

# West Yorkshire & Harrogate Health and Care Partnership

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Report of findings  
Voluntary and Community  
Sector Event

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November 2017

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## 1. Purpose of the Report

The purpose of this report is to present the findings from the first West Yorkshire and Harrogate (WY&H) Health and Care Partnership (HCP) voluntary and community sector (VCS) event which took place on Monday 6 November 2017 at the Carlisle Business Centre, in Bradford.

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

## 2. Background and purpose of the event

This voluntary and community sector event is the start of many conversations to come. Engagement is the informative stage, where we gather information, listen to people's ideas and views and consider the findings to help develop plans.

Working alongside our communities is an important part of our partnership - seeing the people we serve as assets. Working alongside local communities, ward councillors, council colleagues, voluntary community organisations and many others is essential if we are to fully understand the real value of early help and self-care. There is a wealth of expertise across West Yorkshire and Harrogate 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.

To make sure our work adds the greatest value possible and supports existing projects and groups across the area we started with a number of design workshops in the summer. The aim of these were to agree a shared set of principles and a common understanding of what we mean by 'communities doing more for themselves', 'co-production', 'asset based community development', 'co-design' etc., and what the shared ambition for working with communities should be. This includes: co-produce and co-design an approach with communities

Work with programmes to ensure good voluntary and community sector representation on all of our work streams

Inspire NHS senior leadership to be ambassadors for the work

Consider how the services we commission and procure might improve the economic, social and environmental well-being of the area in commissioning and contracting across West Yorkshire and Harrogate.

Raise the profile of and share the excellent work taking place across the area - celebrate the difference this is making in our communities on a regional and national level.

It's important to note that we are the beginning of this work, and are building on the good work to date – further sessions will take place over the coming months with communities. In West Yorkshire and Harrogate, we can be proud of how our health and care systems have made major improvements to services across our area over the past decade. Our

health care services are treating more people than ever before, providing services faster, safely and in better environments.

### 3. Principles for Engagement

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

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

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

Key drivers and legal obligations can be found in appendix 1.

### 4. What we already know

The information below has been taken from the Stroke engagement report (April 2017) which is a snap shot of some the comments we have received about the valuable role of voluntary and community organisations specialising in stroke support.

- Many people were unaware of the support the voluntary and community sector could provide, and requested that more information be provided to patients and their families / carers.
- Of those that were aware of the support available they talked positively of the services provided by the following organisations; the Stroke Association, Speakability, Speak with It, Age UK and Scope.
- They valued the support groups that they had attended and welcomed the opportunity to be able to speak to other people that had experienced a stroke. They felt that there should be more support groups, with specific groups for younger people and carers. Some were concerned that the funding of these organisations was inequitable and as such the provision of services was inconsistent across West Yorkshire and Harrogate. Of those that did provide services in their areas, there was some concern that the services may be cut.
- People wanted the voluntary and community sector to provide befriending services to help reduce isolation; and support people in making meals, gardening, taking people shopping and supporting them to attend appointments. To support their recovery they also wanted to be able to access leisure facilities, such as swimming pools and gyms.

The information below was taken from the WY&H engagement and consultation mapping report (March 2017).

- Involve communities and invest in voluntary and community services
- Provision of information to support people to help manage their own health, including signposting to voluntary and community services (which would hopefully reduce the pressures on A&E).
- Support available through the voluntary sector was praised. People said there should be more groups to support people, and reported concerns about local support groups having their funding cut.

## 5. Methodology

West Yorkshire and Harrogate Health and Care Partnership held a voluntary and community sector event on Monday 6 November 2017 at Carlisle Business Centre, Carlisle Road, Bradford.

The event was the first of its kind across WY&H which was to start conversations with the voluntary and community sector. The aim of the event was to:

- Provide an update on the journey so far for West Yorkshire and Harrogate Health and Care Partnership
- To sense check the voluntary and community sectors understanding of West Yorkshire and Harrogate Health and Care Partnership
- Develop a network of voluntary and community sector representatives to be part of all programme areas of work
- Develop voluntary and community sector leaders in each specialist areas of programmes of work

This event was an essential part of our engagement process and included a range of local voluntary and community sector organisations which represented groups including;

- Mental Health
- Carers
- Age (i.e. youth projects, Age UK)
- Dementia
- Cancer
- Prevention and wellbeing and lots more

The events also provided an opportunity for local organisations to engage with the priority areas programme leads as part of table discussion and to deliberate how we involve the VCS now and in the future ensuring all comments and considerations were captured as part of this process.

## 6. Voluntary and community sector event

West Yorkshire and Harrogate Health and Care Partnership were delighted to announce our first voluntary and community event on 6 November 2017 in Bradford. The content and delivery of the event is described below in more detail.

VCS organisations were invited by invitation (see Appendix 2) and through this invitation were asked to nominate representatives to attend the event. This was to ensure there was representation from across West Yorkshire and Harrogate.

