

West Yorkshire & Harrogate Health and Care Partnership

Long Term Plan voluntary and community
sector engagement showcase event

May 2019

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1. Purpose of the Report

The purpose of this report is to present the findings from the West Yorkshire and Harrogate (WY&H) Health and Care Partnership (HCP) Long Term Plan voluntary and community sector engagement event which took place on Tuesday 21 May at Kala Sangham Bradford.

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

2. Background and purpose of the event

2.1 National

The NHS Long term plan was published on 7 January 2019 and sets the direction of travel for the NHS over the next ten years. The document addresses some of the ways that we want to improve care for people over the next ten years; including making sure everyone gets the best start in life; reducing stillbirths and mother and child deaths during birth by 50%; taking further action on childhood obesity; increasing funding for children and young people's mental health; reducing waiting times for autism assessments. It also includes the importance of delivering world-class care for major health problems; preventing 100,000 heart attacks, strokes and dementia cases; investing in spotting and treating lung conditions early to preventing 80,000 stays in hospital and delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

The VCS's valuable and distinctive contribution to the lives of local people has been delivered through the spirit of empowerment enabling people to be active citizens and develop a more sustainable environment. The VCS has also tackled deprivation and helped create more prosperous communities not only in terms of wealth but in terms of social capital, personal confidence and resilience.

One of the key features of the VCS is its ability to quickly adapt and respond to research and innovation, even in very specialist fields. Furthermore, the VCS has a good understanding of local issues enabling the sector to work with statutory providers to achieve common goals. It influences public policy, ensures that issues are addressed and helps to facilitate solutions.

2.2 Local

The 'VCS2020' strategy VSC2020 strategy focuses on 4C's:

- Community engagement – developing a 'voice' for the communities of WY&H; in partnership with our Healthwatch colleagues
- Commissioning – enabling VCS organisations to participate in the influencing and delivery of local healthcare services
- Capacity building – enhancing the skills and competences of VCS organisations to work together collaboratively
- Communication – ensuring we communicate transparently and that all messages are consistent across WY&H

Voluntary and community organisations as partners

We will not achieve our ambitions without the involvement of voluntary community organisations and local communities in the development and design of our work.

Working alongside our communities is an important part of our partnership - seeing the people we serve as assets and partners, and not as problems. Working alongside local communities, ward councillors, council colleagues, voluntary community organisations and many others is essential if we are to improve the health of our communities. We want a changed relationship with local people, built on trust and empowerment, where the benefits of self-care and prevention strategies can really flourish.

A big part of this is not presuming we know what people think, but asking and listening instead. There is a wealth of expertise across WY&H and communities are better placed than us to know what they need and to make positive change happen.

If we are to genuinely work alongside communities as equal partners, then we need to change our relationships and build trust. We have good leadership from the voluntary sector, and we are attracting support from Healthwatch, NHS England, Nurture Development and National Voices to help us to think about our next steps.

This important work will be as fundamental to the future as getting future staffing in place.

Harnessing the Power of Communities Programme

Our vision is to establish a new relationship with our communities built around good work on the co-production of services and care. Our intention is to support people to self-care, prevent ill-health, the implementation of the Long term plan and to join-up community services, which see people as assets and not issues.

We rely on the involvement of the wider VCS in strategy development, leadership, engagement and service delivery. We will form new relationships, support innovative ways of working, and the development of community capacity building.

Engaging communities and using their assets and strengths are a theme running through the WYHHCP plans. The Harnessing Power of Communities (HPoC) workstream aims to support this theme and the voluntary sector has engaged with the ICS through existing network structures.

The HPoC leadership group is working to promote the sector as a system leader that can bring significant value in planning and implementation. This includes working to identify and deliver effective third sector interventions on a greater scale.

2.3 Purpose of the event

The purpose of the event was to bring a range of stakeholders from across WY&H to discuss and the impact of NHS Long Term Plan on our communities and specifically how the Voluntary and Community Sector (VCS) can work in partnership with other parts of the system to support some key actions within the Long Term Plan around mental health, social prescribing, admission avoidance at A&E and VCS delivery as part of the primary care network model.

An engagement plan for the event can be found in appendix 1.

3. Principles for Engagement

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

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

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

Key drivers and legal obligations can be found in appendix 2.

4. What we already know

The VCS is working really hard in every place of our partnership; some of our places are more developed than others with robust networks to support community engagement, great sector support services to enable capacity building and communication within and across the VCS and organisations established to support the commissioning of the smallest VCS providers in their place. This is not equal across our partnership and to truly support the VCS across the partnership, we need to ensure all our places are able to reach, communicate with and support the smallest of our VCS providers.

Our local VCS services are popular with local people, they help our public partners to achieve the social value requirements of public spending and remain flexible, adaptable and responsive supporting system-wide service changes quickly. There are many examples of great work of our VCS; visit [here](#) to find out more about some the projects funded by WYH HCP.

The Building Health Partnerships (BHP) Programme

The Institute for Voluntary Action Research (IVAR), through its BHP programme, is working with Integrated Care Systems (ICSs) across the country to help build relationships between ICS partner organisations, local people and the voluntary, community and social enterprise (VCSE) sector.

For West Yorkshire and Harrogate, the aim of this collaboration has been to improve the health of people across two specific localities, Calderdale and Wakefield, through two very different initiatives that both emphasise the importance of prevention and self-care. Calderdale's focus has been on musculoskeletal (MSK) conditions and this work began at an event in Halifax in November last year which was attended by representatives with personal experience of MSK, and those who provide support for people with such conditions. Attendees worked with VCSE organisations, commissioners, MSK health professionals and community groups to explore how partnership working can help improve health outcomes for local people who live with MSK conditions, and how we can reduce the numbers of people who are affected by these conditions through awareness and prevention.

