



Partnership Engagement Network (PEN)

Report of Conference held on 1 July 2021

Background

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

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

Introduction

On 1 July 2021 representatives from Tameside Council, NHS Tameside and Glossop Clinical Commissioning Group and Tameside and Glossop Integrated Care NHS Foundation Trust along with public, stakeholders, partners, and voluntary, community and faith sectors came together for the second virtual PEN Conference of 2021. There were around 60 participants in total.

Participants heard a presentation on the Tameside & Glossop Integrated Care System followed by a short round of workshops where the delegates were invited to take part in discussion on how they would like to engage with PEN in the future.

Facilitated Workshops

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

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

- Domestic Abuse Strategy
- People Powered Health and Wellbeing Strategy
- Future of Customer Services
- Be Well Service
- Barriers to Accessing Information

- Couch to Out and About

The discussions and feedback captured during these workshops will be used to provide data, information, evidence and insight to the development of public services in Tameside and Glossop. The full notes of each of the workshops are included in the attached appendices (2 to 7).

Post Conference Feedback Survey

All participants were invited to take part in a post-conference feedback survey, which was shared with the full list of PEN members. The key findings of the survey are as follows.

- When asked if they would attend another PEN conference in future, half said yes and half said maybe.
- All of those who responded rated the organisation of the event as very good.
- When asked to rate the presentations overall, half said 'very good' and the other half said good. The same results were returned for the workshops overall.
- When asked to make comments about the workshops, comments included that one workshop focused more on how to promote the service instead of asking for ideas on assisting the local community.
- None of the respondents said they experienced technical difficulties

Appendices

The following appendices are attached:

- Appendix 1 – Conference Agenda
- Appendix 2 – Feedback on the Future of PEN Engagement
- Appendix 3 – Workshop notes; Domestic Abuse Strategy
- Appendix 4 – Workshop notes; People Powered Health and Wellbeing Strategy
- Appendix 5 – Workshop notes; Future of Customer Services
- Appendix 6 – Workshop notes; Be Well Service
- Appendix 7 – Workshop notes; Barriers to Accessing Information
- Appendix 8 – Workshop notes; Couch to Out and About
- Appendix 9 – Post Conference Feedback Survey Findings



Tameside & Glossop
Partnership Engagement
Network (PEN)



PARTNERSHIP ENGAGEMENT NETWORK VIRTUAL CONFERENCE

Date: Thursday 1 July 2021

Time: 2.00pm to 4.30pm

Venue:

<https://zoom.us/j/94048025758?pwd=MU9WdkVtNHEvQU5vVWJtVHVtWmFnUT09>

AGENDA

1.	Welcome & Housekeeping – Peter Denton, Healthwatch Tameside	2.00pm - 2.05pm (5 minutes)
2.	Opening Remarks and Scene Setting – (Councillor Brenda Warrington, Executive Leader, Tameside Council and Jane McCall, Chair of NHS Tameside and Glossop Integrated Care Foundation Trust)	2.05pm – 2.10pm (5 minutes)
3.	Presentation – Tameside and Glossop Integrated Care System – (Martin Ashton, Assistant Director of Commissioning, Tameside and Glossop CCG)	2.10pm – 2.20pm (10 minutes)
4.	The Future of PEN Engagement (Karen Huntley, Patient & Public Engagement Lay Member, Tameside & Glossop CCG) Breakout Sessions	2.20pm – 2.40pm (20 minutes)
5.	Breakout Sessions – Round 1 (See overleaf)	2.40pm – 3.20pm (40 minutes)
6.	Feedback from Breakout Session 1	3.20pm – 3.30pm (10 minutes)

7.	Breakout Sessions – Round 2 (See overleaf)	3.30pm – 4.10pm (40minutes)
8.	Feedback from Breakout Session 2	4.10pm - 4.20pm (10 minutes)
9.	Close – Peter Denton, Healthwatch Tameside	4.20pm – 4.30pm (10 minutes)

BREAKOUT SESSIONS	
A	Domestic Abuse Strategy – Samantha Jury Dada (Strategic Domestic Abuse Manager, Tameside MBC)
B	People Powered Health and Wellbeing Strategy – Chris Easton (Strategic Lead for Mental Health, Learning Disability and Personalised Care, Tameside and Glossop Integrated Care NHS Foundation Trust)
C	Future of Customer Services – Janine Yates (Team Manager - Welfare Rights and Debt Advice Service, Tameside MBC)
D	Be Well Service – Melanie Graham (Community Team Lead, Be Well Tameside)
E	Barriers to Accessing Information – Shibley Alam (Diversity Matters North West)
F	Couch to Out and About – Lauren Foster (Population Health Programme Officer – Population Health, Tameside MBC)

Feedback: The Future of PEN Engagement

Conference feedback on the future of PEN engagement:

During the conference, before the workshops sessions began, delegates were placed into workshops and asked for their thoughts on how they would like to engage with PEN in future. The Conference was divided into individual virtual rooms to discuss the matter, covering the following questions:

1. What works well with PEN? What could we do better?
2. How would you prefer to engage with PEN in the future? When would be best to do this?
3. Are there any barriers to people engaging with PEN?
4. Is there anyone missing from PEN who you think would benefit from being included?

Feedback:

1. What works well with PEN at the moment? What could be done better?

What works well?

- PEN gives a good opportunity to find out what other organisations are doing
- It is a good forum to get messages out.
- The workshops element of PEN conferences work well
- There is an interesting range of PEN conference workshops and the subjects are good. Sometimes there are multiple good options for the workshop choices and it is difficult to choose between them
- Two longer workshops at conferences are preferable to three shorter workshops
- There was positive feedback on having up to date information that has been given to PEN members during the pandemic.
- Participants pick up useful information; good to meet people doing different things – PEN is a great opportunity for networking

What could be done better?