### 6.1 Presentations

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

- Welcome and introduction, presented by one of the three West Yorkshire and Harrogate Health and Care Partnership voluntary sector leads
- Overview of programme areas of work, presented by the Director for West Yorkshire and Harrogate Health and Care Partnership
- West Yorkshire & Harrogate Health and Care Partnership, presented by the Chief Executive of South West Yorkshire Partnership NHS Foundation Trust & Lead Chief Executive West Yorkshire and Harrogate Health and Care Partnership
- Third sector and overview of work areas by the West Yorkshire and Harrogate Health and Care Partnership voluntary sector leads
- Next steps, presented by one of the three West Yorkshire and Harrogate Health and Care Partnership voluntary sector leads

The presentations used are included in the report (see appendix 3)

### 6.2 Gathering views

There were 9 tables around the room which represented the priority programme areas of WY&H Health and Care Partnership. These included;

- Cancer
- Urgent and emergency care
- Mental Health
- Stroke
- Hospitals working together
- Maternity
- Wellbeing and prevention
- Carers
- Voluntary and community sector including Healthwatch

Following the presentations we asked participants to choose a priority area that was of most interest to them and as part of the table discussions to think about the following;

- How is the third sector involved now?
- What does the third sector offer now?
- How can the third sector be involved?

- Identify volunteers to be involved

Participants had an opportunity throughout the morning to be part of two table discussions. Flip chart paper was provided to capture table discussions and participants were also asked if they would like to write comments on a post it note as part of a facilitated table discussions.

An evaluation form (see appendix 4) 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.

Other information provided on the tables were,

- What people have already told us about each of the priority areas
- Copy of the presentation
- List of organisations in the room
- Equality monitoring form

The findings from the event are captured below and include all the feedback received from the table discussions and evaluation form.

## 7. Findings from the event

The VCS event took place on Monday 6 November 2017 at Carlisle Business Centre, Carlisle Road in Bradford. In total approximately 80 people attended the event.

Findings from each of the table discussions and the evaluation form can be found below;

### 7.1 Table discussions

#### Cancer

- Currently more involvement with the larger cancer charities and good relationships established but need to build stronger relationships with smaller charities.
- Lots of general health/wellbeing groups that include an element of cancer support already in existence – e.g. the Hale Project in Bradford; Asian women's community group in Halifax. They are a useful way in to provide specific cancer advice and information in a safe and supportive environment.
- Most people have little or no knowledge of the Cancer Alliance.
- Another example would be Diva - with a website <http://divabradford.org.uk/home3> including a directory of 1500 community groups active in Bradford.
- Macmillan are developing a Community Engagement Framework
- Macmillan Engagement Lead referred to a project known as Joining The Dots, a co-production project aimed at developing a new service for people affected by cancer in County Durham [www.durham.gov.uk/article/17271/Macmillan-Joining-The-Dots-consultation](http://www.durham.gov.uk/article/17271/Macmillan-Joining-The-Dots-consultation)
- The Alliance should build closer connections with the cancer patient support groups which are run by acute Trusts across the patch. Lead cancer nurses would be best placed to help with this.

#### Urgent and emergency care

- We could promote 111 better
- Delivery of support from A&E/Hospital from VCS - to ensure people are properly supported in discharge and don't end up spending unnecessary time in hospital

- Role for VCS in signposting and guiding people to appropriate services - enhancing peoples understanding of what is available to them - need to think about how we make sure VCS have this information
- Ensuring we get information about 111 prescription service
- Communicating changes to care pictures - winning over people's hearts and minds
- CCGs need to better articulate the services that are available in urgent situation
- Make sure we understand the reasons why people might be using services 'inappropriately' and the guilt that people feel about using the NHS in a way that's not what they should
- Cascade information - Confirmation role.
- Need to understand how the Urgent and Emergency care system work (we have a role to play in this)
- Lack of understanding of Urgent Care services
- A&E, Psychiatric liaison - do they know of local VCS provision

## **Mental Health**

- Data light, modelling, Inpatient beds
- Need to map VCS services 'connect support' has a directory of services - would need to invest in analysis of information to create the intelligence
- Funding/Commissioner arrangements may be sensitive
- Can't assume the range of services with a well-known brand e.g. relate support with dementia, Age UK offer befriending, discharge lounge, day care, welfare advise, dementia awareness/friends, domestic services
- Can the STP share what they have learnt
- Is there work to do on public perception of Mental Health (MH)? Feeling that individuals need NHS services
- Early Intervention is education not people accessing services
- Work with Academic Health Science Networks - identify best practice to spread
- Need a framework/evaluation to assess against
- Don't hide those things that didn't go well - fail fast
- Sexual abuse - disclosure of sexual violence - root cause of MH issues. Give more people confidence to handle sensitive situations
- Capacity to develop
- Communicating information - soft data - not included pathways to sharing information. How is information used to set priorities
- Need buy in to services – Local Authority (LA)/Clinical Commissioning Groups (GGCs) how they buy into much needed services
- Challenges - how you translate info into the filed. can be hard to have a voice
- Cannot put across all sector information in meetings.
- Not at the table - info not picked up. Some work in acute services may not be noted
- Service mapped - funding availability for services
- Gap in information coming in from top/bottom and missing from the middle. Is information processed/commissioning
- Better communication with others than commissioners. Less understanding of advocacy services. Fractured, no continuity for individuals
- Early interventional work in schools (partnerships) - looking at model, not just clinical
- Good work, how do we get a voice
- Commissioners should inform of good practice and meaningful outcomes.



