Partnership Engagement Network (PEN)

Report of Conference held on 16th October 2019

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

Introduction

On 16 October 2019 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, voluntary, community and faith sectors came together for the third PEN Conference of 2019. There were over 70 participants in total.

Participants heard presentations on More People, More Active, More Often and Improving Access to Cycling & Walking – Mayor's Challenge Fund, followed by a whole room engagement activity on the subject.

Participants then took part in a choice of two workshops focussing on specific programmes of work across the public sector. There was also a "You Said, We Did" presentation on what had happened as a result of a workshop at a previous PEN Conference on Advanced Care Planning. A full agenda for the day can be found at appendix 1.

Facilitated Workshops

Six facilitated workshops took place to gain input on the development of options, emerging ideas and specific issues and challenges currently facing the economy. The approach to the workshops was flexible with the workshop leads facilitating individual workshops. 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:

- Health Inequalities: Closing the Gap
- Patient Experience and Service User Engagement (PESUE) Strategy
- Volunteer Strategy
- Co-operative Councils
- SAMMIE Campaign (Smoking, Alcohol, Mobility, Mental Health, Isolation and Elderly)
- Active Parks

The discussions and feedback captured from the 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 (3 to 8)

Post Conference Feedback Survey

All participants were invited to take part in a post-conference feedback survey. The key findings of the results include:

- Of those who responded to the survey, 90% of participants rated the PEN Conference as good (65% very Good, 25% good).
- The majority of participants (95%) rated the organisation of the event as good (45% very good, 50% good).
- All participants rated the presentations as good (35% very good and 65% good).
- Participants were invited to provide comments about the presentations. The key points that were raised in the comments were:
    - Informative; provides insight into the work of public services
    - Presentations could benefit from being more broad
    - The presentations gave good context to the event and its objectives
    - Good to hear feedback from previous engagements
    - Could be longer
    - Screen display could be improved
- The majority of participants rated the workshops positively – just under half rated 'very good' (45%) and 50% rated them 'good'.
- Respondents were invited to give comments about the workshops. Some of the key themes in the comments were:
    - More time for the workshops / more workshops
    - Made me feel part of the process
    - Good to learn about the work taking place locally
    - Workshop topics could be broader - PEN tends to focus on health and social care topics
    - Feedback for participants of each workshop after the event
    - Some naturally dominant individuals can take up too much of the workshop discussion time by focussing on their own personal issues
- 85% of those who responded said that they felt they were given enough opportunity to express their opinions.
- Respondents were asked for their thoughts and opinions on the Partnership Engagement Network. Some of the key themes were as follows:
    - Well organised
    - Good networking opportunity
    - Informative and interesting
    - ''Encouraging and inspiring to see so many people so passionate about such important and potentially life changing topics''
    - Residents need to be more engaged
    - Topics could broaden, lots of focus already on health
    - Good opportunity to be find out about developments in public services
    - Attendance from more organisations is needed especially members of the public
- Participants were asked about what topics they would like to see covered at future conferences. The suggestions included:

    - How young people can become involved
    - Disability
    - Mental health recovery services
    - Universal Credit, housing, homelessness
    - Poverty
    - Community care
    - Services for young people transitioning into adult services
    - Communicating change to services
    - Welfare rights
- Participants were given the opportunity to make any other comments about PEN generally. Key points included:
    - Bring in more members of the public
    - Needs a higher profile
    - Better use needs to be made of social media

A full breakdown of the responses can be found at Appendix 9

Appendices

The following appendices are attached:

• Appendix 1 – Conference Agenda

• Appendix 2 – Workshop notes; Mayors Challenge Fund Engagement Session

• Appendix 3 – Workshop notes; Health Inequalities: Closing the Gap

• Appendix 4 – Workshop notes; Patient Experience and Service User Engagement (PESUE) Strategy

• Appendix 5 – Workshop notes; Volunteer Strategy

• Appendix 6 – Workshop notes; Co-operative Councils

• Appendix 7 – Workshop notes; SAMMIE Campaign

• Appendix 8 – Workshop notes; Active Parks

• Appendix 9 – Post Conference Feedback Survey Findings

Appendix 1

PARTNERSHIP ENGAGEMENT NETWORK CONFERENCE

Date: Wednesday 16 October 2019

Time: 9.30am -2pm (Registration from 9am, lunch and networking from 1pm-2pm)