- To have the opportunity to meet in the real world.
- Give less mobile people the opportunity to continue to attend PEN conferences if moving back to in-person events.
- A number of participants mentioned the need for more workshops on issues that are relevant to Glossop.
- The virtual conferences do not allow the opportunity to network, which is a benefit of the in-person conferences
- Could include a “speed-dating” like aspect of short, five minute one-on-one meetings with people from different organisations to get to know them as networking

- PEN buddies: people who already attend conferences should be encouraged to bring along somebody who has never attended as a “PEN Buddy”
- PEN Members should be given a PEN membership number, and entered into prize draws for prizes to charities of their choice etc.
- There is too much complex information and questions in some of the workshops, suggest engaging with PEN members in a more detailed way so that people have more time for a discussion and to engage in service re-design.
- What does this mean for me – give more real examples of how things are now to help the conversation flow.
- Participants would like to see more co-production, designing services together in workshops.
- Participants said that they would like to be able to attend more of the workshops that are on offer or at least access the information to the conversation.
- Virtual conferences exclude people who do not have digital access.
- It should be advertised more widely and more proactively; a lot of people don't know that it exists.
- Sessions in which you are contributing are preferred compared to those that involve presentations; not sure if this is the correct arena for the latter.
- Conference should be less wordy and have fewer acronyms.

2. How would you like to engage with PEN in the future?

- An overwhelming number of participants reported the benefits of having a hybrid approach of in-person and virtual Conferences for PEN in future.
- One suggestion was for one physical PEN and 3 virtual per year. Other suggestions were to have bite-sized PENs where people could drop into a session without having to commit to the whole 2.5 hours and that a link to the recorded PEN would be good for anyone unable to attend, they would also like an email address so that after watching the recording they could provide feedback.
- The decision as to the mix could be determined by comparing 1) the number of attendees at online conferences compared to virtual ones, and 2) whether attendees at virtual conferences are the same as attendees at in-person conferences.
- Virtual set-up is more convenient but not as personal. There is value in being in the same room as others. It is still important for people to have the ‘over coffee’ conversations that aren't planned. The more valuable conversation comes with in person meetings that you don't necessarily plan for.
- There is the benefit of not having to travel anywhere when meetings are virtual. This was said to boost attendance – more people can attend if virtual. Virtual allows people with busy schedules to attend meetings like this and be able to have their say and share a space with people you wouldn't normally speak to and be a part of the conversation. For example senior managers or directors being able to share conversation with operational staff and get their insights and vice versa.
- The cons of virtual conferences: IT barriers, delegates are not able to network as well.
- Virtual Conferences are a bonus for those with a disability, particularly those who are shielding.

When would be best to do this?

- Afternoon conferences work well
- Conferences should be timed so that they do not interrupt the school run. Equally, evening or weekend conferences might be difficult for people with children.
- Conferences taking place from 9:30-15:00 would be better, or within that window, would be better
- A variety of times might bring in different faces, even if some people could not make all of them times
- Some participants were happy with the current timing of conferences – during the week in the day, the reason being that the last thing people want is to attend more meetings outside of their working hours
- Some expressed doubts that changing the timing of conferences would raise attendance – people have other responsibilities that make this timing inconvenient. They said daytime was the best option none of them suggested or thought evenings or weekends would be possible.

3. Are there any barriers to people engaging with PEN?

- The current format of virtual conferences excludes people who do not have digital access. Suggestions of an alternative hybrid model were given or:
 - Record PEN and allow people to watch it later
 - Change the times – outside of working hours etc., face to face as well as digital
 - Bespoke the workshops to be aimed at particular groups e.g. people who are not confident to attend zoom sessions – go out to people rather than asking them to come to us
- Descriptions of workshops and language used in the workshops should be less terminology, more lay friendly.
- We should lessen the use of acronyms too, as those outside institutions won't be aware of what the acronyms mean.
- Organisers do a good job of making accommodations for people if they discuss them beforehand.
- Is there a lack of awareness at an operational/front-line level of organisations because invitations are sent to senior management of organisations?
- How to engage the general public, do the general public know that anybody can attend PEN, not just representatives?
- Using Eventbrite is a barrier to access
- Need to consider people who have language barriers/and or other barriers e.g. our faith communities/people who require sign language to be able to participate
- Length of time required to attend is a barrier.

4. Are there any groups that should be included that aren't?

- Many participants felt that there is a good mix of people and organisations.
- Attendance could be widened to include more members of the general public at conferences

- People who are frontline staff, rather than senior staff or engagement/consultation/communications/PR representatives of organisations should be included in the conferences
- PEN currently seems more catered to professionals and elected members; should be a greater onus on inviting members of community, residents.
- Representatives of sports and leisure organisations, such as sports clubs, should also be included
- Representatives from Pennine Care could be invited
- We are starting to get the same old faces at PEN, it would be good to welcome new people
- Send the invites out to different organisations, the wider community, and more diverse communities
- More representatives from the Police and from Fire and Rescue
- Housing representatives
- Would like to see greater representation from faith groups.
- There is a possibility to target communications to specific groups, e.g. disability groups, cancer survivors, dementia carers. Herein, there is an opportunity for coproduction.

In addition to the conference discussions, an email was sent to the 400 PEN members inviting them to take part in a survey on the future of engaging with PEN, to give the opportunity to those who could not attend the conference to have their say. A total of 17 responses were received. The findings from the survey largely reflected the discussions held during the conference, namely in expressing the need for a mix of methods when engaging in the future, virtual as well as in-person. The key findings of the survey are as follows.