## **Stroke**

- Prevention
- Free Health MOT
- Diabetes Signs and Symptoms
- Less Salt
- Engagement with men was via mosque re healthy eating
- Do an audit map and link in with what has been done
- Behaviour change is the key
- What are the plans for VCS to support people after stroke
- We want healthier communities, not just focus disease, primary care
- HYPER Acute - At the point of the medical intervention
- Ensure we involve 3rd Sector as soon as possible
- People want to get to right place for treatment as soon as possible
- Start with the person - what does this person need? Medical/emotional, their carer?

## **Hospitals working together**

- Variable engagement of hospitals with VCS/3rd sector
- West Yorkshire Acute Association Trust as a Link?
- Information sharing outside NHS?
- Not just talking to ourselves
- Access to shared records
- Hospitals considering social value in decisions? E.g. Costa or social enterprise coffee shop.
- What could hospitals offer to support VCS?
- Space for Services
- Offices
- Focus on 'what matters to you' not 'what is the matter with you'
- Hospitals need to use VCS better to engage public and to help staff engage with people to understand the system

## **Maternity**

- Includes pre-conceptual care
- Better Births
- Golden Thread 'Safer'
- Continuity of Care - Teams of 4-6 to meet needs
- Choice - Homebirth, midwife led units
- Independent midwives (indemnity issues)
- Community Hubs (Local) - Look at learning to look at numbers
- Trusts to work together to reduce variation
- Good employers
- Purchase care to suit needs (Maternity budgets)
- Co-production with women
- Partners and Families
- Submitted plan developed with women, partners & families to NHS England
- Care plans - Have their own
- Post-natal support
- Improve bereavement support
- Perinatal mental health
- Engagement - Maternity voices partnership
- System improvements (not re-configurations)

- Smoking during pregnancy (issue in some areas)
- Smoking cessation
- Measures for data done the same (consistently)
- Accessible and Friendly information
- Engagement and co-production throughout
- Equality impact Assessment
- Look at what is available from VCS"
- Wellbeing and prevention
- Carers
- Sure start Bradford - work stream focused on perinatal period
- Breast Feeding
- Research available to use - Antenatal prep for parenthood, Perinatal mental health, obese women, personalised midwifery care programme
- Engagement - board, local people
- DOULA'S
- Baby cafe
- Home starts
- Asylum Seekers and travellers
- Community groups
- Mixed engagement with partners
- Leeds Community Healthcare - baby clinics
- Volunteers to be involved in co-production not just service users
- Develop DOULA Service
- Relationships - Professional boundaries
- Connection to Local infrastructure
- Breast feeding at Birth (up to and past 6 weeks)
- Support up to 12 week currently
- Drop in sessions (buddies)
- Level 2 Qualification
- Working with diverse groups

### **Wellbeing and prevention**

- How do we do things different? - Alcohol, obesity, smoking
- Community connectors
- See how we are going to do differently
- People obese for different reasons - what are root causes?
- Community safety
- Asset Based Community Development (ABCD) Model
- Sexual Abuse
- Not just General Practitioners' (GPs)
- Asking bigger questions
- Loneliness
- Broader issues
- Finance - funding - need to re-invest money differently
- taking note of mental health - without labelling
- Broad vision/supporting young people
- How do we reach people
- Getting to first person first
- Every contact counts
- What support would people like?

- How do we utilise play/community development
- Training VCS supporting them to do it not just public health, how do we bridge the gap?
- Information in communities, has to be accessible
- Make information appropriate (not just about leaflets/digital)
- Do we have evidence based prevention/framework and what works?
- Save money/map out works, how many organisations, VCS, doing what
- Less Black Minority Ethnic (BME) around the table - need to do more around this
- Honest conversations/communities - key
- Mental and Physical health together
- Not re-inventing wheels
- Real opportunity around health and care
- social prescribing
- Doctors will also want to fix it
- VCS/Council's/NHS Locking people in roles - staff doing things differently
- Social prescribing/different to measure outcomes
- Art classes - about relationships - what matters to them?
- Help keep people well.
- Body of evidence 90% not about health
- Map out all findings around social development
- Awareness raising
- Healthier Communities
- Different experiences across the patch
- Better conversations around A&E
- UEC - Roles of VCS
- Promoting NHS 111
- Lack of understanding to A&E
- Co-production of VCS
- Wellbeing - notes
- Improving VCS Comms
- Hospitals working together and opportunities for voluntary sector organisations
- Think in slightly different ways
- Cancer Alliance - Connect with larger, not grass roots
- VCS - not taking contacts so need that before we go further
- 3rd Sector - What we as a sector need to do for ourselves/STPs
- Volunteers and further potential for service delays
- Mental Health - Fantastic opportunity, despite difficult to demonstrate engagement outcomes but lots of communication
- Covers all aspects of seeing person as a whole
- Longer General Practitioners (GP) appointments - seeing person as a whole (mental and physical health)
- Broader services/all different
- Care homes residents