Avoiding the development of an MSK condition was a recurring theme on the day and a group of local students attending the event were keen to see creativity in the way available spaces and resources in Calderdale are used to offer more opportunities for people of all ages to take part in physical activity. The group has arranged walks for local youngsters and is in the process of organising activities for children with disabilities to make sure that these events are available for all.

For the Wakefield project, the Partnership in collaboration with Wakefield Council's Public Health team, worked with its partner organisations, local people and VCSE groups to raise awareness of eye health. Half of all cases of sight loss are preventable and one of the key factors in preventing sight loss is having regular sight tests.

Several community groups were introduced to the Eyes Right Toolkit which is a simple tool designed to screen near and distant vision in adults that can be used by anybody. This vision screening tool gives a good indication if there is a problem with the eyes that would need further investigation. One Wakefield community group, Havercroft Parent Forum, used the toolkit to offer free vision screening at their fun day in May 2019 and are keen to spread the word throughout their community that having regular sight tests could save your sight. IVAR's BHP initiative has highlighted the fact that medical professionals aren't the only ones who can support people with prevention and self-care around MSK conditions and eye health. There are many dedicated support groups, organisations and enthusiastic individuals who can work alongside the medical profession to help people have a better quality of life through simple but effective campaigns and activities that everyone can get involved with.

5. Methodology

West Yorkshire and Harrogate Health and Care Partnership held a half day Long Term Plan voluntary and community sector engagement event on Tuesday 21st May at Kala Sangham in Bradford.

The event provided an opportunity for an open and honest conversation about the vision for the VCS in the long term plan and the WY&H five year plan.

The aim of the event was to:

- To help create a wider understanding of the work of the Partnership so VCS can feel more involved / engaged
- To help with increased understanding of the Long Term Plan and how VCS can influence locally
- To help create more involvement at a WY&H HCP level

This event was an essential part of our engagement process and included a wide range of representatives from:

- VCS organisations including Healthwatch
- Local authorities
- NHS England
- CCG's
- NHS Foundation Trusts
- WY&H programme leads



As a partnership we are committed to open and honest conversations to develop solutions together. It is important that we work in collaboration with all of our partners and stakeholders within the Partnership. This event will be another step to genuine and authentic conversations about how we can work together to support the work we are doing as a system. The agenda for the event can also be found in appendix 3.

6. Showcase event

Stakeholders were invited by invitation (see appendix 4) and were asked to complete a registration form (see appendix 5) and highlight any dietary requirements or additional support required. To ensure there were representation from across West Yorkshire and Harrogate across section of stakeholders were invited as mentioned above.

6.1 Presentations

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

- Welcome and introductions – Dr Soo Nevison, programme lead for the VCS work Chief Executive Officer Community Action Bradford & District
- West Yorkshire and Harrogate Health Care Partnership: What the Long Term Plan (LTP) means for our Integrated Care System – Sean Rayner, Director of Provider Development South West Yorkshire Partnership NHS Foundation Trust

Presentations (below) were also delivered by the Building Health Partnerships (BHP) programme and the Harnessing the Power of Communities VCS-led projects;

- Calderdale (BHP and HPoC), Voluntary Action Calderdale; Hebden Bridge Community Association, , Staying Well Project
- Bradford (HPoC) Royds Community Association
- Harrogate (HPoC) Community First Yorkshire Harrogate
- Kirklees (HPoC) - Better in Kirklees Social Prescribing Service
- Leeds (HPoC) - Leeds Community Foundation Wakefield (HPoC)
- Age UK Wakefield District

The presentations used can be found by visiting our website [here](#).

6.2 Market Place Stalls

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



6.3 Gathering views

Following the presentations, participants were asked to contribute to table discussions around four subjects, which are below. People had the opportunity to discuss 2 of the topics from within the LTP. Each discussion lasted around 30 mins.

- Social prescribing
- Primary Care Networks
- A&E avoidance
- Mental health

During the table discussions each table were asked to think about the following questions;

- What opportunities and challenges does the Long Term Plan provide the VCS?
- What good practice are we able to see emerging from each place?
- What more can the Partnership do to support VCS delivery in the future?

A data capture sheet was provided for scribes to capture table discussions (see appendix 6).

An evaluation form (see appendix 7) also gathered people's views at the end of the event, and provided a final opportunity for participants to tell us anything they thought we should know.

This was a paperless event and delegates did not receive event packs information was uploaded to the website before the event. The following information was left on each table:

- Agenda
- Delegate list
- Evaluation form
- Equality monitoring form
- WY&H HCP [Next Steps document](#)

The WY&H HCP communications and engagement team used social media platform Twitter to promote the event. Audience members were encouraged to use Twitter giving immediate feedback of the event. WY&H HCP Twitter address is @WYHpartnership.

A post event news feed can be found on our website at the following link <https://www.wypartnership.co.uk/news-and-blog/news>

7. Findings from the showcase event

The event took place on Tuesday 21st May at Kala Sangham, Bradford with over 80 people in attendance.

The findings from the event are captured below and include all the feedback received from the workshop discussions and the evaluation form. Raw data can be found in appendix 6

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

7.1 Table discussions

The conversations took place around five tables with people moving to another table after 30 minutes. People were asked to think about a series of questions whilst talking about the topics below;

- Social prescribing
- Primary Care Networks
- A&E avoidance
- Mental health

The series of questions asked and findings are below; raw data can be found in appendix 6.



Q1. What opportunities and challenges does LTP provide the VCS?