When asked what they think currently works well with PEN, respondents told us the following:

- Virtual sessions work well and are convenient
- Workshops are a great opportunity to capture the strength and feeling of people and communities
- It is a good forum and has good updates and topics.

When asked how they would prefer to engage with PEN in the future, respondents said:

- It would be good to know the topics ahead of registering for the event
- Some respondents said they would prefer to attend conferences if they were face to face. Reasons for this were that it is felt that this is a better format for large audiences, better for those who are digitally excluded and that it is beneficial for people to network face-to-face.
- For those who said virtual meetings were preferable, the reasons for this were that they are more convenient for time, allowing to fit conferences around working commitments.
- A number of respondents indicated that a mix of methods would be satisfactory.
- In terms of timings, many said they were happy for conferences to continue during workdays

When asked if there are any barriers to engaging with PEN, respondents told us:

- Virtual settings are a barrier for those who are not computer literate or have access to a device.
- Not knowing when the conference is due to take place was another reason – citing the need for more awareness raising and communication
- Having a disability was cited as a possible barrier
- Unfamiliarity with the topics of the conference

When asked if there was anyone missing from PEN who would benefit from attending, respondents said:

- The general public – there is a need for greater awareness to bring ordinary members of the public in bigger numbers. Suggestions included adverts in the local press.
- Representatives from housing associations
- Faith sector
- Representation from people from an ethnic minority background
- Community centres
- Youth clubs
- Representation from people with learning disabilities

Workshop notes; Domestic Abuse Strategy

Background:

A needs assessment has been conducted into domestic abuse in Tameside. Below are some key findings:

- Higher than average rates of domestic abuse and high rates compared to statistical neighbours.
- Interconnected with high rates of substance abuse, ill mental health, and suicide/suicidal ideation.
- A lot of survivors often minimise their experiences; do not perceive that their experiences are as bad as others.
- Areas of good practice identified: multi-agency working, family-nurse partnership, Children's Independent Domestic Violence Advisors (CHIDVAs).
- Areas in need of improvement: adults in social care, housing, fall short on victim-survivors from ethnic minority and LGBTQ backgrounds.

A draft strategy will be produced in July/August.

Participants within the workshops reported that they didn't know who the provider of local support to domestic abuse victims/survivors were.

They were asked to feedback on the different objectives of the strategy:

Feedback on Strategic Objectives

1. *Making domestic abuse everybody's business*

- Broad support for community ownership over domestic abuse; upskill third sector.
- Not everybody knows what domestic abuse is. Victim-survivors often may not know that they are recipients of domestic abuse; not always so obvious.
- Not just about services, it's about communities.
- There may be concerns about intervention, e.g. children being taken away. Neighbours/people don't know when the right point is to intervene – e.g. interfering in private matters. Don't want to encourage non-trained people to intervene.
- Don't often hear people talking about domestic abuse; they are afraid to ask.
- Survivors often say that they wish others would have asked or sought support for them, as they couldn't/didn't do it themselves. Need to get the survivor voice out there.
- Homestart – should encourage volunteers to provide information, then it is up to individuals to seek support. Gradual breaking down of barriers – encourage victim-survivors to gradually meet with services who can offer support.
- Can't expect everybody to be everywhere; it's about creating connections to initiate "outreach support".

- Campaigns should be used to increase awareness; not currently in accessible spaces, e.g. pubs/bars, like in Manchester/Huddersfield. This may include educating residents about what “abuse” is.
 - It’s important to teach young people about healthy relationships, so people can learn from an early age about abusive behaviours, as a preventative measure.
 - Older victim-survivors access community groups – “softer” community link, spaces where people may be able to seek support.
 - Business cards in barbers for men’s health week – contact points for men to seek support.
2. *Creating safe spaces for disclosures*
- Broad agreement that this should be a priority area.
 - GPs/A&E are spaces where disclosures of domestic abuse are most likely to occur.
 - There needs to be safe spaces for disclosures for perpetrators as well as victim-survivors – there needs to be de-stigmatisation around seeking help for problematic behaviour. We need to understand why perpetrators are committing domestic abuse. Awareness of other outlets should be raised – influence (potential) perpetrators to seek help that they need as a preventative measures.
 - “Cutting it out” campaign working with hairdressers (regionally) – allow hairdressers to provide support if domestic abuse disclosures occur.
3. *Meeting the needs of victim-survivors through local services*
- Tameside is a “local borough” – people like to remain in Tameside and access services close to them. Don’t want to venture to other boroughs. Even want to remain inside their own areas of Tameside. If they have to move house due to domestic abuse, ensure continuity of care in accessing the same services.
 - Multi-agency working is advantageous – draws from varying experiences, viewpoints, and knowledge for particular cases.
 - This is often predicated on how involved or trained the police are – this will need to help strengthen the local services:
 - Policing often occurs at GM level, would like it to be tailored more locally.
 - There is possibly more knowledge of national helplines rather than local helplines.
4. *Making victim-survivors feel safe in their homes*
- The purpose is to ensure people remain in their homes, not become homeless.
 - There are new duties upon local authorities to ensure victim-survivors are provided with safe accommodation with specialist provision, and people no longer have to prove they are victims of domestic abuse to obtain priority in homelessness applications.
 - There is a need to ensure social housing tenancies are continued; complicated in Tameside as TMBC doesn’t provide its own social housing.
 - Feeling that Independent Domestic Violence Advisors (IDVAs) not always able to be at the end of the phone.
 - South Asian families – domestic abuse often occurs from family members, e.g. families-in-law, siblings. Beyond conventional definitions; multi-generational households.
5. *Better outcomes for children impacted by domestic abuse*

