentations scored 7 and above.

Group Activities

Participants were asked to rate each activity (including the facilitators) and if they felt they were able to fully contribute, tell us everything they wanted to and felt that they had been listened to? By circling an appropriate number - 1 being no not at all and 10 being yes completely.

Group activities did not take place in their intended format, small table discussions. It can only be assumed the ratings of 7 or above were given because of the richness of the whole room conversations that took in place. However, there were a small number that either did not score or gave a score of under 5. Comments reflect that this was due to the group dynamics and opportunities to contribute to conversations.

Welcome, Venue and Refreshments and Lunch

Eight people completed this section of the feedback form and scored them very good or good.

Overall comments about the workshop were; terms of reference for the group is needed to ensure clarity and role of the group and that people are given the opportunity to have their say and that their comments are listened to and are valued.

7. Equality and Diversity

Each person who attended the workshop was asked if they could complete an equality monitoring form (see appendix 7). Of the people who attended the event nine people completed or partially completing an equality monitoring form. Findings from the evaluation form can be found below;

Delegates were asked to provide the first part of their postcode. From the nine forms completed three delegates gave a Bradford postcode followed by two from Leeds with Halifax, Huddersfield, Blackburn and Harrogate each cited once.

Two forms were completed by male delegates and seven were completed by female delegates. The age range was from 32 to 75 with one person preferring not to say.

When asked which country they were born in, five people said England and four said the UK.

Delegates were asked to specify which religion they belonged to with six people stating Christianity; one person said no religion and two people preferred not to say.

From the completed forms eight people considered their ethnic group as English/Welsh/Scottish/Northern Irish/British and one person said Muslim British.

The form asks if people consider themselves to have a disability. Three people said yes and one person preferred not to say. For those that said they did have a disability highlighted impairments of physical or mobility impairment, mental health condition, long term condition, sensory impairment and learning disability.

From the nine people who completed the form, three people said they were carers.

When Asked about sexual orientation seven people quoted themselves as being Heterosexual /straight (opposite sex), one person said Lesbian (same sex) and one person preferred not to say.

Two people said they were transgender.

8. Overall findings and key messages

Overall the group felt they would like to get to a standard that they all agree to, and that they were happy they had been invited to the workshop. People recognised that it is the first part of the journey and all are equal partners. There needs to be positivity and value everyones opinions and ground rules need to be set if to move forward together.

Key themes from the discussion are below;

- What are the overall aims and objectives of the public panel
- To distinguish the difference between governance and patient and public assurance
- For the group to be fully representative
- To understand the role of each individual part of the public panel and how they fed back to their respective organisations and local communities

9. How the findings will be used

This report of findings will be shared with people who attended the workshop and those who are interested in the work of coproducing a public panel but were unable to attend this workshop. The report will also be uploaded to the West Yorkshire & Harrogate Health and Care Partnership website.

Findings from this report and through continued meaningful conversations with our stakeholders will help inform the next stages of this work to co-produce a robust governance structure for assuring patient and public involvement for West Yorkshire and Harrogate Health and Care Partnership.

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 – Full list of organisations

Airedale NHS Foundation Trust
Airedale Wharfedale and Craven CCG
Barnardos East Region Leeds Office
Bradford CCG
Bradford Foundation Trust
Calderdale CCG
Harrogate Mental Health Service user Involvement group
Healthwatch Wakefield
Leeds Academic Health Partner
Leeds and York Partnership Foundation Trust
Leeds CCG
MESMEC Transmission Bradford
Patient Voice for NHS E / A member of PCAN / A Carer
South West Yorkshire NHS Partnership Foundation Trust
Transmission Bradford
Yorkshire and Humber network

West Yorkshire and Harrogate Public panel workshop plan

10 July 2018

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1. Purpose of the plan

The purpose of this plan is to describe how we will deliver a public panel workshop as part of our engagement process to develop robust governance structure for patient and public involvement in West Yorkshire and Harrogate. This will include;

- Background
- An overview of the event including the purpose and delegates
- Objectives of the event and the proposed agenda
- Communications
- Invite
- Presenters, facilitators and venue

2. Background

There is currently a lay member assurance group for the Joint Committee of the 9 Clinical Commissioning Groups (CCG) with a primary purpose of assuring the 9 West Yorkshire and Harrogate CCG Governing Bodies through their respective patient and public involvement work. This is an important part of our priority programmes, which includes cancer, urgent care, mental health and stroke.