## **Carers**

- Feel very strongly that carers should have a separate work stream
- 260,000 across WY&H feels like a conservative estimate
- Many carers still 'afraid' of having involvement from services especially ASC
- Ongoing issues about carers identifying with the label
- Carers also still, too often what to focus on the needs of the person they care for

- All services need to be asking carers 'how are you?'
- Important that carers are not 'expected' to care they need to be asked if they want to continue caring and what support they need to enable them to do that. Responsibility of all those involved to identify and look at needs of individual carers
- Too many rates of 'Fighting' for services especially NHS
- Many very well qualified staff working with carers in VCS
- Would like to look at establishing a West Yorkshire and Harrogate carers services group to enable better collaborative/partnership working. Need more opportunities to get to know what other/shared ideas.
- Patients and carers need to mean that the needs of carers are of equal value and that carers are also patients
- The 3rd sector leads on support for carers - don't re-invent the wheel. Use the fantastic resource that already exists
- Important to look beyond stereotypes of carers to include working carers - people caring at a distance. Carers who feel they had to leave work is an example of carers not in given option/lack of knowledge amongst employers etc.
- Support for carers waiting to get back into the workforce
- Need to acknowledge the impact of caring on relationships (with Patients/colleagues/family/friends etc.)
- Important that carers are offered a spectrum of support from condition specific to very general information
- Lots of funding issues - short term funding is a real challenge, project just get off the ground and then are looking at an exit plan. Need 3-5 year funding.
- Organisations need time to build relationships and shared values before they can consider working together
- How do we get the public to understand what the Health and Care Partnership is?
- Quality standards across the region - currently too much variation e.g. access to short breaks/respite
- Difficult to demonstrate re outcomes for carers, VCS needs to work hard to keep carers as a priority on all health and care agendas
- Leeds commitment to carers needs to be shared across the health and care partnership

## **Healthwatch**

- Deaf Forum - Healthwatch (Kirklees/Leeds/Lancashire)
- Getting access to interpreters/qualified, issues seemed to be the same, what power does Healthwatch have to challenge the system
- Primary care Bradford is more accessible
- Access can be the first thing to go when money is cut (it's a weak area for HW)
- Self-Care week
- IMorley Street Centre (real deaf people)
- Role for Healthwatch in challenging as cuts come in that they are done in a 'flat' way that does not take notice
- Some good progress in Leeds (Flashing signs in GP Surgery) - Concerns that in rural communities they cannot
- Most Sustainable Transformation Partnerships engagement will happen at PLACE level not on a West Yorkshire level.
- General engagement
- VCS Infrastructure
- Health and Wellbeing Boards - Focus on detail (too detailed)

- How do we make sure that Health and Wellbeing Boards do not focus on different conversations
- VCS Calderdale funding 2 VCS organisations - should health watch have challenged this?
- VCS Disappears, that help and support has gone
- Hearts and Minds - we need to take people with us
- Pontefract - not operating (Pontefract example vs HRI Example) Healthwatch can take out all the spin. Clarity and communication - simple communication

### **Voluntary and community sector**

- Commissioning - large commissioned contracts through councils
- How can we support/resource smaller organisations providing 60% of Health and Wellbeing services (how do we show what we do?)
- Concerns re being heard in 12 - 18 months
- Pressure to collaborate (have a lead)
- Loss of vibrancy due to bigger organisations
- Within VCS need to challenge large organisations to notice/support smaller organisations (behaviour change)
- VCS is value based - we must not lose this
- Do we need to work on culture change - can we have some money to do this?
- We have professionalised 'community ideas' and taken it off - we need to-revisit this and give power back to community
- Can we adopt a way of 'trust' in CCGs/LAs understand frontline
- VCS Value - leave us to get on with it.
- Can we get frontline to add infrastructure to grant bids (again culture change)
- VCS good at predicting need (up to date current)
- Stop asking VCS to prove 'need' LA/CCG should know this (ask us to meet it)
- Commissioning - Simplify, How do we engage with elected members?
- How do places bring in collaborative commissioning - can this be done over time? Currently time lines don't allow for this
- Better communication on who to collaborate with
- How do we manage competition from nationals?
- Why aren't local organisations getting the win
- Social value - do we need a working GP across WYHP - Yes please
- What are our common messages?
- We need to explain £££ of our services/interventions to GPs
- Joint across patch to be used @ place with social value links
- Have all areas got a structure to plug into our partnership
- Value of work - GPs/hospital
- Do they respect our professionalism?
- are we the cheaper alternative
- can we be utilised and recognised rather than 'used'
- How does the sector spend well?(e.g. social prescribing and £££ following the patient)