Venue: Hyde Town Hall, Main Hall, Corporation Street, Hyde SK14 1AL

A G E N D A

1.	**Welcome –** Jane McCall (Chair of Tameside and Glossop Integrated Care NHS Foundation Trust)	9.30am–9.35am
2.	**Introductions** – Helen Henderson-Spoors (Chief Executive Officer, Healthwatch Derbyshire)	9.35am – 9.40am
3.	**More People, More Active, More Often** (Annette Turner, Programme Manager, Public Health, Tameside & Glossop Strategic Commission) **Improving Access to Cycling & Walking – Mayor's Challenge Fund** (Lee Holland, Head of Environmental Services (Design and Delivery), Operations and Neighbourhoods, Tameside Council) ***This session will include interactive participation and engagement activity with all conference attendees.***	9.40am-10.50am
	BREAK (10 minutes)	10:50am- 11:00am
4.	**Breakout - Workshops – Round 1** (See overleaf)	11:00am-11:45am
5.	**Feedback – 1 key point from each table**	11.45am-11.50am
6.	**Breakout - Workshops – Round 2** (See overleaf)	11:50am-12:35pm
7.	**Feedback – 1 key point from each table**	12:35pm-12:40pm
8.	**Feedback Presentation – Advanced Care Planning "You Said, We Did"** (Fiona Horrocks, End of Life Care Facilitator for Care Homes and Community, Tameside and Glossop Integrated Care NHS Foundation Trust)	12:40pm-12:50pm
9.	**Close –** Helen Henderson-Spoors, Chief Executive Officer, Healthwatch Derbyshire	12:50pm-12.55pm
	LUNCH AND NETWORKING	

	WORKSHOPS
A	**Health Inequalities: Closing the Gap** – (Taira Shaffi, Interim Equality and Diversity Manager, Tameside and Glossop Integrated Care NHS Foundation Trust)
B	**Patient Experience and Service User Engagement (PESUE) Strategy** – (Rob Conyers, Head of Patient Experience, Tameside and Glossop Integrated Care NHS Foundation Trust)
C	**Volunteer Strategy –** (Karen Eato, Volunteer Service Manager Tameside and Glossop Integrated Care NHS Foundation Trust)
D	**Co-operative Councils** – (Jody Smith, Policy and Strategy Service Manager, Tameside and Glossop Strategic Commission)
E	**SAMMIE Campaign** – (Louise Atkinson, Greater Manchester Fire and Rescue Service)
F	**Active Parks** - (Annette Turner, Programme Manager, Public Health, Tameside & Glossop Strategic Commission)

Appendix 2

Whole Room Engagement Activity; Improving Access to Cycling and Walking – Mayor's Challenge Fund

The Mayors Challenge Fund (MCF) aims to kick start the delivery of Chris Boardman, the GM Cycling and Walking Commissioner's Made to Move report, and continue Greater Manchester's journey to becoming a city region where walking and cycling are the natural choices for shorter journeys. To support this there is The Bee Network infrastructure proposal, which aims to create the UK's largest cycling and walking network.

Find out more about Made to Move and The Bee Network proposal

The MCF has so far made £160 million available to deliver schemes across Greater Manchester, to be delivered between now and 2022. Tameside Council has had approval, in principle, funding for 11 schemes with 1 scheme pending a decision in the latest submission round.

The whole room engagement activity focused on key questions as set out below.

What kind of support might you need to be able to walk or cycle more for short journeys?

- Crossing Safety
- More litter bins
- Seating benches along the way
- Greening up routes
- Lighting
- Toilets
- Prevent longer journeys
- More people and natural surveillance
- More confidence
- Better infrastructure
- Good provision from schools and employers
- Good storage for bike- secure
- Priority for walkers and cyclists
- Cost of buying (Tameside Bike Project)
- Conflict between pedestrians and bikes in parks, canal and pavements
- Education of cyclist-kids and adults

Who might be the right person to offer that support?

- Keep Britain Tidy
- Highways Agency
- Local Authority
- Working with children and school education
- Publicity around litter picks
- Communities
- Neighbourhood warden
- Uniformity in Recycling
- Cultural changes
- Employers- Flexible Working
- Public Transport
- Members of the Public- Responsible Parking
- Friends and Family
- Social Networks- Carers

- Schools/ Volunteer Groups
- Clubs and peers (Family and Parents).
- Designated areas (to make it safer)
- Council Planning Department

Where might the best place be for you to get that support?

- Easier access- dropped kerbs
- Social Prescribing
- Community support groups
- More Tolerance from agencies i.e. Police
- Family, friends and clubs
- Fight anxiety fears of doing things alone
- counselling to get over fear
- Media groups to raise awareness

Where would the best place for you to have access to a bike? (e.g. in your home, in a town centre, at your GP, at a park, in a specific location such as a cycle track)

- At home
- At work
- At a park
- Transport link/hub

What would be the best way to get usage of one (e.g. own it, rent it, borrow it, share it)?

- Own it
- Rent it
- Share it
- Depends on Life Style

What kind of things prevent you being able to have/use a bike?

- Road safety
- Weather
- Distance of regular travel
- Practicality
- Negative attitudes towards cyclists
- Place to store fresh clothes at work
- Lack of cycle routes
- Lack of joined up routes
- Need dedicated routes
- Facilities at work

What do you know about the available cycle routes in your neighbourhood?

- Around the canal paths
- Bendy bollards
- Cycle paths from Ashton to Park Bridge
- Able to name a few specific paths
- There aren't many

Where would you look/ask to find out more about them?

- Google
- Biking Friends
- Google Maps
- Apps
- TFGM

- Council

Where would you go if you needed to fix or service a bike?