However, we want to build on this work and develop our public involvement much wider with the aim of having a West Yorkshire and Harrogate public involvement panel working more closely with all partners. The panel will help to co-produce a robust governance structure which can offer assurance on all engagement and consultation work of the West Yorkshire and Harrogate Partnership across all sectors, i.e. hospitals, local authorities, CCGs. It will also act as an advocate and constructively challenge the Partnership and ensure that public involvement is at the heart of all decision making.

Our engagement process started April 2018 where we held a public panel stakeholder workshop for chairs of public panels from across West Yorkshire and Harrogate which took place on Tuesday 17 April at St. Georges Centre in Leeds. The workshop was the first of its kind across WY&H which was to start conversations with the chairs of patient and public panels. The aim of the workshop was to build on work to date and start to co-produce a robust governance structure which can offer assurance on engagement and consultation work across all sectors in WY&H. The workshop was an essential part of our commitment to engage with all sectors which included a range of people who chair patient and public panels across WY&H organisations included;

- Lay members from NHS Clinical Commissioning Groups
- Governors from NHS Foundation Trusts
- Lay members from GP Patient Reference Groups
- Chairs from Voluntary and Community Sector organisation such as; Mesmac and
- Bradford's Peoples Board
- Healthwatch

3. Overview of the workshop

The workshop will start at 11:00 am until 2:00 pm and will be held in Leeds, at St Georges Community Centre.

The workshop will ensure that we have appropriately engaged, properly discussed, listened to and considered all comments from stakeholders.

The purpose of the workshop is to bring together a group of public panel chairs from across WY&H to seek their views on the work to date and the provide an opportunity to co-produce a robust governance structure which can offer assurance on all engagement and consultation work of the West Yorkshire and Harrogate Partnership.

All stakeholders who attended the workshop in April will be invited by invitation (see Appendix 1).

This workshop is an essential part of our process where we will demonstrate that we have taken the time to listen and fully consider the views of patients, carers, staff and other key stakeholders in all engagement activity as well as due regard to equality intelligence.

3.1 Delegates

The stakeholder list is under development and is an essential part of our commitment to engage with all sectors and ensuring the stakeholder list is fully representative. All stakeholders who attended the 17 April workshop will be invited. A range of patient and public panels across WY&H organisations include;

- Lay members from NHS Clinical Commissioning Groups
- Governors from NHS Foundation Trusts
- Lay members from GP Patient Reference Groups
- Chairs from Voluntary and Community Sector organisation such as; Mesmac and
- Healthwatch

4. Objectives of the workshop

The workshop objectives will be to:

- Provide an overview of our progress to date and findings from the workshop in April
- Gain a stakeholder perspective on our work to date
- Provide information that clearly describes all current mechanisms
- Provide information of the partnerships governance arrangement
- Gain a stakeholder view of their role and involvement
- Provide an overview of next steps and timelines.

4.1 Proposed agenda for the event

For the public panel workshop to be effective it will need to allow time for discussion. This means that its focus must be on information sharing, discussion and capturing stakeholder views and insight. The workshop should not be run in the style of a public meeting as its focus is on participation and high quality involvement. Please see draft proposed agenda.

Agenda – Tuesday 10 July 2018 Public Panel Workshop	
Time	Activity
10.30 – 11:00 am	Registration
11:05 am	Presentation (5 mins) <ul style="list-style-type: none"> Welcome and introductions
11:10 am	Film (5 mins)
11:15 am	Presentations (10 mins) <ul style="list-style-type: none"> Feedback from the engagement event
11:25 am	Activity 1 facilitated table discussions (30 mins) <ul style="list-style-type: none"> What do you think about what you have just heard? What does good public involvement look like to you?
11:55 am	Presentation (15-20 mins) <ul style="list-style-type: none"> Patient and public involvement
12.15 pm	Lunch (30 mins)
12.45 pm	Presentations (15 mins) <ul style="list-style-type: none"> Partnership governance
1:00 pm	Activity 2 facilitated table discussions (50 mins) <ul style="list-style-type: none"> Your role and contribution?
1.50 pm	Next steps (10 mins)
2.00 pm	Thank you and close

5. Communications

The communications required prior to and after the event are set out below. The development of these materials will be led by the communication and engagement lead and engagement manager who will liaise with the governance lead and support staff as part of a planned approach to delivering the event.