### **7.2 Evaluation form**

Each person who attended the event was asked if they could complete an evaluation form. Of the 80 people (approximately) 48 people completed or partially completing an evaluation form. Findings from the evaluation form can be found below;

## Presentations

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

For all three presentations the majority of the participants rated the presentations and the presenter seven or above and said;

- Very valuable morning - thank you for organising
- Very useful strategic overview
- Useful to see the principles of the partnership and how the VCS can relate to this
- Our service has been running for 28 years without any buy in from CCG or local authorities, we are grant funded by Trusts and Grants these are coming to an end so anything that improves communication/commissioning of services is welcomed
- If it's not an STP anymore why are you all still using that terminology – it's not helpful
- Gave a good understanding of the forward plans re: STPs
- Discussion session help reinforce, add to understanding from earlier briefing. Questions very useful
- All very interesting. My optimistic side thinks this is an excellent start to shifting the understanding in statutory services about what the VCS can bring. My cynical side is still a bit cynical mainly because of the scale of the challenge alongside other challenges for a health and care sector that's under so much pressure
- How will the messages from this body influence the decision makers locally at Health and Wellbeing boards
- Still not yet at the practical 'what we need to do' stage
- It has been a very good event. Especially good to hear from Rob Webster. Key will be how this translates into action. Still hard to see implication for local VCS. Funding needed to mobilise VCS across STP
- Pitched at the right level. Not so in-depth. It was easy to understand
- Manage still a little unclear to what the final picture will look like

However, there were some people who rated the presentations and presenters a six or below, and said;

- Would have been good to have more information to take away about the structure and key priorities
- Couldn't get to grips with what the 3rd sector involvement has been. Would have liked to know Soo, Hannah and Rory's perspective on key issues
- There is an assumption that everyone knows what your abbreviations stand for
- Will the presentation be shared and is there information about ABC model?

Three people didn't give the presentation/presenter a rating; they said;

- Not really much clearer about what WYH Health and Care Partnership will achieve and how it will achieve it. Does it commission services?
- Would be helpful to have copy of slides and attendance list
- This was a positive event and the WY&H HCP clearly has great aspirations. They were good to hear. There is a huge amount of work to do to sort out how statutory and voluntary sector work together with trust and positive nurturing relationships as current commissioning relationship can make this difficult.

## Table discussions

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

The majority of people rated the table discussions a seven or above, they told us;

- Good event
- Because my organisation works with a specific group (women who have experienced sexual violence) it's hard to find a place where we fit although we make a massive contribution to health and wellbeing
- Activity 1 - Bit tight on time
- Competition paying for things once. STP area. 1 Accountable Care System

However, as with the presentation some people rated the activity of table discussion a six or below. They said;

- A lot of people from different backgrounds competing for limited time to raise issues
- Activity 1 - no prevention and wellbeing programme outline. Not enough time for everyone to contribute and have a proper discussion. Mental Health: Would have benefitted from some initial information rather than blank page approach
- Again honest understanding and evaluation of what has gone well and what learning there might be when things don't go well - shouldn't always be very combative could be safer space for sharing learning
- There was a huge emphasis on "money" in both activity sessions - created a lot of duplication

Three people didn't give the activities a rating, they said;

- We were unable to stay for the group discussions
- Identify volunteers to get involved - I'm not sure we did this? One table may have looked at it but most didn't.
- Activity 2 - didn't realise this was the 2nd activity

Everyone who completed an evaluation form except two people rated the registration, welcome, introduction and venue as good or very good. People said;

- Thanks valuable
- Found the event well organised and really useful
- Need to improve services
- Too much emphasis on certain illnesses, less on more debilitating ones
- Would have liked more info beforehand so could better understand what coming to.
  - "I would have liked to know much more about ABCD and heard of examples of where it is being used."
  - The other question was – how are patients involved in the STP?
- Directions or a map would have been helpful
- Email addresses of delegates circulate, if ok for everyone. Pre event comms very good
- Nice venue but not very accessible by public transport across the region so nearer a train station next time please
- This was a positive event and it was good to see really person centred aims being held at a very senior level. This can only be a good thing.
- Delegate list would help
- Lack of /late info not helpful. Agenda should have been available in advance

Two people rated the registration as poor but the welcome, introduction and venue as good or very good.