- Halfords
- Google
- Charity Cycle Shop
- Repair Café
- Chainlink
- Local bike shop
- Pop-up Bike Doctor
- Family members
- Youtube videos
- Hadfield bike shop

If you could walk or cycle where would you be most likely to go i.e. friend's house, shops, your GP?

- Walk to all three
- Walk to friends house but cycle to shops
- Limited to cycle or walk to the supermarket depending on shopping required
- Most would walk and cycle locally

Could you get the full way there without having to cross a busy road or junction?

- No

Would you be able to chain or lock your bike away safely at any of these places?

- Designated area to chain your cycle
- Secure, near reception or public access.

Appendix 3

Health Inequalities: Closing the Gap

Question: how do we close the gaps on inequalities in access to care by diverse groups through working with ICFT staff?

1) Develop the leadership – build an organisation that visibly role models the representation of the communities it serves.
2) Patient experience data – use the information from PALS and patient feedback to make changes with residents rather than for residents in informal settings
3) Work with the VCSE more closely – use the assets in communities like Housing Associations to inform treatment plans that are fit for purpose for people who live in social deprivation and use other services more closely
4) Management – train and develop managers to manage for diversity and inclusion
5) Curate stories into learning opportunities to be developed in partnership with service users
6) Create a culture of safety for patients who have had poor experiences and apologise to re-establish trust
7) Open the door for small informal groups working with vulnerable communities (like elderly Asian widows who don't speak English) to operate from Hospital sites in to build familiarity and safety for residents that prefer not to access services due to previous poor experiences
8) Enable Hospital volunteers to work in community
9) See follow up from patient complaints
10) Address the bias staff hold i.e. if you are over a certain age and elderly from a BME background, that you still have a voice and have not lost mental capacity to partner in your own care
11) When staff are rushed off their feet, remain compassionate

Appendix 4

Workshop; Patient Experience and Service User Engagement (PESUE) Strategy

Group 1 key questions – what matters to you? What would you like to see in our approach to improving patient and service user experience?

- Where is the link between clinical staff, patient groups? How is this embedded in care experience
- Need to consult with the community
- Integrated care model – issue? Patients registered in outside area GPs; integration breaks down outside of boundaries
- Acute – what does good look like? Some parts of care in hospital are great; but different consultant can mean different outcome.
- Concentration on secondary care? As for patient experience, need to be able to see patient experience throughout their journey not just in separate legs
- A good way to snapshot views would be visiting hospital talking to patients on their way out of receiving care in hospital. Patients need to trust who they speak to.
- In a hospital setting patients might have different ideas compared to when they are at home – might tell different story/not tell the truth. Especially if you have an issue with particular individual in that setting. This information needs to be collected for continuous improvement and needs to be communicated this way.
- Different methodology in capturing wide range of areas. Patches of good care but lots of gaps. Need to track where the system is working well and where it is falling down.
- NWAS have undertaken similar exercise – posters. Need to communicate with members of the public that feedback is taken on board.
- Where is the evidence that feedback is taken into consideration? Assurance not enough. Needs to be more robust, measured and shown how feedback is used. See change. Healthwatch – can use this to go to individuals and show what has been done
- Also needs to be done in a timely fashion. Not long enough so people forget.
- Inconsistencies in care – feels like a lottery.
- Though you can collect feedback, if you don't know what their entitlements are you can't measure if people are receiving commitments to their care e.g. dementia friendly. People don't know what they can expect.
- Measure how much people feel cared for?
- Improvement needs to be kept up and monitored
- Bureau Glossop – services based in TGH. Tameside Healthwatch interested in gathering info re people experience of services
- Having information about feedback be available to you? Use what feedback is available.
- Don't rely on PEN as way to connect with patient experience – have to go out and go to patients. Not just health groups – any other type of group.
- Encourage more public representation for people to have their say.
- Reputation issues in Tameside.

Group 2 key questions – what matters to you? What would you like to see in our approach to improving patient and service user experience?

- Branch out – good to talk to people in T&G but you also need experiences of people who have to go outside of T&G. Some T&G residents have experiences outside
- Staffing level is so low; stressed out and you can tell. Listening to patients & patient-centred not anymore. Staff are too stressed out to treat people as human beings. After 40 years of VCF work, the community is now very disillusioned. Having more staff important.
- Overall problem is too much demand, too few resources. Maybe further changes on the way but even with a lump of money we couldn't do much with it due to deprived area. Relatively unattractive to recruit people in. roughly 30 GPs short in T&G. The problem is how to manage expectations until we can see more resource allocation. Now treating diseases, to do with ageing, which 40 years ago wouldn't have been treated.
- Experiences can differ for different people e.g. by age or other demographics
- Social isolation and loneliness can impact upon health. However not just dependent on age but with age comes increased mobility issues. Need to address relationships with mental health wellbeing.
- The above creates a barrier to engagement? What is standing in the way of patient experience engagement?
- Challenges in the community / particularly across Greater Manchester – people can go to e.g. Salford then come home to Tameside and Glossop where the same service is not in place. Need to help people self-manage, including those who feel isolated.
- Not enough interest in discharge support. Social services & NHS used to work together but now is fractured. Transitions need to be smooth. Need to connect with people as well as connect departments.
- Some are informed and able to discuss issues, but there are lots of people who aren't aware of what is available. People with carers who can put them in touch with help can. But those who are isolated don't get that help. T&G has quarter of a million – need to manage connecting with patients in an area this size.
- Neuro-Rehabilitation Patient and Carer Network coming to Tameside – place to meet people. There are 7 around GM. Would like patient experience to be involved in this.
- Everyone who works clinically needs to be encouraged to take part and act upon patient experience.
- From patient experience point of view – you'd know where to go to get involved in service user engagement but question is not asked when patients leave hospital so how do they know.
- Discharge ticket home – produced a report: within hospital explaining what happens when discharged – follow-up that is needed. Actual procedures – processes not implemented because staff not trained how to use it properly. People not supported to be able to fill this out e.g. if don't have glasses or phone. Simple things affect patient experience.
- PALS – response rate? GM problem. Response important to people feeling they have been listened to.
- Needs a human face.