The facilitator will provide a briefing to facilitators and scribes before the event.

Pre event activity:

- To identify a interested stakeholders
- To develop an invitation
- To co-ordinate the development of presentation material
- Develop discussion material and mechanisms to capture discussions
- Develop signing in sheets
- Evaluation and feedback, including an equality monitoring form
- Social media

Post event activity:

- Analyse the workshop discussions
- Oversee the production of the workshop event report
- Feedback the findings to participants with a covering letter to thank them for participating
- Feedback the findings to other stakeholders who have expressed an interest
- Publish the event report on the Partnerships' website
- Social media

6. Presenters, facilitators and venue

Presenters: will be the communications and engagement lead, engagement manager and the governance lead all will be responsible for the development of the presentation material. Presentations required on the day:

- Hello and welcome – communication and engagement lead
- Feedback from the engagement event – engagement manager
- Patient and public Involvement – engagement manager
- Partnership governance – governance lead
- Next steps – communication and engagement lead

Facilitators and scribes: As there will only be a small number of people attending the workshop the engagement team and governance lead will facilitate and scribe table conversations. Scribes will collect their tables' material including the notes they have captured and be responsible for typing up their notes.

Workshop facilitator: The event will be chaired by the communication and engagement lead who will manage the agenda, present house-keeping, introduce each presenter and the activities. The event facilitator will also provide the verbal brief on the morning of the event.

Venue management: The communications and engagement team with support from the governance lead will manage the event which will include setting up the venue, providing AV and a roaming mike, managing up load of presentations and room set up, registration, packing up and transporting equipment and collateral.

Seating arrangements: as there will only be a small number of people attending there will be no allocated seating arrangements.

Room layout: the room layout will be café style and we anticipate up to 20 attendees for the workshop.

Refreshments/Lunch: We will provide refreshments on arrival and lunch will also be provided.

7. Budget

The stakeholder event will be funded from the communications and engagement teams budget. The resources and budget required are listed below:

Public panel workshop: Budget	
Item	Estimated Cost
Venue Hire	£233.75
Refreshments and lunch	£144
Equipment hire – PA system, projector	Included In venue hire
Travel and subsistence and out of pocket expenses – if requested	£200 est.
Interpreter costs/BSL if requested	£500 est.
Laptop Hire	£30.00
Printing costs	0.50p
Estimated TOTAL	£1108.25
TOTAL	£408.25
Travel and subsistence and out of pocket expenses and Interpreter costs/BSL – not requested	

Appendix 4 – Invitation

Dear all

Further to the email below, we are now looking at the next steps and design and shape for future involvement work and would really value your input as part of a working group. Please let us know if you would be interested in getting more involved. We would really value your input.

If you have received this email on behalf of someone else i.e. lay representative / governor please forward to the person who you are representing.

Please can all responses be sent to susan.woodward9@nhs.net by Friday 11 May April 2018.

Best wishes

Dear all

Many thanks for attending the West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) Chair of Public Panel Workshop on Tuesday 17 April 2018. As promised please find attached presentations from the day.

As agreed, please find attached two feedback forms that we would be most grateful if you would please complete and return at your earliest convenience.

1. Evaluation Form
2. Equality Monitoring Form

These forms help to inform future events so they are very important to us.

Also, please find attached the **template for activity two** that we didn't manage to complete at the workshop. Please can you complete and return as your views need to be taken into account.

Also as discussed, we are now looking at the next steps and design and shape for future involvement work and would really value your input as part of a working group. Please let us know if you would be interested in getting more involved. We would really value your input.

If you have received this email on behalf of someone else i.e. lay representative / governor please forward to the person who you are representing.