- It would have been helpful to have had an agenda before the event
- Not well advertised? This could be wrong - proof will be in attendance. No response to email asking to attend. No registration process as far as I could find

One person didn't rate this section but told us;

- Ladies toilet facilities inadequate for size of the venue

We also asked if there was anything else that people want to tell us, comments are below;

- Ladies loos only 2 out of 3 working!
- A conversation about social value and how to measure this would be beneficial. An offer of resources from statutory services requires discussion to support VCS
- Felt very like the 'start' - have we got the time to 'just talk' need to get tangible actions happening now
- Small VCS organisations don't have the capacity or resources to engage in these events. It doesn't mean they aren't doing valuable work. There needs to be scope for small specialist special interest groups to receive funding without needing to get involved in these meetings
- Can you please email presentations etc. thank you
- Would like a follow up session soon
- Voluntary sector is so broad so had to cover all our needs in one session - How would like us to give more of our expertise and resources outside of this event
- Where was Public Health! Where was the lead for the Prevention and Wellbeing programme
- I believe that most of the groups attending today will have a client base who may be interested in some co-production events, may be useful to invest in this area.
- Access issues not address adequately. This form is not accessible; the font is too small for a start. Event not accessible to people with learning difficulties who lead our organisation. Purpose of your table top work could have been much clearer. It was impossible to know where to go as the remit of the tables was unclear
- Please can we have other contact details? Fantastic to get people together and sharing ideas and influencing workstreams
- Can we have a copy of the slides? What is the ABCD model? Please keep talking. Can you share the delegate list?
- It will be really interesting to see how things develop
- There is a lot of opportunity to work more collaboratively as VCS across STP aligned with work streams. Mapping practice, identifying best practice and creating opportunities to learn and share but resources needed to do this / co-ordinate. Should be VCS programme led
- More time and opportunity for networking
- Uncertain that I know the purpose of STP and its VCS/Third Sector reason for partnership

See also appendix 5 for event evaluation raw data.



## 8. Equality and Diversity

In total across both events 45 people completed or partially completed equality monitoring form from a total of approximately 80 attendees (see Appendix 6). The detail is outlined below.

Of the six areas across West Yorkshire and Harrogate the majority were from Bradford and Leeds and only a small number from Huddersfield, Halifax, Harrogate and Wakefield. Some postcodes either did not state or were out of area. People may have also recorded their home address even though they may work across West Yorkshire and Harrogate.

Equality monitoring raw data can be found in appendix 7.

## 9. Overall findings and key messages

Key messages from the VCS event are summarised below.

- Each priority area had their own interested areas of work within the VCS and how they could work together. However, some common themes that came out of the discussions were
  - What is the role of the VCS and how can the partnership and priority area invest in the VCS
  - Communication, better communications, appropriate communication, accessible information, sharing information, and
  - Understanding how the systems works
- Of the people who attended the event the majority thought it was a positive and worthwhile event. However, there were some people who thought time was limited for meaningful conversations and networking
- Participants seem keen for next steps
- There were a small number of people who commented on the uncertainty of the WY&H Health and Care Partnership and what it will achieve and how and also uncertain of the purpose of the STP and its VCS/Third Sector partnership and involvement
- There were also some comments regarding the delegate list and a copy of the presentation, that it would have been helpful to have had them. A list of organisations and copies of presentations were available on each of the tables.

## 10. How the findings will be used

The findings will be used to support further conversations with the community and voluntary sector. A follow up meeting has been arranged for 1 December 2017 in Leeds.

## Appendix 1 – Key drivers and legal obligations

### Health and Social Care Act 2012

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

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

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

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

### The Equality Act 2010

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

### The NHS Constitution

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

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services

## Appendix 2 – Invitation

VCS and WY&H STP EVENT - DATE MONDAY 6th NOVEMBER

Dear Colleague

We are delighted to be able to announce that we are holding our first voluntary and community and West Yorkshire and Harrogate, Sustainability Transformation Partnership (STP) event on Monday 6 November. Registration from 9am for a prompt start at 9.30am till 12.30pm.

As a colleague who attended the Cormac Russell 'ABCD' events in July and showed interest in further work of this programme please accept this invite to attend the event being held at;

Carlisle Business Centre, 60 Carlisle Road, Bradford, BD8 8BD, T: 01274 223205 W: [www.carlislebusinesscentre.co.uk](http://www.carlislebusinesscentre.co.uk)

The aim of the event will be to update you on the work of the partnership and progress to date, and will focus on and how the VCS can become more engaged moving forward. A priority to us all.

We look forward to seeing you on the 6 November. To confirm your place or should you have any additional requirements please contact [jill.dufton@calderdaleccg.nhs.uk](mailto:jill.dufton@calderdaleccg.nhs.uk).

Please accept our apologies if you receive this email more than once, it will be likely you are on more than one distribution list.