- Managing expectation important as well, some things cannot be solved completely and there is some element of self-care.
- Where negativity is building, patients also need to hear the positive as well. Need to be able to see a positive/improving image.
- Perception of NHS different – people see negativity from the media and relate to own experience. Was experience bad, were expectations too high. Upsetting experiences hard to balance.
- Not everyone empowered to have say in care if any disputes with care. Need to control expectations well. Focus on when things go right as well as when they go wrong.
- Patients could do with knowing more about what's going on behind the scenes.
- Need to instil confidence in people which affects people's experience.
- Patients need to be able to feel informed objectively by those looking after them.

Appendix 5

Workshop; Volunteer Strategy

Session 1

How do you think we could recruit more people to volunteer at Tameside Hospital?

Andy Richardson, owner of the Facebook group Hyde Past & Present, who has also set up Hyde Jobs & Trades (which advertises any local vacancies including volunteering opportunities) and Hyde Wellbeing for health information, offered his platforms to advertise for volunteering opportunities with the hospital. Other similar community groups may also be receptive.

Consider speaking to larger businesses like supermarkets to see if they'd allow their staff some volunteering hours. Most supermarkets have a community liaison. Hyde Morrisons' community liaison is called Sue James.

A local group for older people called Chinwags meets every Monday in Hyde. They have guest speakers and may be open to volunteering. The hospital may not get many volunteers from in that group; they're more likely to come from members' wider networks of friends.

Parent and child groups may be receptive for middle aged volunteers who don't work full-time and may have nothing to do when children are at school.

People may not understand that volunteering isn't a whole day commitment like doing clinical work, people can volunteer for short periods of time doing visitation etc. Volunteers are really only asked for 4 hours a week. "Bitesize volunteering" where people start volunteering for short periods of time but then will spend more time there should they enjoy it, so this should be made more apparent in communications.

Having to volunteer consistently every week can put off retirees, people might go away frequently/not want to feel like they're "going back to work." If people are made more aware of the flexibility of the opportunity from the start they may be more likely to give some of their time.

Physical leaflets may be effective in some places, for example Age Concern.

Advertising the teamwork aspect may encourage people to sign up for social reasons, and being part of a strong and supportive team will encourage volunteers to give more of their time.

Some patients don't have good English skills or have different cultural and faith needs, and the volunteering cohort should represent that. Building relationships with different communities through chaplaincies and doctors etc. may be a way to mobilise different communities.

Tameside Radio has been used in the past but not recently, reaching out to them may be effective.

Could volunteering opportunities be advertised in letterheads for other communications, either from the hospital or certain other letters from GPs or the council?

Showcase volunteering efforts so people can act as role models for others, perhaps by organising for a large body (e.g. the council) to donate some employee time for volunteering.

How do you think we could recruit the volunteers community at Tameside Hospital to mirror to the local community e.g. age, ethnicity, etc.?

SEE ABOVE

Are there any barriers to volunteering at Tameside Hospital?

Misconceptions about what you'll be doing, how long you need to spend there at a time, how great a commitment is needed (people may feel like they can't go on holidays or go away for periods of time).

The length of the time it takes to start volunteering- many people start the process but leave before they've been able to start contributing. Police checks and health checks take a very long time.

It takes approximately 2-3 months to recruit volunteers to work at Tameside Hospital. Any ideas about how we can retain them?

Try not to use "job language" so volunteers don't feel like they're working a job for free.

Session 2

How do you think we could recruit more people to volunteer at Tameside Hospital?

Jobcentre integration- flyers in the Jobcentre would be well-received.

Volunteers are given a mileage rate for driving to the hospital to volunteer, but could this be extended to include a cycling mileage rate?

One suggestion was to introduce a points system for the amount of time people spend volunteering, for example one point for every half day, which can be traded in at Christmas for small gifts etc.

Develop links with employers to donate employee time for volunteering; employees could give their own time in addition to employer time e.g. volunteering for two hours on release from work and then donating a further two hours of their own time.

How do you think we could recruit the volunteers community at Tameside Hospital to mirror to the local community e.g. age, ethnicity, etc.?

