



Partnership Engagement Network (PEN)

Report of Conference held on 28 February 2022

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 28 February 2022, 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 first PEN Conference of 2022. There were around 40 participants in total.

Participants heard a presentation on the Tameside Children & Young People Plan followed by two rounds of workshops.

Facilitated Workshops

Five 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 2 onwards.

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

- School Streets Pilot
- Children & Young People Plan
- Walking & Cycling (Active Travel Fund & Mayor's Challenge Fund)
- Walking Strategy
- Tameside Pharmacy Services



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 6).

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:

- All of those who responded said they would attend another PEN Conference in future
- All respondents rated the organisation of the Conference as very good
- All respondents rated the presentation overall as good (50%) or very good (50%).
When asked to make comments about the presentation, some raised that the colour schemes could be made easier to see due to colour combinations.
- All who responded rated the workshops as very good

Appendices

The following appendices are attached:

- Appendix 1 – Conference Agenda
- Appendix 2 – Workshop notes; School Streets Pilot
- Appendix 3 – Workshop notes; Children & Young People Plan
- Appendix 4 – Workshop notes; Walking & Cycling (Active Travel Fund & Mayor's Challenge Fund)
- Appendix 5 – Workshop notes; Walking Strategy
- Appendix 6 – Workshop notes; Tameside Pharmacy Services

PARTNERSHIP ENGAGEMENT NETWORK CONFERENCE

Date: Monday 28 February 2022

Time: 2pm – 4.30pm

Venue: Virtual Conference –

<https://us06web.zoom.us/j/89037363237?pwd=UGozS2NaaWYzTWFMK0RJeW1xU2dBZz09>

A G E N D A

1.	Welcome – Councillor Brenda Warrington (Executive Leader, Tameside Council) and Jane McCall (Chair of Tameside and Glossop Integrated Care NHS Foundation Trust)	2pm-2.05pm (5 minutes)
2.	Introductions – Peter Denton, Healthwatch Tameside	2.05pm-2.10pm (5 minutes)
3.	Presentation – Tameside Children and Young People Plan – Louise Rule, Head of Starting Well, Tameside and Glossop Strategic Commission	2.10pm-2.30pm (20 minutes)
	BREAK (15 minutes)	(15 minutes)
5.	Breakout - Workshops – Round 1 (See overleaf)	2.45pm-3.25pm (40 minutes)
6.	Feedback – 1 key point from each table	3.25pm-3.35pm (10 minutes)
7.	Breakout - Workshops – Round 2 (See overleaf)	3.35pm-4.15pm (40 minutes)
8.	Feedback – 1 key point from each table	4.15pm-4.25pm (5 minutes)
9.	Close – Peter Denton, Healthwatch Tameside	4.25pm-4.30pm (5 minutes)

WORKSHOPS	
A	School Streets Pilot – Francesca Cilia, Community Safety, Tameside Council
B	Children & Young People Plan – Charlotte Lee, Population Health Programme Manager, Tameside Council
C	Walking & Cycling (Active Travel Fund /Mayor’s Challenge Fund) – Andrea Wright, Walking & Cycling Project Lead, Place, Tameside Council, Joe Sparkman, Senior Engineer, Tameside Council
D	Walking Strategy – Annette Turner, Programme Manager, Population Health, Tameside Council, Robert Sharpe, Population Health Programme Manager, Tameside Council
E	Tameside Pharmacy Services – Jacqui Dorman, Public Health Intelligence Manager

Workshop notes: School Streets Pilot

School Streets is an initiative designed to address the dominance of cars over people at the school gates. A School Street is the area outside a school where motorised traffic has been restricted at drop-off and pickup times. It is hoped that School Streets will help encourage families to adopt more active modes of travel to and from school, improving congestion and lowering the risk to health by pollution outside school.

The purpose of this workshop was to gather views on implementing School Streets in Tameside.