Many thanks

Soo Nevison and Hannah Howe (WY&H STP VCS reps)

## Appendix 3 – Presentation

West Yorkshire & Harrogate  
Health and Care  
Partnership

Voluntary Community Sector Event

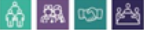
Monday 6 November 2017



# Welcome

Hannah Howe  
Forum Central Leeds

Soo Nevison  
Community Action Bradford & District



## Housekeeping








## About today

- Overview of the WY&HSTP
- Third sector involvement so far
- Find out more about the different work streams
- Getting involved in the future

Agenda		
Time	Activity	Who
09:00 - 09:30	Registration	PMO team
09:30 - 09:40	Welcome and housekeeping <ul style="list-style-type: none"> <li>• About today</li> </ul>	Hannah Howe
09:40 - 10:10	Presentation <ul style="list-style-type: none"> <li>• West Yorkshire &amp; Harrogate Health &amp; Care Partnership – overview followed by Q&amp;A</li> </ul>	Rob Webster
10:10 - 10:30	Presentation <ul style="list-style-type: none"> <li>• Programme areas of work</li> <li>• Next steps</li> </ul>	Ian Holmes
10:30 - 10:50	Presentation <ul style="list-style-type: none"> <li>• Harnessing the power of communities</li> <li>• Third sector involvement so far</li> </ul>	Hannah Howe
10:50 - 11:10	Coffee Break	Soo Nevison, Rory Deighton All
11:10 - 12:10	Table discussions <ul style="list-style-type: none"> <li>• Overview of programme areas               <ul style="list-style-type: none"> <li>◦ How is the 3<sup>rd</sup> sector involved now?</li> <li>◦ What does the 3<sup>rd</sup> sector offer now?</li> <li>◦ How can the 3<sup>rd</sup> sector be involved?</li> </ul> </li> </ul>	Hannah Howe All
12:10 - 12:20	Feedback from each table	Hannah Howe/ Soo Nevison
12:20 - 12:30	Next steps and Close and thanks	Hannah Howe



West Yorkshire and Harrogate  
Health and Care Partnership

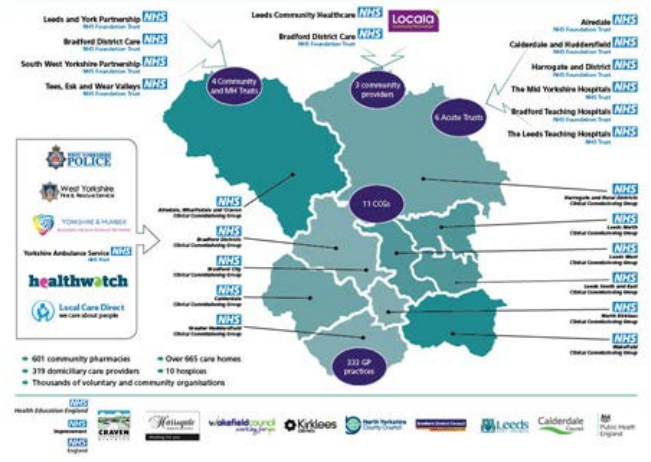
## An overview

6 November 2017

## Hello my name is Ian...

Director for West Yorkshire  
and Harrogate Health and  
Care Partnership

## Our health and care economy //



## Some facts and figures...

- 18% of adults have a disability
- 50% of older people would like more social interaction
- Up to **two thirds** of people in WY&H could spend their retirement years in ill-health
- People living longer with complex health and social care needs
- **Higher than average** obesity levels in WY&H
- 200,000+ people are at risk of diabetes
- Around 455,000 heavy drinkers across the area- major impact on lives and the cost of care
- **Mortality is higher** than average for people with serious mental health concerns
- **Significantly worse rates** than other parts of England for heart diseases etc.
- **4 in 10 cancers are preventable** through lifestyle choices.
- 260,000 people in WY&H are unpaid carers

## What is health and care like today...

- **Major improvements** to services over the past 10 years
- **New treatments are emerging**, e.g. in stroke and cancer
- **We are caring for more people than ever before**, providing services faster, more safely and in better environments, closer to home
- **Research and innovation is delivering world leading new treatments** at the forefront of technology, e.g. our Cancer Alliance has just received £12.4 million for cancer diagnostics
- Developing new models of care that **better meet people's needs** in care homes, hospitals and local communities
- **Supported by a thriving third sector**, excellent universities and engaged businesses, e.g. Child Friendly Leeds.

## Our vision

- Best start in life, and be able to live and age well
- **Supported to self-care** through peer support and the latest technology
- Physical, social and mental health needs will be met by **health and social care and the VCS working together** with them, their family and carers
- Local hospitals supported by **centres of excellence** for cancer, stroke
- **All of this will be planned and paid for once** - councils and the NHS working together
- Staff and the public will be **involved in the design, delivery and assessment of services**
- We will make health and care better by **harnessing the power of communities, information and technology.**

## Overview of approach...

We apply 3 tests for WY&H wide working:

- Is it a scale issue?
- Is it a best practice issue?
- Is it a wicked issue?