It's important to communicate all the benefits of volunteering e.g. socialising, staying active, etc.

Have art & design students design recruitment campaigns? Get people to think about "volunteering at the hospital" differently.

Are there any volunteer job roles you can think of which could assist us in providing a better patient experience?

Volunteering roles could be diversified e.g. gardening etc., as many people may want to contribute but don't feel like they can sit with patients for hours.

It takes approximately 2-3 months to recruit volunteers to work at Tameside Hospital. Any ideas about how we can retain them?

To retain volunteers it's important to support their development.

If volunteer roles are streamlined then the recruitment process might be simplified- if you won't have access to patients then the health check requirements may not be so stringent.

RAG ratings for roles by the health check requirements, making sure that there are some opportunities for volunteers to contribute away from patients while the health checks are being processed and giving volunteers a sense of progress and development.

Other comments

GP's surgeries are transitioning to a volunteering model; liaise with GP's surgeries to share the volunteer pool.

Appendix 6

Workshop; Co-operative Councils

Tameside Council has recently become a member of The Co-operative Councils' Innovation Network (CCIN). The aim of Co-operative Councils is to drive forward new co-operative approaches to transform the way local public services are delivered. The vision is to end the era of top-down services, and in future, residents and communities, rather than public sector organisations, will be in the driving seat. It is about giving local people choice and control over the services they use.

Those who participated in the workshop were asked to feedback on the vision and the key principles of a Co-operative Council. Participants also discussed existing examples of co-operative working locally and shared ideas on other ways of co-operative working.

The examples of, and further information about, co-operative working can be found on the Tameside Council website at: https://www.tameside.gov.uk/coopcouncil

Co-operative Working Workshop

Workshop 1

12 attendees.

- In addition to the examples of co-operative working mentioned on the handout and document provided, further examples across Tameside and Glossop were identified by workshop attendees which included:
    - Dane Bank Community Library
    - Health Champions
    - Waterloo Park: A monthly luncheon to tackle isolation
    - Parkinson's and Dementia Café in Hattersley
    - Diversity Matters North West walking groups
- The workshop group discussed how performance and progress for the improvement and development of co-operative working could be measured and the importance of doing so
- The workshop group identified one of the challenges facing community groups, voluntary groups, and other co-operative projects and initiatives is a lack of funding
- Without the voluntary sector co-operative working would be very difficult
- It was suggested it would be helpful for the council to enter into dialogue with voluntary groups to establish what they need and how the council can best support them
- An example of support which would help voluntary groups would be expertise and advice in back-office functions for voluntary groups, such as Human Resources, IT, legal, admin, as these tasks take a lot of time and voluntary groups are understaffed
- One particular area that needs support is General Data Protection Regulation legislation, which is a combination of IT and legal
- It is noted that Action Together (https://www.actiontogether.org.uk/) can provide some training to groups in relation to some of these topics
- Co-operative working should be integral to the development of Council's key policies e.g. Poverty, Homelessness

- Tameside Council should link with neighbouring local authorities such as Stockport, Oldham and Rochdale to see how we can work co-operatively on projects and identify best practice examples we can learn from. Being part of the Cooperative Council Innovation Network also means that the Council can benefit from best practice examples from other cooperative organisations both locally and nationally.
- The co-operative principles and values should be available in more accessible, plain English – it was noted that the wording and language of the principles are set nationally by the Cooperative Council Innovation Network

Workshop 2

8 attendees.

- Good communication is imperative to effective co-operative working – steps need to be implemented to improve and develop communication between the council and voluntary sector organisations
- For example the council providing certain products to a food bank when the food bank may already have a surplus of these items and require different ones
- One of the challenges we face as a locality is that the local authority area is Tameside whereas the Clinical Commissioning Group area is Tameside and Glossop
- It is important for people from High Peak and Derbyshire to be engaged and involved in the Partnership Engagement Network Conference. Discussions have already taken place between the authorities regarding PEN and ensuring Glossop residents are engaged. Additional contact details for High Peak Council officers were provided by one of the workshop attendees to help facilitate this process further. High Peak have adopted similar co-operative principles, so linking with them through the Co-operative Councils' Innovation Network would be one route of engagement
- In addition to the exchange of the High Peak contact details, further contact details were provided from other members of the workshop group for the purposes of linking a local Patient Participation Group with the local Patient Neighbourhood Group
- Discussion took place around how the Partnership Engagement Network has facilitated networking, identification of contacts and exchanging contact details
- Through PEN, public sector organisations and community groups can forge links and build relationships, which helps organisations in the local area work in a more co-operative way
- Community groups in Tameside can work with Action Together to become part of the social prescribing network
- By liaising with Healthwatch Derbyshire, better links with Derbyshire County Council and High Peak Council can be established

Appendix 7

Workshop; SAMMIE Campaign

Every fatal fire in Greater Manchester (GM) is investigated, not only to understand how the fire started, but also to identify what other factors contributed to the person having a fire in the first place, so that we can develop prevention approaches to mitigate these in the future. Learning from our previous fatal fires has supported us to develop one of our main prevention tactics – a home visit, known as a Safe and Well visit. These visits, based around a person centred fire risk assessment, aim to improve the safety of vulnerable people at increased risk of fire.