Key points from the discussion as follows:

- Raised point over how the scheme would work in Hattersley. The school sits on a major road and similarly Hollingworth Primary which is on a trunk road? There is already an issue with poor parking around both of those schools.
- Increasingly children or their families are having to travel further to get to school because of how they are allocated.
- Some primary schools already stagger their start times to help with things like congestion and that has been one of the benefits of COVID and returning to school.
- Consider children's parent/guardians who are unable to walk their children to school e.g. difficulty walking or hard of hearing so would struggle to walk to school. Would it be possible to have teams of volunteers walking children to school?
- Concern that there may be schools that don't wish to partake. Schools should be consulted. It was confirmed that support is offered to all schools even if they don't fit with the initiative. School Streets is very much a placed scheme where the school fits geographically to allow the scheme to work.
- Concerns over knock-on effect that congestion around schools could be greater
- Suggestions to utilise high school children to walk with the primary school children, maybe those who are working towards attaining the Duke of Edinburgh awards. By using peer support we could look at walking buses.
- Some concerns for those parents who need to drive to school
- Consider properties in the local area – could those residents be restricted in their own homes. However it was confirmed that the properties within the school street area would be exempt from traffic regulations.
- There are two types of parents: 1) those who have jobs and need to get to work and 2) those who have a parent at home and could walk or cycle. There is also a different mentality between primary and secondary schools. Also would you be looking at colleges as there is a college in Ashton where lots of students drive to the college?
- Most people know to avoid driving during peak times where they can. We need to tackle the reasons why people drive
- One participant raised the issue that some parents already wrongly use other places to park while dropping their children off and asked: how will you enforce the closure? It was confirmed that highways would provide the legal order and schools would be responsible for the manning of barriers.

- The groups agreed in principle that the idea of the scheme was good though they could see that the implementation would throw up some issues and could be contentious.

Workshop notes; Children & Young People Plan

The Tameside Children and Young People's Plan will be a system wide plan which will set out the joint vision of our priorities, principles and approaches for children and young people living in Tameside.

A programme of work is currently taking place which will be led by evidence to help us understand what the needs are in our local area. Views were sought on the content, from the language used to the priorities identified.

Key Questions

- **What do you think about a Children and Young People Plan for Tameside?**
- **As adults, parents, carers, relatives of C&YP in Tameside what do you think should be the top 3 priorities?**
- **How would you like to know/hear about the final plan and how it is delivered?**

Feedback

- Priorities should be children at risk who are already in the care system and those who are at risk of going into the care system.
- Parents need to be well educated for children with the available support for learning disabilities/special needs especially those in our Asian communities where language is a barrier.
- There is a need to differentiate between the strategic plan and what comes afterwards (the operational action plan)
- There should be continued engagement whilst the plan is live – assess what is working and what is not working so well so that the plan can be tweaked during delivery
- There needs to be clarity around the messaging and lots of signposting where the wider community needs to be involved, not just the third sector but people from grassroots community groups e.g. churches, food banks, nurseries, mums and toddler groups etc., ask them how they want to be communicated with and how we can the information out to people so that it is understandable not using corporate language.
- Mental health and health inequalities should be a priority
- Children and young people's life experiences should be crucial to the planning process
- The plan should be a live document, and should include the hopes and dreams of children and young people living in Tameside.
- It need to be honest with people we are engaging with, what is achievable and what isn't achievable
- The plan needs to interlink with all the services – police, leisure etc.
- The plan needs to be created by the children and young people themselves to give ownership

- The plan needs to be evaluated with children and young people on an ongoing basis – e.g. what difference is it making

WORKSHOP TWO

Feedback

- Children and young people need to be involved from the outset in this plan so we know what their needs are.
- There is a need to identify short term quick wins so that children and young people feel like something is being done on their behalf.
- Involve the 'Cared for Council' they need to be involved
- Address inequalities in the plan
- Make our children and young people feel valued, give them hope
- Ask our children and young people what their aspirations are, provide opportunities and let them know what these opportunities might be
- Allow our children and young people to 'Reach their potential' work with them to find out what this might look like

Communication is key:

- Social Media
- 60 second video clips to get the message out to children and young people
- Get the young people from the colleges to create the messages
- Involve young social influencers maybe call them 'Tameside Young Influencers'

Workshop notes; Walking & Cycling (Active Travel Fund / Mayor's Challenge Fund)

Tameside is a fantastic place to walk and cycle, with large open spaces, beautiful countryside and miles of trails and footpaths. Walking and cycling are great ways to keep fit and healthy, have fun and are a more sustainable way to get about.

To help make walking and cycling the easier and safer option, the Council is in the process of developing a number of schemes to improve walking and cycling infrastructure across the borough. Some of the plans were presented in the workshop and views were sought on whether the proposals will encourage people to walk or cycle more.

Discussion point 1: if money were no object what could we do to encourage you, your family or friends to walk or cycle more for shorter journeys?