Please can all responses and forms be sent to susan.woodward9@nhs.net by Friday 27 April 2018.

We look forward to hearing from you.

Dear all

Thank you very much for confirming your attendance at the WY&H HCP Public Panel Task and Finish Group meeting on 10 July 2018. We look forward to seeing you then.

In the meantime, please can you complete and return the attached form – or for ease I've exported this into the email below.

As we are holding this meeting over a lunchtime period, which was due to people's availability, a light sandwich lunch will be provided. This form asks for any dietary requirements you may have.

WY&H HCP Public Panel Task and Finish Group- Registration Form

Date: Tuesday 10th July 2018

Time: 11:00am to 14:00

Venue: Boardroom, St George's Church & Centre
Great George Street, Leeds, LS1 3DL.

Please complete this form to register for the event and return to via email to

Susan.Woodward9@nhs.net

Please return this form by Friday 29th June.

If you need have any questions about the form please email us on: Susan.Woodward9@nhs.net

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)

.....✂.....

Thank you for taking the time to complete this booking form.

Please return this form via email to
Susan.Woodward9@nhs.net

Please return this form by Friday 29th June 2018

Hello and welcome

Karen Coleman
Communications and engagement
Karen.coleman2@wakefieldccg.nhs.uk
@wyhpartnership



Housekeeping



Agenda for today.....

- Hello and welcome – Karen
- Film
- Feedback from the engagement event - Jill
- Group activity
- Patient and public Involvement – Jill
- Lunch
- Partnership governance - Stephen
- Group activity
- Next steps
- Thank you



Proud to be part of the WY&H HCP



Jill Dufton

Engagement Manager

Jill.dufton@calderdaleccg.nhs.uk



Feedback from the April event...

- Public panel stakeholder workshop Tuesday 17 April at St. Georges Centre in Leeds
- Chairs of public panels where invited
- 44 public panel representatives
- Report of findings

<https://www.wyhpartnership.co.uk/get-involved/engagement>



Feedback from the April event.....cont.

- There was a strong focus from people about the need to be honest, open and transparent.
- Meaningful continuous engagement; people want to feel that they are being listened to. There was also a strong reference to making sure feedback happens and the loop is closed.
- Ensure that we are talking and listening to diverse groups of people such for example; young people and carers etc. and recognise that people have different needs and interests.
- Use simple language and make jargon more accessible by using plain English.
- Be clear what we are trying to achieve and recognition of potential engagement fatigue and duplication.



Group activity.....

- On your table please discuss
 - What do you think about what you have just heard?
 - What does good public involvement look like to you?
- Feedback one point from your discussion



Public involvement - Jill

- Patient and Public Assurance Group
- Public involvement in programmes
- Links to our local areas / public involvement
- Carers group
- VCS representation
- Young people involvement
- WY&H engagement and consultation timelines
- Keeping people informed – honest and open communications





Lunch



Stephen Gregg
Governance Lead

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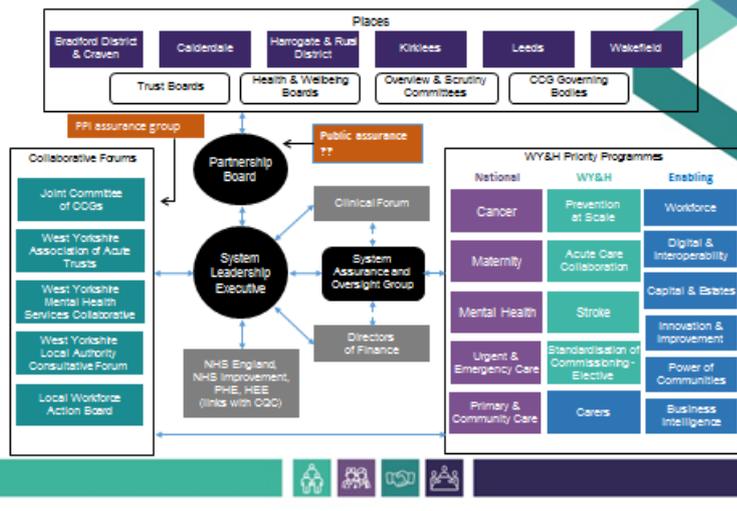