Key themes from each of the tables for all topics were;

Opportunities

Services and VCS organisations being able to work in collaboration and providing better access to health systems and local solutions such as peer support and effecting communication and engagement. Provide more insight to other services, local intelligence and data. Sustainability, new ways of working and raising the profile of VCS organisations.

Challenges

Ensuring funding is genuine, appropriate and distributed appropriately. Appropriate evaluation and monitoring in place ensuring support and requirements meet the needs of all organisations.

Q2. What good practice is emerging from each place?

Key themes from each of the tables for all topics were;

- Partnership working and better conversations and demonstrating what's gone well
- Engagement and involvement with VCS, patients and public, and person centred approaches

Detailed good practice emerging from each place can be found in appendix 6 raw data

Q3. What more can the Partnership do to support VCS delivery in the future?

Key themes from each of the tables for all topics were;

- Long term funding and ensuring it is allocated appropriately across the system creating sustainability
- Provide support networks
- Sharing good practice and the learning

Action planning

Due to the rich and lengthy discussions that took place throughout the morning and afternoon the action planning part of the event didn't take place. The wealth of ideas and views that came from all participants during the discussions which are included in this report will inform the key priorities and actions for future planning for the programme in 2018 / 2019.

7.2 Event evaluation

Each person who attended the event was asked if they could complete an evaluation form. 23 people completed or partially completed an evaluation form. The raw data can be found in appendix 7.

People were asked to rate the presentations (including content and presenter) – to see if the information was presented in a way that people could understand by circling an appropriate number with 1 being no understanding at all and 10 being completely understand.

They were also asked to rate the table discussion (including facilitators) to see if they were able to contribute fully, tell us everything they wanted to and feel that they were being listened to by circling the appropriate number - 1 being no not at all and 10 being yes completely

The presentations scored highly with 22 people scoring 10 and the lowest score being 3. Table discussions scored between 3 and 10 and the organisation of the event scored highly with 4 people rating it very good.

People told us;

- This was an excellent event. Perhaps run in future with more involvement from GP's, Social Care
- Kirklees slides not easy to read – might be better if lights were turned off
- Why not try a different approach – instead of top down, holistic view at MACRO level. Local GP's are contractually required to have patient and public groups and some of the produce booklets on community groups. This is social prescribing at local level but some PPG's don't have them. WY&H could speak to the regular patient networks. If you would like to develop this I am on a Patient Network Steering Group and would be happy to help.
- Very good workshop/ event with plenty of time for discussion

8. Equality

Over 80 people attended the event. 24 people completed or partially completed an equality monitoring form (see appendix 8).

Out of the 24 people who completed the equality monitoring form 15 were female and 11 were male aged between 30 and 72. 3 people stated their ethnic minority as other. 4 people identified themselves as have a disability. The disabilities selected were physical or mobility impairment, learning disabilities, sensory impairment and long term condition. There were 7 people who identified as a carer. Raw data can be found in appendix 9.

9. Overall findings and key messages

Overall key messages from the event are below;

People were concerned about making sure **funding** is long term and made available to create **sustainability**. Ensuring funding is distributed appropriately across the system to ensure allocation in the right places.

Raising the profile of the VCS and ensuring they get the appropriate **support** the need was also important to people.

Working in **collaboration**, **sharing the learning** and demonstrating **what's been done well** was also important to people. Along with ensuring person centred approaches and engagement with patients and public.

10. How the findings will be used

This report of findings will be reviewed by WY&H HCP VCS who will consider next steps to develop an action plan and timescales for delivery for the VCS programme

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



West Yorkshire & Harrogate Health and Care Partnership

Long Term Plan unpaid carers engagement event plan

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1. Purpose of the plan

The purpose of this plan is to describe how we will deliver this Carer Long Term Plan event which aims to provide an opportunity for an open and honest conversation about the vision for carers in the long term plan and our WY&H five year plan.

This plan will include;

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

2. Background

The NHS Long term plan was published on 7 January 2019 and sets the direction of travel for the NHS over the next ten years. It sets out some of the ways that we want to improve care for people over the next ten years; including making sure everyone gets the best start in life; reducing stillbirths and mother and child deaths during birth by 50%; taking further action on childhood obesity; increasing funding for children and young people's mental health; bringing down waiting times for autism assessments. It also includes the importance of delivering world-class care for major health problems; preventing 100,000 heart attacks, strokes and dementia cases; investing in spotting and treating lung conditions early to preventing 80,000 stays in hospital and delivering community-based physical and mental care for 370,000 people with severe mental illness a year by 2023/24.

2.2. Local context

Voluntary and community organisations as partners

We will not achieve our ambitions without the involvement of voluntary community organisations and local communities in the development and design of our work.

Working alongside our communities is an important part of our partnership - seeing the people we serve as assets and partners, and not as problems. Working alongside local communities, ward councillors, council colleagues, voluntary community organisations and many others is essential if we are to improve the health of our communities. We want a changed relationship with local people, built on trust and empowerment, where the benefits of self-care and prevention strategies can really flourish.

A big part of this is not presuming we know what people think, but asking and listening instead. There is a wealth of expertise across WY&H and communities are better placed than us to know what they need and to make positive change happen.

If we are to genuinely work alongside communities as equal partners, then we need to change our relationships and build trust. We have good leadership from the voluntary sector, and we are attracting support from Healthwatch, NHS England, Nurture Development and National Voices to help us to think about our next steps.

This important work will be as fundamental to the future as getting future staffing in place.

Harnessing the Power of Communities Programme

Our vision is to establish a new relationship with our communities built around good work on the co-production of services and care. Our intention is to support people to self-care, prevent ill-health, the implementation of the Five Year Forward View (FYFV) and to join-up community services, which see people as assets and not issues.