- Examples were given of behaviour change initiatives delivered by other authorities.
- Agreed that it was important to focus on walking as this was more accessible to more people.
- A suggestion was made around training local residents to take traffic counts and monitor air quality in order to support the development of schemes and increase participation / raise the profile of walking and cycling and associated benefits.
- The importance of cycle storage was discussed and examples of what works well elsewhere were given such as the availability of cycle storage on the front of buses in San Francisco.
- The importance of ensuring our neighbourhoods were safe (and people felt safe) for walking and cycling was discussed. Key safety features need to be drawn out in the promotion of any new schemes.
- Poor weather was highlighted as a barrier. The importance of employers providing suitable changing facilities was discussed.
- Cycle to Work schemes – do they provide the opportunity to loan / buy electric bikes? Post meeting note: electric bikes are now available on Cycle to Work schemes thereby making schemes more accessible to employees. This information needs sharing amongst employers.
- More promotions required on the availability of groups and routes for people with disabilities.

Discussion Point 2: In the next few months we will be consulting on a number of proposed walking and cycling schemes. We are keen to understand how we can improve our approach to encourage more quality feedback.

- A contact was made with a potential young people's group who may be able to support on the walking and cycling infrastructure consultation programme.
- A good example of a design reference group in operation in Calderdale was provided. This group, involving families with children and members with disabilities, undertake site visits in order to "test" out the route and ensure that the infrastructure works for all.

- It was felt important to have trusted people / local activists to “sell” the benefits of walking and cycling.

Workshop notes; Tameside Pharmacy Services

Every three years, T&G Strategic Commission is mandated to conduct a pharmacy needs assessment. This includes public and stakeholder consultations. The purpose of this workshop was to gain insight into the ways local people use pharmacies and current provision of services in the area in order to support the work to plan for future needs across Tameside.

Pharmacy Service usage:

- Monthly repeat prescriptions.
- One resident uses pharmacy for vaccinations rather than GP practices, primarily for flu vaccinations.
- It was said that some generally go to their GP for vaccinations, though would have no reservations with using pharmacies.
- Residents did not know about health checks and sexual health services.
- One resident was unaware of smoking, alcohol, and weight management services, though had seen an advertisement.
- One resident expected that GPs would conduct an annual review of medications rather than pharmacists, as they are the ones prescribing medication.
- Predominantly, residents did not think of using pharmacies for services other than prescriptions and vaccinations, and would not know how to go about doing so.
- One resident mentioned that they have seen the pharmacist for minor ailments (e.g. checking sores, insect bites) and also out-of-hour services. Another resident noted that they only see the GP when ailments are more serious.
- None of the residents have never been asked whether they need annual medication reviews.

Are there any services not currently available at your pharmacy that you would use if they were offered to you?

The ability for pharmacists to prescribe medication:

- One resident wished that pharmacists could prescribe medication, rather than going directly to GPs, particularly if you speak to pharmacists for advice on medications.
- Another comment highlighted that this service exists – “non-medical prescribers” – though they were not sure whether this is enacted locally. Herein, pharmacists are reportedly allowed to prescribe medication after describing symptoms, though some had never heard of or received this service.

Free medication for children subject to criteria:

- One resident was not sure if this service still exists, but medications for children used to be free, such as Calpol. The parents/carers would provide passwords to pharmacists, which they would use to obtain this medication.
 - This service is reportedly available, though it is not universal. It is only available for low-income families and provided at particular pharmacies.
 - It was noted that it would be helpful if this was rolled out more widely.

Community chaplaincy services:

- One comment raised that it would be innovative to have a healthcare chaplain based in a pharmacy. They could assist with low-level support for mental health, bereavement, and

palliative care. Unless people are admitted to hospital, people cannot access chaplaincy services.

- This is feasible considering there are consultation rooms, so spaces are available.
- There are currently pilot schemes for chaplaincy services in GP practices. This pilot scheme has funding from the CCG, so there is a possibility that a pharmacy could participate.
- This can particularly help those who are socially isolated.

Basic healthcare services for the elderly and disabled:

- Certain health/body-care can become more difficult as age increases, such as cutting toe nails. This could be provided at the pharmacy.

How can pharmacies further improve their services for you?

Convenience/helpfulness of pharmacies vs. GP practices:

- Pharmacies are convenient – these are somewhere that you can go immediately, and are open seven days per week with long opening hours; especially compared to GP practices which have restricted opening hours and not open every day. It is easy to choose pharmacies too.
- Pharmacies are very friendly and eager to help.
- During the COVID-19 pandemic, pharmacies have been far more accessible. GP practices have been shut away and only able to contact them via phone. It feels like GP practices are aiming to avoid seeing patients.
- When ill, residents want to see GPs. This may deter residents from seeing pharmacists.
- If we use pharmacies for more services, what does this mean for GP practices? What should GP practices be used for? Pharmacies and GP practices should not be reviewed separately but together, as these services affect one another. There needs to be greater coordination between GPs and pharmacies.