Partnership governance

- Governance arrangements are developing
- Increasing transparency and accountability
- Establishing new Partnership Board:
 - all partners represented
 - oversight of all Partnership business
 - will meet in public
- Gaps in how the Partnership gains assurance about patient and public involvement



We are developing collaborative governance and accountability arrangements **[please note this is draft and work in progress]**



Filling the assurance gap

- PPI Assurance Group supports Joint Committee of CCGs
- Challenge is to obtain assurance about patient and public involvement across the wider Partnership
- Potential role for Panel:
 - assurance that public and patient views and experiences inform decisions on the planning, development, design, redesign, implementation and evaluation of services.
 - review and provide assurance about draft PPI strategies and delivery plans
 - advise and make recommendations on approaches to patient and public involvement
 - share information about best practice in PPI.
- How do we make this happen?

Group activity.....

On your table please discuss :

- Your role and contribution?
- Feedback one point from your table discussions

Next steps

- Write up from today's workshop and share the findings with you and those who couldn't attend
- Identify gaps in panel membership so we represent the communities we serve
- Panel development



Any questions?



Thank you and close





Tuesday 10 July, St George’s Centre, 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
Presentation 1 – Hello and Welcome	1 2 3 4 5 6 7 8 9 10
Presentation 2 - Video	1 2 3 4 5 6 7 8 9 10
Presentation 3 - Feedback from the April event	1 2 3 4 5 6 7 8 9 10
Presentation 4 - Public involvement	1 2 3 4 5 6 7 8 9 10
Presentation 5 - Partnership governance	1 2 3 4 5 6 7 8 9 10
Presentation 6 - Next steps	1 2 3 4 5 6 7 8 9 10
Is there anything else you would like to tell us?	

Activities (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
Group activity 1 - <ul style="list-style-type: none">• What do you think about what you have just heard?• What does good public involvement look like to you	1 2 3 4 5 6 7 8 9 10
Group activity 2 – Your role and contribution	1 2 3 4 5 6 7 8 9 10
Is there anything else you would like to tell us?	

Please rate the following by ticking the appropriate box	Very good	Good	Poor	Very Poor
Welcome and introduction				
Venue				
Refreshments and lunch				
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 7 – Equality Monitoring Form

Equality Monitoring Form

In order to ensure that we provide the right services and that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential. Please try to answer all the questions.

1. What is the first part of your postcode?

Example	HD6
Yours	

Prefer not to say

2. What sex are you?

Male Female

Prefer not to say

3. How old are you?

Example	42
Yours	

Prefer not to say

4. Which country were you born in?

Prefer not to say

5. Do you belong to any religion?

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

No religion

Other (Please specify in the box below)

Prefer not to say

6. What is your ethnic group?

Asian or Asian British:

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background (please specify)

Black or Black British:

Caribbean

African

Other Black background (please specify)

Mixed or multiple ethnic groups:

White and Black Caribbean

White and Black African

White and Asian

Other mixed background (please specify)

White:

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Other White background (please specify)

Other ethnic groups:

Arab

Any other ethnic group (please specify)

Prefer not to say

7. Do you consider yourself to be disabled?

- Yes No
 Prefer not to say

Type of impairment:

Please tick all that apply

- Physical or mobility impairment**
(such as using a wheelchair to get around and / or difficulty using their arms)
- Sensory impairment**
(such as being blind / having a serious visual impairment or being deaf / having a serious hearing impairment)
- Mental health condition**
(such as depression or schizophrenia)
- Learning disability**
(such as Downs syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)
- Long term condition**
(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Prefer not to say

8. Are you a carer?

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?

- Yes No
 Prefer not to say

9. Are you pregnant?

- Yes No
 Prefer not to say

10. Have you given birth in the last 6 months?

- Yes No
 Prefer not to say

11. Please select the option that best represents your sexual orientation?

- Bisexual (both sexes)
 Gay (same sex)
 Heterosexual/straight (opposite sex)
 Lesbian (same sex)
 Other
 Prefer not to say

12. Are you transgender?

Is your gender identity the same gender you were assigned at birth?

- Yes No
 Prefer not to say

Contact details

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