The visits take into account three elements – the person, their environment, and their occupations (i.e. what they do in their homes). We are working closely with partners across Tameside to identify vulnerable people at increased risk of fire. Keep SAMMIE Safe Campaign is a joint initiative between GMFRS and Pennine Care NHS Foundation Trust. Launched in late July 2019 and running until the end of the year, the campaign is based around SAMMIE, which stands for Smoking, Alcohol, Mobility, Mental Health, Isolation and Elderly, the key profile factors of a person at increased risk of fire.

<u>Workshop 1- SAMMIE Campaign</u>

Who do we think is at risk of fires?

- People who smoke as they are more likely to drop their cigarette and some people may not notice.
- An elderly person as they tend to forget more and could leave the oven on.
- Someone under the influence of alcohol and drugs
- People who take medication as some tablets can make you drowsy. People may fall asleep and leave the chip pan or oven on.
- Someone who is tired.
- It could be the case of old wiring in the property.
- People who live alone.
- People with learning disabilities.

What do you think are the main causes of fire in the home?

- Chip pan
- Candles
- Smoking
- Heaters
-

What do you think about ‘SAMMIE’?

- It’s quite memorable.
- It’s like the stroke advert.
- (The picture of the person is gender neutral) someone said it looks like a male and another person said they thought it was a female.

Workshop 2- SAMMIE Campaign

Who do we think is at risk of fires?

- People who are tired as they could leave the oven on or may not be thinking properly and leave a metal spoon or fork in the microwave.
- People who take medication as they can sometimes make you forget things.
- Someone who is under the influence of drugs and alcohol.

What do you think are the main causes of fire in the home?

- Fires and heaters
- Cooking
- Old wiring
- Candles

Appendix 8

Workshop; Active Parks

Our overall objective is to make our most treasured spaces, Tameside's Parks, as inviting and physically active as possible. One of the ways we are looking at doing this is by placing play and sports equipment in our parks free to use for residents in the borough. We held the Active Parks Workshop as the first of a series of engagements to get a flavour of people's thoughts on the equipment, which was gratefully lent to us from our partners, and provided a series of questions on attendee's thoughts and feelings whilst they used the equipment.

Whist there we also observed behaviour of the attendees and took notes on the conversations between each of them noting down any useful insights, comments and conversations around the equipment and physical activity. We also engaged in conversations with attendees to tease out more in-depth qualitative data which we captured to improve the project we are looking to implement.

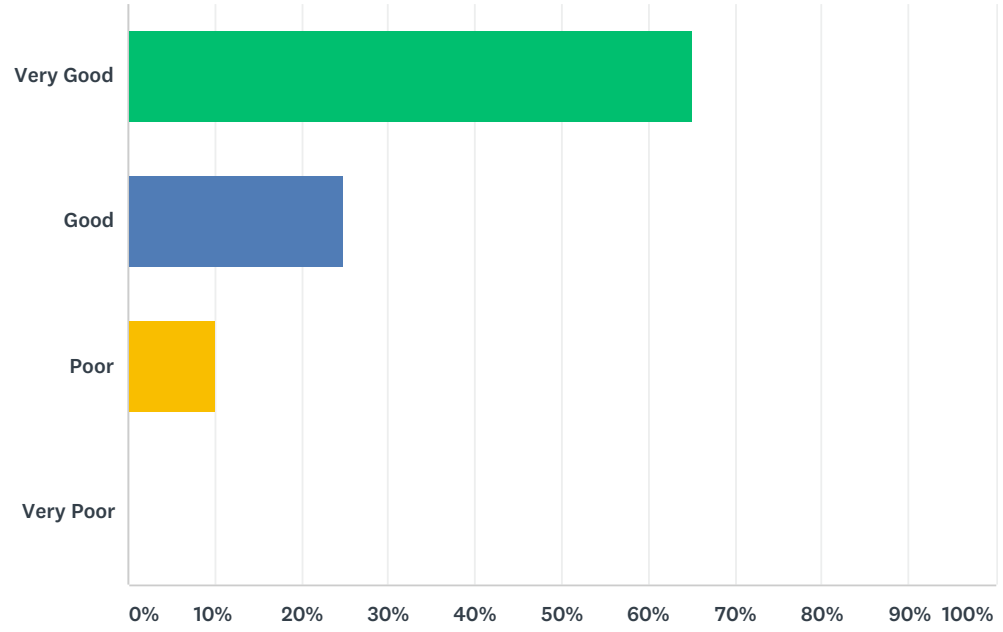
The consensus was that people thoroughly enjoyed the games and activities which had been provided and many of the attendees stated the games/sports brought back memories of being a child which they would love to share with younger children and grandchildren or to get involved with family, friends, or people they didn't know. They felt their energy levels increase as a result of the activities. They provided us with ideas of other games, activities, and equipment we could provide in our parks as well as telling us their opinions on the equipment that was provided. And lastly they rated highly that they would either use the equipment in parks if it was provided and donate equipment for the benefit of the community.