- Tameside has high rates of “looked after children” as well as high rates of adults in the system who were affected by domestic abuse when children. Schools are spaces in children spend most of their time out of the home, and need help from other services.
 - Difficult to coordinate children’s services and ensure that all services share responsibility.
 - TOG Mind: See symptoms of domestic abuse in children.
6. *Identifying problem behaviours early*
- Aim to reduce frequency and severity of domestic abuse incidents.
 - There are warning signs that can be identified, e.g. financial abuse – running debts up against the victim-survivor’s name.
 - “Domestic abuse” often interpreted stereotypically, even by medical personnel, e.g. being beaten. More wide ranging than often perceived. Perpetrators often continue to perpetrate because they are not picked up as such.
 - Provide local packs containing information and signs on domestic abuse – should be available online; not currently available.
 - TOG Mind: Identifying potential for domestic abuse; work together with families before incidents of domestic abuse are reached.
7. *Holding perpetrators of domestic abuse accountable*
- Perpetrators of domestic abuse are often perpetrators of other matters, possibly other forms of abuse.
 - Low rates of prosecution; do not have a consistent perpetrator approach in Tameside.
 - Not much confidence in the justice system surrounding domestic abuse:
 - Perpetrators not sentenced often or for only short periods.
 - Victim-survivors are not receiving the justice that is required or what they desire; often unsure about being believed.
 - Relative dissatisfaction with policing of domestic abuse:
 - After crisis incidents, victim-survivors often do not receive much contact or communication from the police. Heightened period of fear.
 - Often victim-survivors were pushed to pursue civil routes rather than criminal routes, due to domestic abuse being perceived as difficult to prosecute.
 - Multi-disciplinary programmes of police training should occur – not police training police, other services training police.

Workshop notes; People Powered Health and Wellbeing Strategy

This workshop aimed to give an opportunity for participants to hear about plans for 'People Powered' approaches to health and wellbeing and to give their thoughts on what matters most to them when they receive support from the health and care system.

Participants were also asked to consider what role communities can play alongside the health and care system in improving the wellbeing of our population.

Round 1 workshop feedback:

- Relationship with patients and residents – need to expect to be treated in the person centred way
- Education covering the NHS and different jargon
- Mental & health wellbeing support for carers, young carers
- Accept an intervention which isn't medical
- Carers to be included within the personalised care conversations
- Health inequalities research – how does this fit into the strategy? This strategy looks into how health is created
- Ensure faith sector is included and ensure that this voice is heard
- Carers' ability to access health support for themselves, look at how we support them
- Financial constraints – time for appointments – opportunity to build a different skill mix

Round 2 workshop feedback:

- Ask 'how may we better care for you?' tailored to individuals
- Asking 'what do you think is wrong with you'? – tailored to individuals
- Learn from the speed which has happened during covid
- Political issues around the NHS
- Positive first step to writing the strategy
- Look at how to help people with the burden of a long term health condition – look at own organisation, who declares this
- Barriers which have evolved within the NHS – time limits, risks
- Include the role of arts – also supports co-production and building relationships
- Organisational culture is important and look at the time that is given
- Paid lived experience roles for co-production, bring valuable knowledge
- Co-production to replace consultation
- Mutual Aid – examples of co-production. Trust to know communities well and support them well
- Include creative ways of co-producing with others
- Ensuring idea that patient is also an expert on their own health
- Rheumatology team – feedback that they are doing really well with person centred care

Workshop notes; Future of Customer Services

The aim of this workshop was to gain the views of participants regarding proposals to change the way that face-to-face customer services is delivered. First the workshop participants were given the background and context to the proposals, what is proposed and how residents in Tameside will be able to contact customer services based on what is best for them.

Key points from the discussion:

Opening exercise – participants asked to reflect on their own experiences of contacting customer services

- One participant shared that the service they represent was once co-located with customer services, that the physical proximity helped their clients with regards to being able to access them. The staff also used the proximity to access customer services. However since the pandemic when face-to-face provision stopped, there have been no recorded problems among clients with being able to access customer services.
- The pandemic has increased the use of phone contact and online methods for everybody. People have dealt fairly well with online.
- In-depth queries might be more difficult to solve using online methods

Main discussion – how might the proposals impact you, a friend or family member, or other users of the service?

- The new system is good in terms of the new offer of call-back appointments, this can be more suitable.
- It seems that if residents can access the service more locally (in their local library instead of in one customer service location in Ashton) then this has to be better, particularly for those that may not be able to travel as easily.
- Need to consider what is best for clients – that they can access services in a safe and appropriate manner
- Consider how to support people who are more vulnerable or who may struggle to access digital channels. There is the need to make sure everyone can still access customer services, but appreciate that there is no one answer to everything – it is impossible to be able to reach everyone
- Consider language barriers – for those people for whom English is not their first language. Will they be able to use the telephone or Webchat services or is there some workaround.
- There may be some other ways to make these proposals work better, for example make more information available on the ways people can access customer services. Is there any way we can simplify this for people.
- It was said that in Derbyshire, customer services are accessible by phone (largely considering that this is a bigger local authority area and therefore attending in person is less of an option).

- Concern around if customer services delivered more remotely, to consider that scamming and fraud is something to be wary of, considering that people won't be seen face to face
- Other groups to consider when implementing the proposals – those with a disability, including those who are deaf or blind.
- Question over who is not digitally connected in Tameside – what can be learnt about this group that might help plan for how they might be able to contact the Council.
- Consider that some charities work to give people access to a device such as a phone or tablet, so they can be online.
- Low/no income groups should be considered as this is one group that may not be digitally connected due to financial reasons, e.g. paying for broadband is not possible for all.
- People like having options of contacting customer services face to face, for example older people or people with a learning disability. However for the some they have support workers who can help with these things. and the availability of staff in libraries to deal with queries will keep people in these groups happy.
- Comment that depending on how you look at it, the proposals mean that the service is expanding. There will be more methods of contact and more locations where people can speak to someone face to face.
- Had the proposals came to light under normal circumstances, this would come as a shock to some, however because of the pandemic and the way most things have run in the last 18 months, these proposals seem like a more natural way to go.