We rely on the involvement of the wider VCS in strategy development, leadership, engagement and service delivery. We will form new relationships, support innovative ways of working, and the development of community capacity building.

Engaging communities and using their assets and strengths are a theme running through the WYHHCP plans. The Harnessing Power of Communities (HPoC) workstream aims to support this theme and the voluntary sector has engaged with the ICS through existing network structures.

The HPoC leadership group is working to promote the sector as a system leader that can bring significant value in planning and implementation. This includes working to identify and deliver effective third sector interventions on a greater scale.

Areas of focus

This '[VCS2020 strategy](#)' VSC2020 strategy focuses on 4C's:

- Community engagement – developing a 'voice' for the communities of WY&H; in partnership with our Healthwatch colleagues
- Commissioning – enabling VCS organisations to participate in the influencing and delivery of local healthcare services
- Capacity building – enhancing the skills and competences of VCS organisations to work together collaboratively
- Communication – ensuring we communicate transparently and that all messages are consistent across WY&H

3. Purpose of the plan

The purpose of this plan is to describe how we will deliver a Voluntary Community Sector (VCS) Long Term Plan event which aims to provide an opportunity for an open and honest conversation about the vision for VCS in the long term plan and our WY&H five year plan.

This plan will include;

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

4. Overview of the event

Key speakers who will support this event will be Dr Soo Nevison West Yorkshire and Harrogate Health and Care Partnership programme lead for the VCS and Chief Executive Officer Community Action Bradford & District. Sean Rayner, Director of Provider Development, South West Yorkshire Partnership NHS Foundation Trust and key speakers from VCS organisations from across the 6 areas (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield) from who will be sharing the work from the Harnessing the Power of Communities workstream within the WYH HCP and how each of our 6 places (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield) have invested money in VCS led activities. And an update on the peer support workforce development programme and the Building Health Partnerships projects taking place in Calderdale and Wakefield.

The workshop will start at 9.00am until 2.30pm and will be held at Kala Sangham in Bradford. Registration will start from 9:00am and there will be an opportunity to have a networking lunch from 1:00pm.

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

The purpose of the event is to bring together a range of stakeholders from across WY&H to seek their views on the long term plan for carers and align the WY&H carers' strategy with the long term plan.

Stakeholders will be invited to by invitation (see Appendix 2).

This event is an essential part of our process where we will demonstrate that we have taken the time to fully consider the views of carers in West Yorkshire and Harrogate, the Partnerships Five Year strategy and the Partnerships Carers strategy.

3.1 Delegates

The stakeholder list is continuously updated and refreshed as an essential part of our commitment to ensure we engage across all sectors and that it is meaningfully representative. A range of stakeholders across WY&H organisations include;

- VCS organisations including Healthwatch
- Local councils – Calderdale
- Local councillors and MPs
- WY&H cancer alliance
- WY&H programme leads

5. Objectives of the event

The objectives of the event are;

- To help create a wider understanding of the work of the Partnership so VCS can feel more involved / engaged
- To help with increased understanding of the Long Term Plan and how VCS can influence locally
- To help create more involvement at a WY&H HCP level

4.1 Proposed agenda for the event

Time	Activity
09:00	Registration (refreshments on arrival)
09:30	Welcome – purpose of the day
10:00	Projects (speakers)
11.30	Break
11.45	Discussion
11.45	• Social prescribing (Wakefield)
11.55	• PCN investment
12.05	• Diversion from services / by referral from A&E to VCS). Does this say ambulances? (YAS)
12.15	• Mental health (Mind/ Peer)
12.35	Feedback
12:45	Next steps and close
13.00	Market /networking
14:00	Close

5. Communications

The communications required prior to and after the event are set out below. The development of these materials will be led by the communication and engagement team as part of a planned approach to delivering the event.

The lead facilitator will provide a briefing to table facilitators and scribes before the start of event.

Pre event activity:

- To identify interested stakeholders
- To develop an invitation
- To co-ordinate the development of presentation material
- Develop discussion material and mechanisms to capture discussions
- Develop signing in sheets
- Social media

This event is a paperless event and all information can be found on the website [here](#).

Post event activity:

- To type up all notes and flip charts etc.
- Analyse the event discussions
- Oversee the production of the event report
- Feedback the findings to participants with a covering letter to thank them for participating
- Feedback the findings to other stakeholders who have expressed an interest
- Publish the event report on the Partnerships' website
- Social media

6. Presenters, facilitators and venue

Presenters:

- Soo Nevison – WY&H HCP programme lead for the Voluntary and Community Sector
- Sean Rayner - Director of Provider Development , South West Yorkshire Partnership NHS Foundation Trust
- Dipika Kaushal;CEO, Voluntary Action Calderdale
- Graham Mynott, Executive Director Hebden Bridge Community Association
- Farrakh Hafiz Coordinator, Staying Well,
- Sheila Jackson – Volunteer, Reachout Project Better in Kirklees
- Kay Wright, Service Manager ROYDS
- Mark Hopley, Head of Community Support and Volunteering, Community First Yorkshire Harrogate Place
- Tamsin Macdonald, Team Manager Better in Kirklees Social Prescribing Service
- Katharine Greathead, Head of Evaluation and Impact Leeds Community Foundation
- Nathaniel Bee, Director of Operations – Commercial Services Age UK Wakefield District

The communications and engagement team will be responsible for the development of the presentation material. Biographies of each presenter will also be required for the delegate packs.