From this we intend on consulting with other audiences to target different demographics and levels of ability. Once we have a balanced and more in-depth analysis of the wants of people from different demographics we can move towards potential implementation once the appropriate supporting work around access to the kit has been established.

We thank the attendees for taking part in our workshop, being attentive throughout and being constructive in their feedback.

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

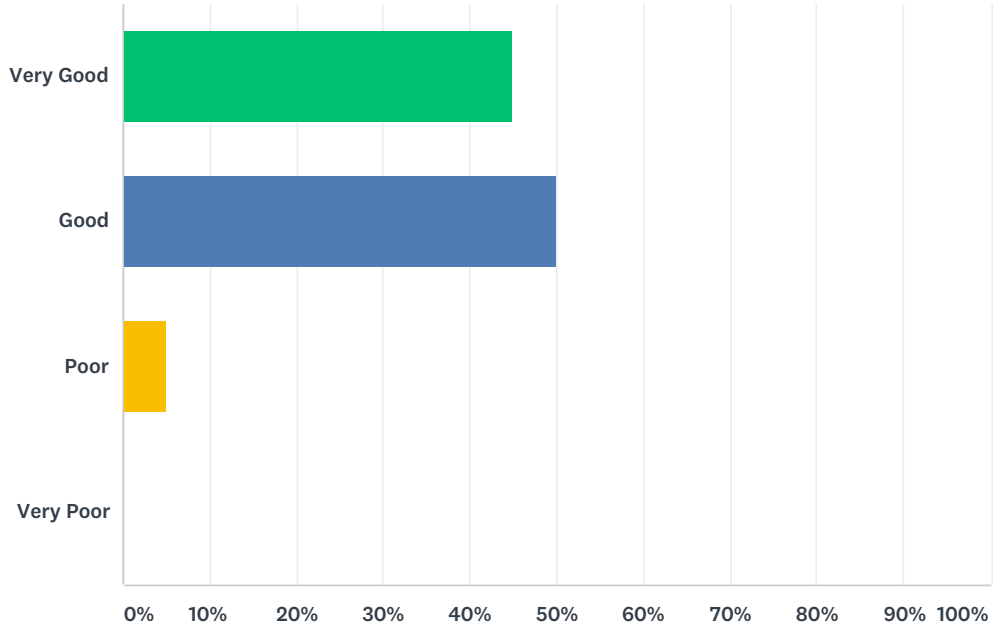
Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	65.00%	13
Good	25.00%	5
Poor	10.00%	2
Very Poor	0.00%	0
TOTAL		20

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

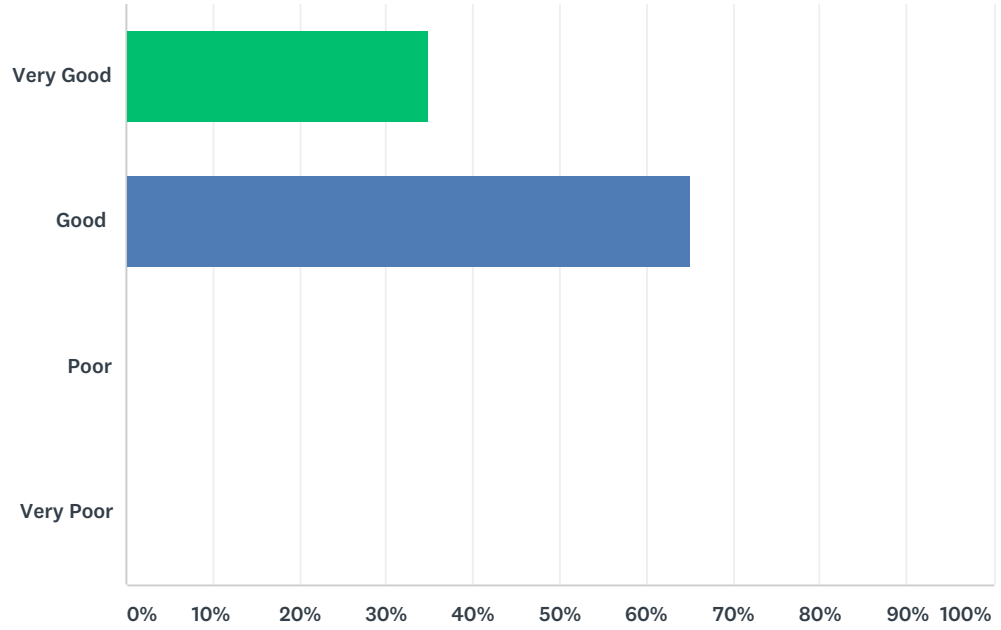
Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	45.00%	9
Good	50.00%	10
Poor	5.00%	1
Very Poor	0.00%	0
TOTAL		20