Workshop notes; Be Well Service

The aim of the workshop was for participants to share ideas and suggestions on how they think the NHS Health Check can be delivered in alternative ways, to help make the service we offer more tailored towards the needs of local communities. Feedback from the workshop will enable the service to see an increase in uptake of the NHS Health Check within Tameside, by making the services we offer more accessible to the public.

Round 1 workshop feedback:

- Impact of health checks has been positive for users: some changes made.
- Health checks can allow people to open up about other issues, such as mental health. It is important to create the right environment for people to be comfortable.
- What you do now affects what happens when you get older.
- Community outreach is very worthwhile. It is a lot easier to get people to do ad-hoc health checks in community and events instead of booking in with a GP.
- The Community Champions lead is looking into possibility of Be Well team having 10 minute catch-up with Community Champions.
- Some success with mental health discussions with men by attending their place of work.
- Increase uptake of NHS Health Checks by holding pop-up clinics at supermarkets, especially Ashton Asda, Cineworld, the Pavilion at the Park etc.
- Covid has made people scared of face-to-face close contact so difficult. Confidence needs to be built up.
- Increasing accessibility can be done by making it easy for people – find places where people go but may have a little time to spare. Somewhere that is also accessible and with some privacy.
- Could we piggyback onto events held by other organisations? (Pride month)
- Drop in at housing associations (Jigsaw etc). Use a small room.

Round 2 workshop feedback:

- One participant had health check at hospital – found experience positive and reassuring.
- It is important to get people comfortable and ask the right questions to see if people want to proactively raise other concerns.
- Sports facilities could be key venue for health checks, especially for younger men.
- Get in touch with Graham Thomas in Community Champions to find health data to facilitate checks in parks, public transport (bus and train stations) etc.
- Events such as Artisan Markets could be way to increase uptake of health checks. Even if health check itself cannot be done, some kind of promotion could still be possible.
- Are people going to feel tentative about going into venues again, especially those who have been shielding a long time?

- Nurseries and schools – parents dropping off children. Could be particularly valuable for families from ethnic minority background.
- Broadbottom Bowling Club – whole catchment of people within hard-to-reach age range.
- Any contacts with mosques or Indian Community Centre? Have been very helpful around providing support for vaccinations and may be open to holding health checks as well.
- Pop-up health check points in a similar format to pop-up vaccination centres.
- Knocking on doors to speak to people, especially in harder-to-reach communities.
- Improving accessibility – language (especially those for whom English is not their first language) and links with Diversity Matters North West and other local organisations to assist this.
- Time to hold events – morning, afternoons, evenings. Going into workplaces to hold health checks there.
- Advertise in local Facebook groups and do further promotion within the community.

Workshop notes; Barriers to Accessing Information

This workshop, led by Diversity Matters North West, explored the barriers that exist which prevent people in Tameside and Glossop accessing information and services – particularly in relation to language barriers.

As part of a wider research project into the topic, Diversity Matters wanted to hear from residents, patients, service users and representatives of VCFSE and public sector organisations about their community's lived experience of barriers to accessing information and what potential solutions could be implemented.

Workshop round 1 feedback

- Barriers during Covid-19 were especially bad for asylum seekers and refugees, who often have existing language barriers
- Asylum seekers and refugees with language barriers are very isolated: they cannot get information from the media, they do not have support networks, they may not have even initially understood the pandemic itself
- Often asylum seekers and refugees are housed in shared accommodation, but with each individual speaking a different language, and without internet access; the lack of digital access compounds other barriers
- Some people may be intimidated by authority figures such as GPs or gatekeepers for organisations such as receptionists
- Ordering prescriptions on behalf of somebody else with language barriers is particularly difficult due to data-protection and health and safety concerns
- People had difficulty accessing food banks during Covid-19
- Anything where you need to register is a barrier to accessing services, for people with language barriers but for people in general
- Difficulties during Covid-19 included not being able to access physical locations such as religious or community buildings
- Accessing universal credit online during Covid-19 was very difficult due to the complexity of the form, the lack of in-person support, and language barriers exacerbate this. Anybody trying to apply for universal credit online needs to have digital skills
- Needing official documentation, such as passports, birth certificates etc. is a barrier to accessing information and services
- What would happen naturally in community settings to help access services couldn't happen during Covid-19
- Signs-up in doctors surgeries that say "translation available" but no guidance as to how to actually access translation
- Barriers for older people to access services and also for people with learning difficulties to access services
- Barriers for people who are living on their own who cannot rely on family or friends
- Young people may access bad quality information, which can sometimes be misinformation through social media or word of mouth. Social media algorithms provides information that confirms people's biases

- Mental health issues, such as depression and anxiety, were exacerbated during the pandemic, and this is compounded by not being able to access services to get help for this
- The media plays a role in promoting disinformation, sensationalism and casting things in a negative light
- Children from school are sent home due to Covid-19, but are not able to access WiFi or internet at home to learn
- Libraries being closed is a barrier to accessing services
- Government were able to text everybody at the start of the pandemic, which shows that this can be done, is this something that could be done at a GM level to better improve access to information and services?
- Could the GMCA do more to join up the strategy between the different boroughs to make access to information and services better, doing this at scale to reduce duplication?
- GDPR is confusing and mystifying: a lot of organisations do not share information between each other or join up services due to GDPR, and this makes accessing services and information harder
- Should public or third sector services that are looking after people's welfare have to abide by the same data-protection rules as private companies who are trying to make a profit or harvesting information?
- Neighbours helped each other out during the pandemic, helping provide information and access to services
- Mutual aid groups were established during the pandemic, perhaps there should be encouragement of a culture of informally helping each other to access information and services and caring for neighbours or members of the community