Presentations required on the day:

- Welcome – purpose of the day
- Slide for toilets/phones/hearing loop etc.
- West Yorkshire & Harrogate Vision / Overview
- National context for carers on the LTP
- Show and tell WY&H and Nationally
- Table Discussion information
- Feedback and next steps

Facilitators:

- Pip Goff Forum Central
- Dipika Kushal CVAC
- Mark Hopley Community First Yorkshire

- Nathaniel Bee Age UK

Scribes:

Facilitators to scribe on the day

Facilitators will collect their tables' material including the notes they have captured and be responsible for typing up their notes and sending them to the communication and engagement team.

Workshop facilitator:

The event will be chaired by Soo Nevison

The communication and engagement lead will manage the agenda, present house-keeping; introduce each presenter and the activities.

Venue management:

The communications and engagement team will lead and manage the event which will include setting up the venue, providing AV and a roaming mic, managing up load of presentations and room set up, registration, packing up and transporting equipment and collateral.

Seating arrangements:

Room layout: the room layout will be cabaret style and we anticipate up to 100 attendees for the event.

Refreshments/Lunch: We will provide refreshments on arrival and during the morning and afternoon break and lunch

7. Budget

The stakeholder event will be funded from NHS England. The resources and budget required are listed below:

Budget – VCS LTP engagement event	
Item	Estimated Cost
Venue Hire – VCS budget?	£375.00
Refreshments and lunch – VCS budget?	£458.00
Equipment hire – PA system, projector – within cost of venue	Inc.
Travel and subsistence and out of pocket expenses – if requested	£89.10
Interpreter costs/BSL if requested	Nil
Printing costs	Nil
Estimated TOTAL	£922.10

Appendix 2– Key drivers and legal obligations

Health and Social Care Act 2012

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

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

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

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

The Equality Act 2010

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

The NHS Constitution

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

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided

In the decisions to be made affecting the operation of those services



Appendix 3 – Agenda

**West Yorkshire and Harrogate Health and Care Partnership (WYH HCP)
NHS Long Term Plan (LTP) and
Harnessing the Power of Communities (HPoC) showcase event
Kala Sangam, Bradford
Tuesday 21st May 2019
9.30am to 14.00pm**

Agenda

Purpose of the event: To share the learning of VCS delivery within WYH HCP projects and to discuss the opportunities and challenges for VCS delivery within the NHS LTP

Aims:

- Share case studies from HPoC projects
- Aid understanding of Building Health Partnerships project
- Learn about progress within the NHSE/I Leadership programme
- To share our views on the LTP
- To meet colleagues from across the Partnership to build networks

Time	Title
9:00am	Registration and refreshments
9:30am	Welcome & introductions
9.40am	West Yorkshire and Harrogate Health Care Partnership: What the LTP means for our Integrated Care System
10:00am	What have we delivered to date? We will hear about the Building Health Partnerships (BHP) programme and the HPoC VCS-led projects from the following places in this order <ul style="list-style-type: none"> • Calderdale (BHP and HPoC) • Bradford (HPoC) • Harrogate (HPoC) • Kirklees (HPoC) • Leeds (HPoC) • Wakefield (HPoC)
11:30am	Comfort Break
11:45am	Table discussions: An opportunity to discuss 2 of the following 4 topics from within the LTP. Each discussion will last around 30 mins.

	<p>What opportunities and challenges does the LTP provide the VCS? What good practice are we able to see emerging from each place? What more can the Partnership do to support VCS delivery in the future?</p> <ul style="list-style-type: none"> • Social prescribing • Primary Care Networks • A&E avoidance • Mental health
12:45pm	The Voluntary Sector and Integrated Care Systems: a national perspective
12:55pm	Next Steps
13:00	Market Place, Lunch & Networking

Appendix 3 – Invitation

Dear colleagues

Invitation sent on behalf of Dr.Soo Nevison

NHS Long Term Plan (LTP) and Harnessing the Power of Communities (HPoC) showcase event

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) are holding an event on Tuesday 21st May 2019 at Kala Sangam in Bradford, registration from 9.00am with a prompt start at 9.30 until 1:00pm followed by a networking lunch, to discuss and the impact of NHS LTP on our communities and specifically how the Voluntary and Community Sector (VCS) can work in partnership with other parts of the system to support some key actions within the Long Term Plan around mental health, social prescribing, admission avoidance at A&E and VCS delivery as part of the primary care network model.

We are also using this event as an opportunity to share the work of the HPoC workstream within the WYH HCP. Come and find out how each of our 6 places have invested money in VCS led activities, how the peer support workforce development programme is coming along and get an update on the Building Health Partnerships projects taking place in Calderdale and Wakefield.

Learning, sharing and a free lunch – what’s stopping you joining us?

We very much look forward to seeing you on the day

Soo

CEO Lead for West Yorkshire and Harrogate Health and Care Partnership – Harnessing the Power of Communities

Appendix 5- Registration

WY&H HCP VCS Long Term Plan event Date: Tuesday 21 May 2019 Time: 9:30am till 2.00pm (registration from 9.00am and networking lunch 1.00pm) Venue: Kala Sangham, Bradford
Please complete this form to register for the event and return to via email to; wyhstp.coreteam@nhs.net
If you need have any questions about the form please email us on: wyhstp.coreteam@nhs.net

1. Please tell us who will be attending the event:	
Name	
Email or telephone number	
If more than one person attending please provide their name and contact details here:	

2. Are you attending as:	
an individual <input type="checkbox"/>	on behalf of an organisation or group <input type="checkbox"/>
If attending on behalf of an organisation or group please tell us which one:	

3. Please can you tell us if you have any dietary requirements (for example: gluten free, dairy free, vegan, vegetarian, halal, kosher etc.)