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

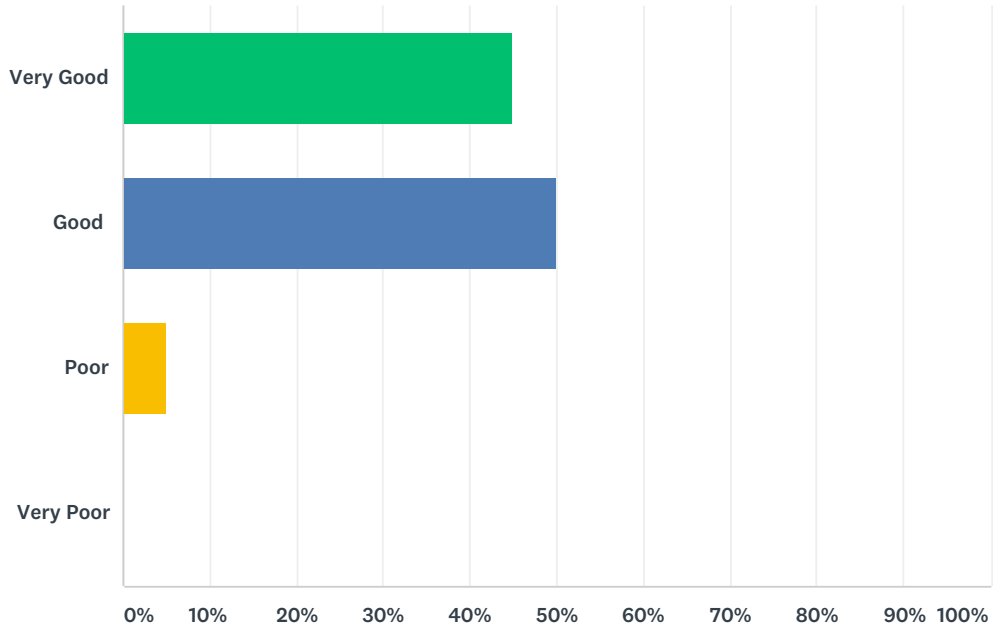
Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	35.00%	7
Good	65.00%	13
Poor	0.00%	0
Very Poor	0.00%	0
TOTAL		20

Q6 How would you rate the workshops overall?

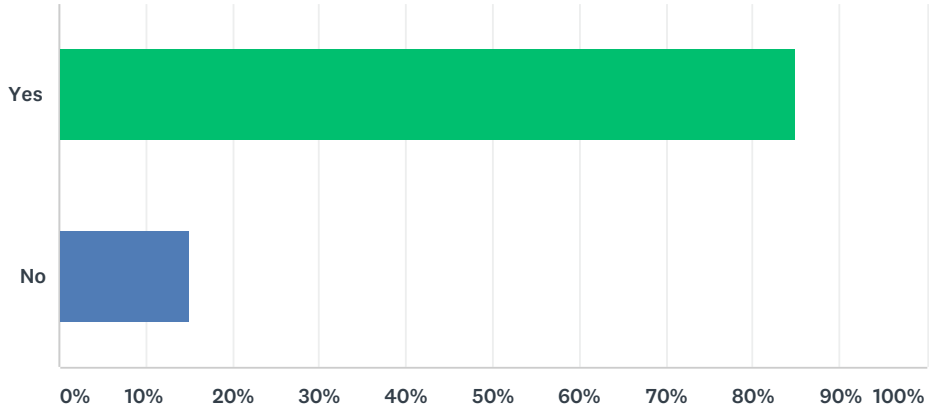
Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES	
Very Good	45.00%	9
Good	50.00%	10
Poor	5.00%	1
Very Poor	0.00%	0
TOTAL		20

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

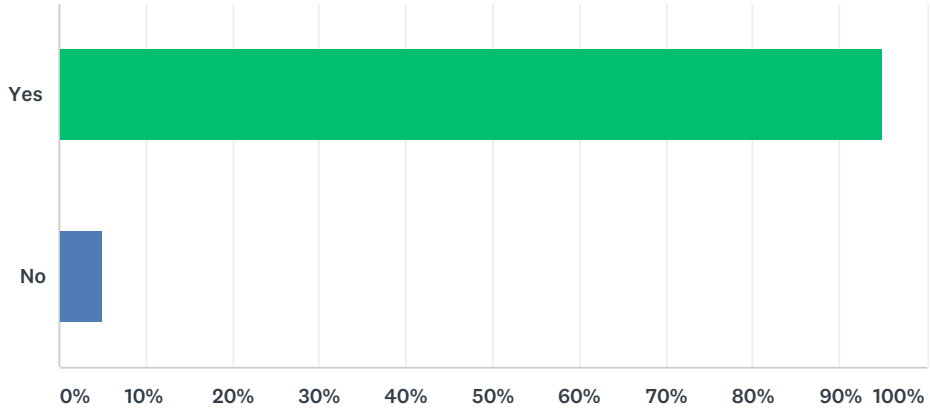
Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	85.00%	17
No	15.00%	3
TOTAL		20

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

Answered: 20 Skipped: 0



ANSWER CHOICES	RESPONSES	
Yes	95.00%	19
No	5.00%	1
TOTAL		20