Barriers to Accessing Information Round Two

- Getting information to people at the right time, so that it is relevant to people who get it, especially to do with Covid-19, as the information changes so quickly
- With Covid there is less access to GP waiting rooms and access to physical materials like leaflets or posters which are non-digital
- What is the alternative for people who do not have access to social media or the internet?
- People without digital access may have struggled to access vaccination as couldn't get through on the phone
- Is putting out messages via radio a viable alternative?
- Normal routes were blocked out for accessing information during Covid-19
- Particular challenges around accessing GPs and Primary Care
- People don't know what information is even available, they don't know what they don't know
- How do you reach the people that aren't engaging with anybody?
- There is a lot of digital and telephone fraud at the moment, so this adds an extra-barrier to information and services for some people
- The development of partnership networks is important and has been important during Covid-19
- We should make preparations for establishing processes to access information and services for future waves or spikes in this pandemic or potential new pandemics

- How do we share information with people who can't read: are videos an option or other visual media?
- The use of WhatsApp is good to get out fast messages amongst certain populations, it is not the correct fit for everybody
- There is lots of misinformation and disinformation
- Supermarkets are a good place to administer information or facilitate access to information or services as it is somewhere where almost everybody goes
- One of the barriers to accessing information is whether people trust the sources, there is perhaps more trust of local sources than national sources
- People confused messages from independent organisations with political messages
- Registration to services, providing personal information can be a barrier to accessing information
- Customer service or gatekeepers can prevent access to services
- It is difficult to register for a GP
- The removal of face to face and in-person services is a major barrier to accessing services
- Technical difficulties for people even if they have digital skills, such as issues with the NHS Covid-19 app
- Places like libraries, churches, or community organisations were closed during the pandemic
- Digital buddies scheme has been established in some places where people with less digital skills are paired up with volunteers who will help them access digital services and develop digital skills
- Faith communities could function as gateways to accessing services
- Setting up the idea of a public living room, for mutual aid, more of an informal group

Workshop notes; Couch to Out and About

The Age Friendly Out and About project is part of the Greater Manchester project 'Ageing in Place'. Currently the funding provided at a Greater Manchester level applies to one area in each borough, which in Tameside is the Stalybridge area. The project currently consists of seven walking routes which are scattered with five social talking benches, designed to encourage social interaction whilst local residents are out walking. The scheme is open to everyone living in Tameside to use and enjoy.

The purpose of this workshop was to gain feedback on how the project can best be promoted, how to maintain and activate these spaces. The feedback from the workshop will help us plan how we use these spaces over future years.

The workshop was structured over five questions:

Question 1: How can the project be promoted?

- Home watch groups
- Tameside Radio
- TV Slot
- GP Surgeries
- Waste vehicles banners on the side
- Care homes
- Age friendly newsletter

Question 2: What is the best way that partner organisations and residents can utilise these benches?

- TOG Mind walking session to join in with the guided walks already organised
- Education provided at each bench such as where you are etc.
- Mindfulness – information could be given on how to be mindful on each bench
- Obtain sponsorship from other organisations to support the benches

Question 3: How can residents activate these spaces for themselves?

- Book clubs or mini libraries
- Community boards to advertise local activities
- Do the benches have their own twitter account or Facebook page

Question 4: This is your patch how would you like to use it?

- Schools and young people
- TOG Mind arrange walks for young people with support groups
- In Manchester city centre they have benches with QR codes people can scan and connect to someone to speak to
- In Whalley Range they have benches they are about 100 meters apart and have thing near them to look at, such as "look left and you will see etc.."
- Details of history of local area.

Question 5: Events, Intergenerational activities, creative ideas, maintenance?

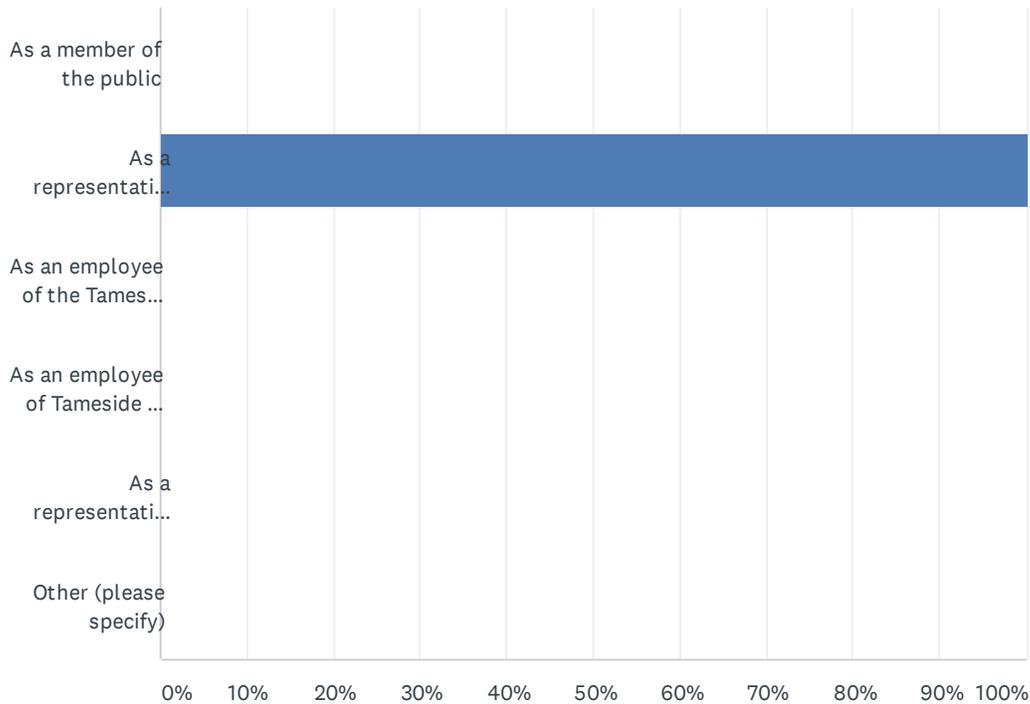
- Ownership of benches from places near the bench they can help maintain
- Local businesses to sponsor benches and could help maintenance