4. We aim to ensure that people have equal access to public events. If you need additional support such as alternative formats or other reasonable adjustments please tell us. (For example: documents in alternative formats such as: large print, easy read, braille)

Appendix 6 – Data capture form and raw data

Date	Tuesday 21 st May 2019
Venue	Kala Sangham, St Peter's House, 1 Forster Court, Bradford BD1 4TY
Event	West Yorkshire and Harrogate event: NHS Long Term Plan(LTP) and Harnessing the Power of Communities (HPoC) showcase event
Time	Facilitators and Scribes arrive for 08:30am Event 09:30am to 2:00pm
No. of people on table	10
Workshop Name	PLEASE STATE WORKSHOP NAME
Table Facilitator	PLEASE ADD NAME
Scribe	PLEASE ADD NAME

Instructions:

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

Question 1

What opportunities and challenges does LTP provide the VCS?

Social Prescribing

Opportunities

- Collaborations within and between VCS organisations
- Localised solutions
- Local intelligence and data within the 3rd Sector
- The profile of VCS organisations will increase and have better visibility
- The use of VCS assets and organisations
- Community based solutions
- Access to health systems
- Ability to link into new ways of working
-

Challenges

- Making sure funding is in the right place
- Engaging communities
- Will VCS organisations pick up health care issues
- Challenging existing systems

Mental Health

Opportunities

- Provides sustainability to VCS organisations
- No longer just looking at old clinical model of face to face appointments
- Need to commission local services where possible – not nationally
- The LTP allows to focus on preventative work
- The current service structure encourages crisis to be able to access help at the right level. Better community links and peer support can prevent escalation / crisis
- Better support for young people with autism pre and post diagnosis
- Community support for long term supported accommodation
- The opportunity to combine clinical and social prescribing equally
- Effective communication and engagement with other communities

Challenges

- Neurological conditions need to be recognised as long term care for Improving access to psychological therapies(IAPT)
- Monitoring requirements that suit both commissioners and VCS organisations
- Need to ensure that VCS funding is definite and not just implied
- Project outcomes need to be more important than bureaucracy
- It needs to be genuine VCS funded and not NHS provision in the communities
- Is this the first steps to privatising the NHS by using VCS
- There needs to be inbuilt support for admin/evaluation for small VCS organisations

A&E Avoidance

Opportunities

- There is a Bradford pilot to get people diverted from A&E to community services
- Leeds Crisis café
- Get VCS organisations involved with “Frequent flyers” and to signpost them
- Diabetes support
- Training to ‘talk down’ people with COPD and panic attacks

- Mental health walk-ins
- Teach mindfulness to COPD patients while in hospital
- Have tents in the city for people for when people have had too much to drink and to help them sleep it off instead of going to A&E – supported by substance misuse teams
- More night sitting services like Age UK provide

Challenges

- There is nowhere to sign post 0-25 or disabled children if they end up at A&E
- It is difficult to measure if VCS are helping to reduce A&E attendance
- Working on Primary care network structures to educate the use of A&E
- Transformational funding – ideally some of this should be used to support children with autism and learning disabilities
- There is a massive gap around autism and mental health in terms of dual diagnosis. Autistic children's IQ level can prevent them from access to certain mental health services
- Care for pre-existing conditions such as dementia is not available in A&E

Primary Care

Opportunities

- There is an opportunity to bring things together
- Bring up the community element of primary and community services
- Social prescribing opportunities

Challenges

- Challenge of the networks of practices rather than the wider community
- Model of Primary Care Networks will it mirror existing community partnerships areas?
- More knowledge for practices

Question 2

What good practice are we able to see emerging from each place?

Social Prescribing

- Better conversations and workforce training
- Behaviour and culture change of people in services – different approach in engaging people
- Engaging with young people and create awareness around population based changes such as isolation
- Person centred approaches that VCS have valued for years to be shared and adopted in future delivery
- Partnership working and demonstrate what has been done well

Mental Health

- Use of user voice and VCS voice on boards
- Improving Access to Psychological Therapies(IAPT)/Mind/Cellar Trust
- Change happens where fundraising is sustained longer term
- Wider acceptance of Mental Health means more people accepting support
- Wakefield Autism support
- Partnership boards – Leeds is a good example
- Future in mind/mind mate spa – young people triangle online
- Bradford befriending network – collaboration works

- Community connectors – including A&E

A&E Avoidance

- Model of looking at individuals in distress at A&E and signposting them effectively – peer support model, the Cellar Trust have a training package
- Awareness training for carers and care staff for UTI's – provide urine dip tests at home and administer antibiotics immediately
- Newcastle drinkers project - open Friday and Saturday night for people to sleep off the drink
- BARCA Leeds offer frequent flyers, they do home visits before people call 999 and put in support to meet complex needs (non-medical) which reduces A&E attendance by 38% and 999 calls by 52%
- Age UK Leeds are at A&E in Leeds to see if there is any support that can be given and to signpost
- The pharmacy in A&E departments to help and advise
- Awareness training to existing staff to help manage conditions so there is no need to go to A&E

Primary Care

- Calderdale: Helping people to get back into work by working with the Department of work and pensions (DWP), volunteering etc.
- Bradford: Extended hours practice – people come with low level mental health problems and seeking benefits advice
- Wakefield: Livewell scheme – across the whole district
- Self-care champions – goes into community settings such as schools. This is happening in Bradford
- Frequent flyers – more work with people going to GP's & A&E
- Being able to quantify the numbers of people being seen
- Supported wellbeing in Leeds – for people who are housebound and frail
- Wakefield community anchor networks
- ABCD moneys in Bradford – via local community's community anchors have created capacity and can hold money on group's behalf.
- Primary care networks: mapping exercise of community groups
- Example of co-chairing in Halifax Hub

Question 3

What more can the Partnership do to support VCS delivery in the future?