Dissatisfaction with GP practices:

- GPs do not have a holistic view, only deal with one ailment. One health concern affects another thing. Interactions between health ailments and consequent medications not considered by GPs, whereas these factors more likely to be considered by pharmacies.
- One resident felt that there was a lack of knowledge amongst the lay population about medications; they feel like many people are taking medications, but they don't know what they are taking and what these medications are for. This can lead to "medication dependence" – people can take medications for the side effects of another medicine, which results in an endless cycle.

Clearer communication of services:

- Pharmacies need to advertise their services more clearly that people are unaware of. All residents thought that people will not be aware of all services that pharmacies offer.
- Individual pharmacies should identify clearly the services that they can offer.
- Pharmacists should have knowledge on vitamins – would not expect this from GPs. A person can take too many vitamins, or they can take multiple vitamins that can counteract one another.
- Concerns about confidentiality: possible issues with confidentiality and medical records when seeing pharmacists.
- Pharmacies tend to be open and not too private.
- Concerns about increase in housing: With the increase in housing, one resident was concerned that there is not a corresponding increase in medical services – e.g. GP practices, pharmacies, etc.

Drop-in community services:

- Pharmacies would be useful if more community-focused and open access. Pharmacies can feel quite formal, e.g. being stood behind the counter.
- Having drop-in services at routine times each week would be a valuable way forward, e.g. wound dressing.
- GP appointments are a “treasure hunt”. Health professionals, e.g. nurse, could be available in pharmacies for drop-in services without appointments and quick advice. This may be particularly helpful for people from ethnic minority communities who may not be willing to chase GP appointments.
- Drop-in baby clinics – e.g. being weighed, speak about fears as parents often need reassurance.

Pharmacies and GP practices are disjointed:

- Some reported the sense of being passed around between GPs and pharmacists.
- There should be greater crossover between GP practices and pharmacists – e.g. a pharmacist having a consultation room in the GP practice. One resident would feel more comfortable seeing a pharmacist in a GP setting than in the pharmacy itself, and would help with issues of confidentiality.
- As GPs have become more virtual through the COVID-19 pandemic, this is an excellent opportunity for pharmacies to fill that void of face-to-face services.

Take into account people’s working routines:

- Some pharmacies have restricted opening hours. One resident’s pharmacy closes on Friday 6:00pm and is closed on Saturday, which is particularly challenging for those who work full-time. It would be helpful if such pharmacies extended their opening hours.
- During the COVID-19 pandemic, there were logistical problems with one resident’s pharmacy – it was shut for two hours each lunchtime for a deep clean, which is understandable. However, people who are working full-time could only collect their prescriptions during lunchtime.

Under-staffed:

- Pharmacies can be short-staffed, and waiting times can be long, even if prescriptions have been pre-ordered.

Clearer communication of services:

- There needs to be more publicity about what pharmacists do. There is an impression that pharmacists that are not as trained and knowledgeable as GPs – only really need to collect prescriptions from pharmacists really, particularly now with electronic prescriptions.
- There isn’t enough promotion of the services available. Residents don’t often think of asking for such services, and when they do want such services, they can feel imposing.
- As people can register with pharmacists, there is potential to market services to these people via communication channels, e.g. text messages. People receive text messages when their medications are ready, for instance.
- Communications campaigns would be handy for drop-in services or services outside prescriptions, e.g. blood pressure checks at particular times.
- Advertisement of services should be accessible to people from ethnic minority communities for whom English is not the first language – in translated material or verbally, as some people do not read.

Greater visibility of roles:

- It would be helpful if staff members in pharmacies had their names and positions visible. There is little awareness of what each staff member does. This would make pharmacy services more friendly and approachable.

Pooled pharmacy clinics:

- If appointments are not available at one pharmacy, they should be able to see whether appointments are available at other pharmacies.

Medical records:

- Issues may arise with pharmacists not seeing medical records.
 - There are plans for pharmacists to have access to “summary care records”, which detail ailments and medications.
 - Pharmacists are very reliant on what each person tells them. A pharmacist will not know what a person does not say, which could be valuable information for that person’s healthcare.
 - This is particularly troublesome for those who have difficulties with social communication, e.g. those with learning disabilities, dementia.
 - This would also help pharmacists develop deeper relationships with their customers.