Other questions or subjects raised

- Who owns the benches?
- The benches seem far apart, people with arthritis would find it difficult to make it through the walk to use the benches

Q1 Please select the main capacity in which you attended the Partnership Engagement Network Conference? (Please select one option only)

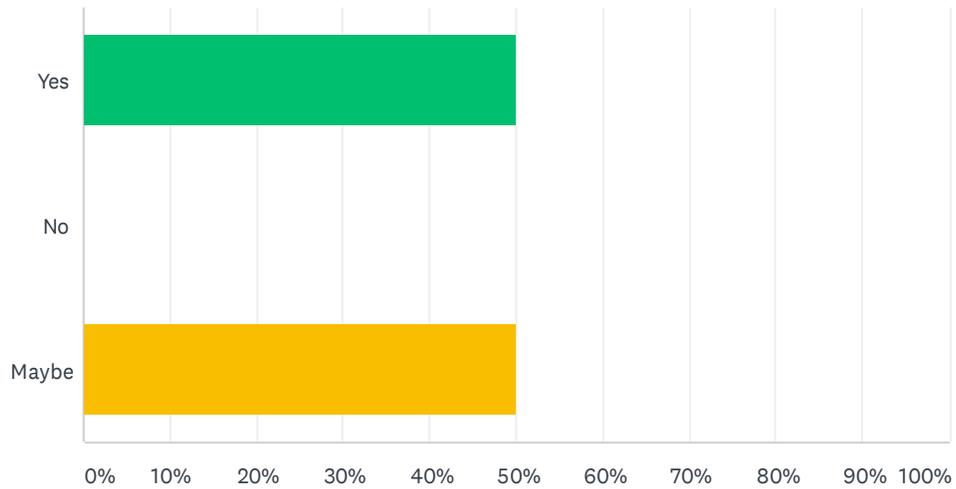
Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES	
As a member of the public	0.00%	0
As a representative or a member of a voluntary, community or faith group	100.00%	2
As an employee of the Tameside and Glossop Strategic Commission (Council and CCG)	0.00%	0
As an employee of Tameside and Glossop Integrated Care NHS Foundation Trust	0.00%	0
As a representative of a partner organisation	0.00%	0
Other (please specify)	0.00%	0
TOTAL		2

Q2 Would you attend another PEN conference or engagement session in the future?

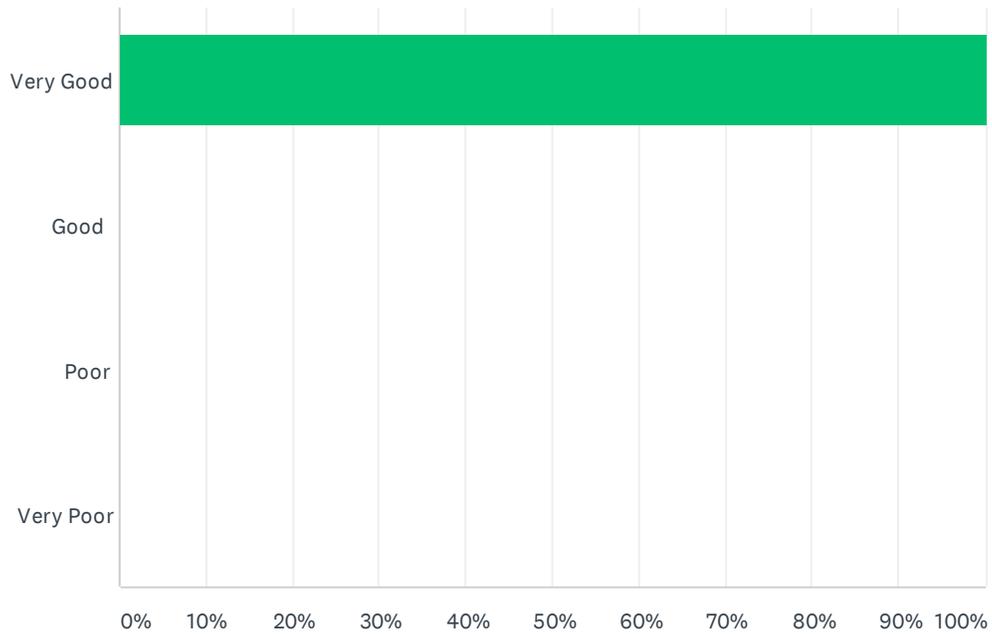
Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	50.00%	1
No	0.00%	0
Maybe	50.00%	1
TOTAL		2