Social Prescribing

- More funding for VCS projects
- Support for community/local services
- Share good practice and learning
- "Big picture"- information gathering
- Ensure funding for spread across the system – include micro funding to create health lead community based solutions
- VCS learning be shared with clinicians
- Clinical service to signpost / create blended care models of working with people at the centre of population health management
- Trust the voluntary sector and use them - we need to look at how this is enabled
- Integrate VCS delivery with sustained solutions

Mental Health

- Help to make funding long term and sustainable
- Workforce experience is lost when staff are only on short contracts
- Sharing good practice
- Wellbeing at work – workforce development
- Peer support network for VCS workers – linked to CCG's local authorities

A&E Avoidance

- How do we work through the risk/ reducing exclusion place based with some ICS guidance
- UTI project
- Drinkers project
- Children's mental health in A&E needs some work and needs CAMHS support afterwards
- How do we reduce the use of out of hours doctors in A&E departments (System change)

Primary Care

- Mapping of services
- Promote models for example Patient and Public Groups to support such as printing information
- Promote VCS as professionals
- Listen to voices of all communities and support to enable this to happen
- Principle of operating from ground up
- Campaigns like the loneliness campaign, that can you can tap into as required
- Systems leaders being quite clear about what is expected of the Primary Care Network



Appendix 7 – Evaluation form (Raw data)

Feedback
West Yorkshire and Harrogate Health Care Partnership (WY&H HCP)
Long Term Plan voluntary and community sector engagement showcase event
Tuesday 21st May 2019, 10:00am -1:00pm
Kala Sangham, Bradford

Name & Organisation (Optional)

Presentations (including content and presenter) – Was the information presented in a way that you could understand?	Please rate by circling the appropriate number - 1 being no understanding at all and 10 being completely understand									
Welcome and Introductions	1	2	3	4	5	6	7	8	9	10
The response received:				1		1	2	4	8	5
Presentation 1 – West Yorkshire and Harrogate Health Care Partnership: What the LTP means for our Integrated Care System	1	2	3	4	5	6	7	8	9	10
The response received:			1	1		5	4	4	3	2
Presentation 2 – Building Health Partnerships Programme – Calderdale (BHP and HPoC)	1	2	3	4	5	6	7	8	9	10
The response received:					1	4	4	6	5	1
Presentation 3 – Building Health Partnerships Programme – Bradford (HPoC)	1	2	3	4	5	6	7	8	9	10
The response received:					1	4	3	6	5	2
Presentation 4 – Building Health Partnerships Programme – Harrogate (HPoC)	1	2	3	4	5	6	7	8	9	10
The response received:		1				3	4	7	5	1
Presentation 5 - Building Health Partnerships Programme – Kirklees (HPoC)	1	2	3	4	5	6	7	8	9	10
The response received:						3	4	7	6	1
Presentation 6 - Building Health Partnerships Programme – Leeds (HPoC)	1	2	3	4	5	6	7	8	9	10
The response received:						3	3	6	6	2
Presentation 7 - Building Health Partnerships Programme – Wakefield (HPoC)	1	2	3	4	5	6	7	8	9	10
The response received:				1		2	3	7	5	1
Presentation 8 - The Voluntary Sector and	1	2	3	4	5	6	7	8	9	10

Integrated Care Systems: a national perspective	
The response received:	2 3 4 5 3 4
Next step	1 2 3 4 5 6 7 8 9 10
The response received:	1 2 3 6 4 2
Is there anything else you would like to tell us?	

Activities (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you were listened to?	Please rate by circling the appropriate number - 1 being no not at all and 10 being yes completely									
Activity 1 – Table discussion - Social Prescribing The response received:	1	2	3	4	5	6	7	8	9	10
			1			1	3	2	2	3
Activity 2 – Table discussions - Primary Care Networks The response received:	1	2	3	4	5	6	7	8	9	10
							1	4	3	3
Activity 3 – Table discussions - A&E Avoidance The response received:	1	2	3	4	5	6	7	8	9	10
							1	1		
Activity 4 – Table discussions - Mental Health The response received:	1	2	3	4	5	6	7	8	9	10
						1	1	1	3	2

Is there anything else you would like to tell us?				
<ul style="list-style-type: none"> • Kirklees slides not easy to read – might better if lights were turned off • Why not try a different approach – instead of top down, holistic view at MACRO level. Local GP's are contractually required to have patient and public groups and some of the produce booklets on community groups. This is social prescribing at local level but some PPG's don't have them. WY&H could speak to the regular patient networks. If you would like to develop this I am on a Patient Network Steering Group and would be happy to help. • Very good workshop/ event with plenty of time for discussion 				
Please rate the following by ticking the appropriate box	Very good	Good	Poor	Very Poor

Registration	4			
Welcome	3	1		
Introduction	3	1		
Venue	2	2		
Lunch		2		
<p>Is there anything else you would like to tell us?</p> <ul style="list-style-type: none"> • Some slides where difficult to read and the room a little echo-ey • 				
<p>Any other general comments?</p> <ul style="list-style-type: none"> • This was an excellent event. Perhaps run in future with more involvement from GP's, Social Care • I keep learning and listening 				
Thank you for taking the time to complete this form				

Appendix 8 - Equality Monitoring Form

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

<p>1. What is the first part of your postcode?</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Example</td> <td>HD6</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>2. What sex are you?</p> <p><input type="checkbox"/> Male <input type="checkbox"/> Female</p> <p><input type="checkbox"/> Prefer not to say</p> <p>3. How old are you?</p> <table border="1" style="width: 100%;"> <tr> <td style="width: 50%;">Example</td> <td>42</td> </tr> <tr> <td>Yours</td> <td></td> </tr> </table> <p><input type="checkbox"/> Prefer not to say</p> <p>4. Which country were you born in?</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Prefer not to say</p> <p>5. Do you belong to any religion?</p> <p><input type="checkbox"/> Buddhism</p> <p><input type="checkbox"/> Christianity</p> <p><input type="checkbox"/> Hinduism</p> <p><input type="checkbox"/> Islam</p> <p><input type="checkbox"/> Judaism</p> <p><input type="checkbox"/> Sikhism</p> <p><input type="checkbox"/> No religion</p> <p><input type="checkbox"/> Other (Please specify in the box below)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Prefer not to say</p>	Example	HD6	Yours		Example	42	Yours		<p>6. What is your ethnic group?</p> <p>Asian or Asian British:</p> <p><input type="checkbox"/> Indian</p> <p><input type="checkbox"/> Pakistani</p> <p><input type="checkbox"/> Bangladeshi</p> <p><input type="checkbox"/> Chinese</p> <p><input type="checkbox"/> Other Asian background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Black or Black British:</p> <p><input type="checkbox"/> Caribbean</p> <p><input type="checkbox"/> African</p> <p><input type="checkbox"/> Other Black background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Mixed or multiple ethnic groups:</p> <p><input type="checkbox"/> White and Black Caribbean</p> <p><input type="checkbox"/> White and Black African</p> <p><input type="checkbox"/> White and Asian</p> <p><input type="checkbox"/> Other mixed background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>White:</p> <p><input type="checkbox"/> English/Welsh/Scottish/Northern Irish/British</p> <p><input type="checkbox"/> Irish</p> <p><input type="checkbox"/> Gypsy or Irish Traveller</p> <p><input type="checkbox"/> Other White background (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p>Other ethnic groups:</p> <p><input type="checkbox"/> Arab</p> <p><input type="checkbox"/> Any other ethnic group (please specify)</p> <div style="border: 1px solid black; height: 20px; width: 100%;"></div> <p><input type="checkbox"/> Prefer not to say</p>
Example	HD6								
Yours									
Example	42								
Yours									

7. Do you consider yourself to be disabled?

- Yes No
 Prefer not to say

Type of impairment:

Please tick all that apply

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

8. Are you a carer?

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes No
 Prefer not to say

9. Are you pregnant?

- Yes No
 Prefer not to say

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

- Yes No
 Prefer not to say

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

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

12. Do you identify as Trans*?

- Yes No Prefer not to say

*Trans is an umbrella term to describe people whose gender is not the same as the sex they were assigned at birth.

Appendix 9 – Evaluation and Equality Monitoring Raw Data

Equality monitoring form

What is your ethnic group?

First part of your postcode? (free text)	What sex are you?	How old are you? (free text)	What country were you born in?	Asian / Asian British	Mixed	Other (free text)	White	Other (free text)	Do you have a disability?	What kind of disability?	Are you a carer?	What is your religion?	Are you transgender?	Are you pregnant or had a baby in the last six months?	Which option best represents your sexual orientation?
LS14	M	42	England				Y		N		N	No religion	N	N	Heterosexual /Straight
LS15	M	71	England				Y		N		N	No religion	N	N	Heterosexual /Straight
BD13	F	68	UK				Y		N		N	Christianity	N	N	Heterosexual /Straight
BD22	F	59	UK				Y		N		N	Christianity	N	N	Heterosexual /Straight
LS11	F	36	England				Y		N		N	No religion	N	N	Heterosexual /Straight
YO31	F	47	UK				Y		N		N	No religion	N	N	Heterosexual /Straight
HX2	F	34	England				Y	Greek Cypriot	N		N	No religion	N	N	Prefer not to say

HX1	F	35	England	Y					N		N	Sikhism	N	N	Heterosexual /Straight
HX4	F	49	England				Y		N		N	No religion	N	N	Heterosexual /Straight
WF2	F	30	UK				Y		N		N	No religion	N	N	Heterosexual /Straight
WF10	M	33	England				Y		N		N	Spiritual	N	N	Heterosexual /Straight
	M	59	Scotland				Y		N		N	No religion	N	N	Heterosexual /Straight
BD8	M	50	UK				Y		N		N	No religion	N	N	Heterosexual /Straight
BD10	M	68	UK				Y		N		N	Christianity	N	N	Heterosexual /Straight
WF5	F	72	England				Y		N		N	Christianity	N	N	Heterosexual /Straight
BD16	F	61	England				Y		N		N	Athiest	N	N	Heterosexual /Straight
BD14	F	31	Philippines	Y				Filipino	N		Y	Christianity	N	N	Heterosexual /Straight
WF1	F	56	UK				Y		N		N	Christianity	N	N	Heterosexual /Straight
BD3	F	53	UK				Y		N		Y	Christianity	N	N	Heterosexual /Straight
BD9	M	61	UK				Y		N		Y	No religion	N	N	Heterosexual /Straight
BD6	M	56	UK				Y		N		Y	Christianity	N	N	Heterosexual /Straight

BD2	M	59	England		Y	White and Black African			Y	Long term condition / Physical impairment	N	Christianity	N	N	Heterosexual /Straight
LS11	M	60	England				Y		Y	Sensory / Physical impairment	N	Christianity	N	N	Heterosexual /Straight
BD10	F	38	England				Y		Y	Learning disability	N	No religion	N	N	Heterosexual /Straight
BD5	M	57	UK				Y		Y	Sensory impairment / mental health condition / learning disability	Y	No religion	N	N	Heterosexual /Straight

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