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

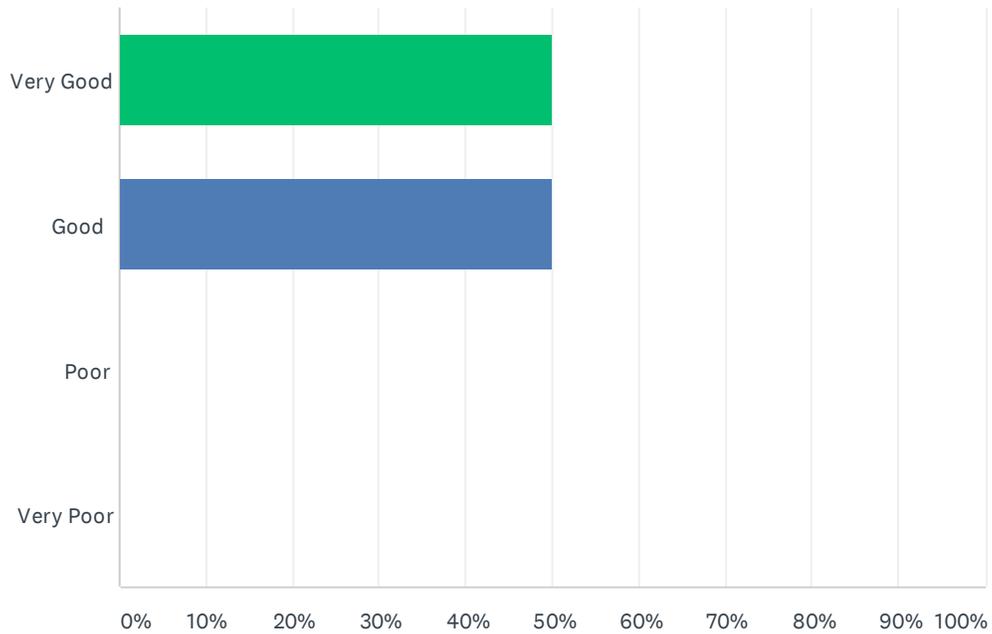
Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	100.00%	2
Good	0.00%	0
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		2

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

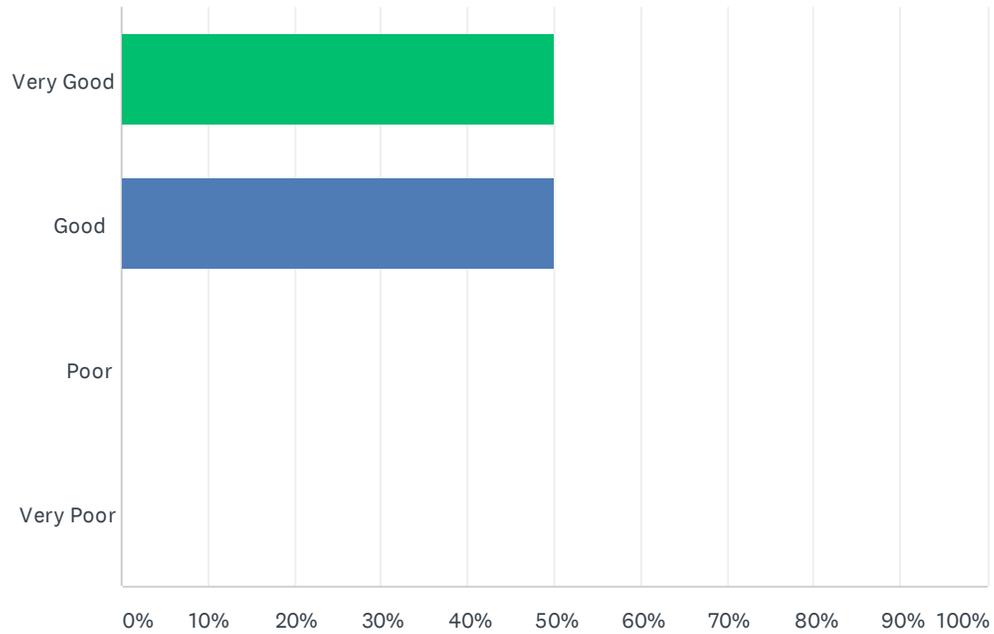
Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	50.00%	1
Good	50.00%	1
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		2

Q6 How would you rate the workshops overall? (Please tick one box only)

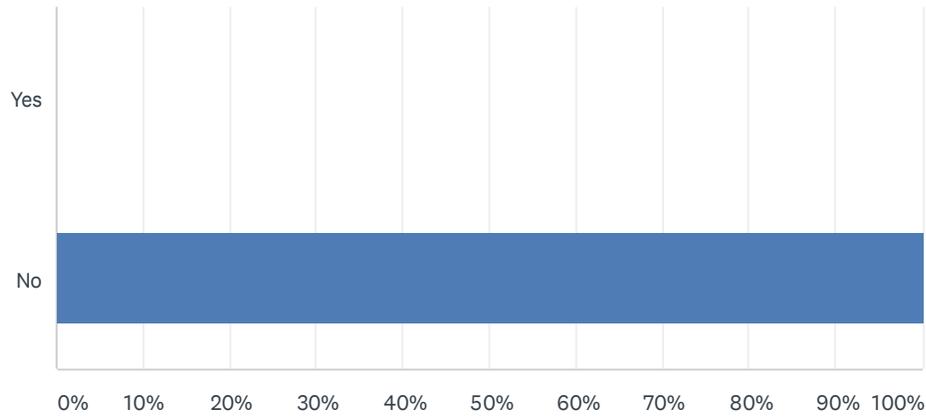
Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	50.00%	1
Good	50.00%	1
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		2

Q9 Did you experience any technical issues during the session(s)?

Answered: 2 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	0.00%	0
No	100.00%	2
TOTAL		2