### National priorities:

- Cancer
- Mental health
- Primary and Community Care
- Urgent and Emergency Care

### Other priorities:

- Wellbeing and Prevention
- Maternity
- Electives/ standardisation
- Stroke
- Acute collaboration

### Enabling work streams:

- Workforce
- Digital
- Innovation
- Harnessing the power of communities
- Capital and Investment



## How will this partnership be different?

### National Policy Drivers

- Organisation is king
- Mixed priorities and regulatory requirements
- Competition
- Financial mechanisms skewed towards acute care
- Performance focus on access targets



### WYH partnership

- System and place
- Aligned shared ambition between partners
- Collaboration
- Greater financial control to invest upstream
- Prioritisation of wellbeing and outcomes

## What's next?...

- Set out how we will deliver our vision for the next two years
- Developing a financial strategy – reprioritisation to live within our means, Looking at the financial rules
- Workforce plan
- Continue our conversations with you
- Work with politicians, council leaders, WY&H Local Authorities Consultative Group, Joint Health and Overview Scrutiny, Health and Wellbeing Board Chairs
- Work at pace to implement positive change with communities and the public.
- Get involved

## Further information

- T: 01924 317659
- E: [ian.holmes@wakefieldccg.nhs.uk](mailto:ian.holmes@wakefieldccg.nhs.uk)
- [www.wyhpnership.co.uk](http://www.wyhpnership.co.uk)
- Follow us: @wyhpartnership
- Tweet: @ianholmeswyh

## Hello my name is Rob...

Chief Executive of South  
West Yorkshire Partnership  
NHS Foundation Trust

&

Lead Chief Executive West  
Yorkshire and Harrogate  
Health and Care Partnership



Working with  
people and  
communities

Increasing VCS involvement in  
our partnership

We are a guest in people's life



### Further information

- T: 01924 317659
- E: [Rob.webster@swyt.nhs.uk](mailto:Rob.webster@swyt.nhs.uk)
- [www.wyhpartnership.co.uk](http://www.wyhpartnership.co.uk)
- Follow: @wyhpartnership
- Tweet: @NHS RobW



### Third sector involvement so far ...

- Local level STPs
- Harnessing the power of communities
- Communities
- Individuals
- Carers
- Third sector

## COMFORT BREAK



### Table discussions

- Opportunity to hear more about some of the workstreams
- How is the third sector involved now?
- What does the third sector offer now in this area?
- How can the third sector be involved in future?

Feedback, next steps  
and getting involved

## Thank you and good bye

Hannah Howe – Forum Central Leeds

[Hannah.howe@forumcentral.org.uk](mailto:Hannah.howe@forumcentral.org.uk)

Soo Nevison – Community Action Bradford & District

[Soo@cabad.org.uk](mailto:Soo@cabad.org.uk)





## Appendix 4 – Event evaluation form

**Agenda**  
**West Yorkshire & Harrogate Health & Care Partnership**  
**Voluntary Community Sector Event**  
**Monday 6 November**

**Name & Organisation** (Optional) .....

<p><b>Presentations</b> (including content and presenter) – Was the information presented in a way that you could understand?</p>	<p>Please rate by circling the appropriate number          1 being no understanding at all and 10 being completely understand</p>
<p><b>Presentation 1</b> – Programme areas of work and next steps</p>	<p>1   2   3   4   5   6   7   8   9   10</p>
<p><b>Presentation 2</b> – West Yorkshire &amp; Harrogate Health &amp; Care Partnership</p>	<p>1   2   3   4   5   6   7   8   9   10</p>
<p><b>Presentation 3</b> – Third sector and overview of work areas</p>	<p>1   2   3   4   5   6   7   8   9   10</p>
<p>Is there anything else you would like to tell us?</p>	

<b>Activities</b> (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 – Overview of programme areas <ul style="list-style-type: none"> <li>○ How is the 3<sup>rd</sup> sector involved now?</li> <li>○ What does the 3<sup>rd</sup> sector offer now?</li> <li>○ How can the 3<sup>rd</sup> sector be involved?</li> </ul>	1   2   3   4   5   6   7   8   9   10
Activity 2 – Identify volunteers to get involved	1   2   3   4   5   6   7   8   9   10
Is there anything else you would like to tell us?	

Please rate the following by ticking the appropriate box	Very good	Good	Poor	Very Poor
Registration				
Welcome				
Introduction				

Venue				
-------	--	--	--	--

Is there anything else you would like to tell us?

Any other general comments?

**Thank you for taking the time to complete this form**

## Appendix 5 – Event evaluation

Presentation 1 – programme areas of work			Is there anything else you would like to tell us?	Activity 1 part 1– Over of the programme areas			Is there anything else you would like to tell us?	Activity 1 part 2 – Identify volunteers to be involved				Is there anything else you would like to tell us?	Any other general comments?	Name (people with comments to answer/questions)
Presentation 2 – West Yorkshire & Harrogate Health and Care Partnership				- How is the third sector involved now?				Registration						
Presentation 3 – Third sector and overview of work areas				- What does the third sector offer now?				Welcome						
9	9	9		9	9		Very good	Very good	Very good	Very good				
6	9	7		8	8	Good event	Very good	Very good	Very good	Very good	Thanks valuable			
7	8	8		9	10		Very	Very	Very	Very	Found the			

							good	good	good	good	event well organised and really useful		
5	10	10	No	10	9		Very good	Very good	Very good	Very good	No		
10	10	8	Very valuable morning - thank you for organising			We were unable to stay for the group discussions	Very good	Very good	Very good	Very good			
7	8	6		6	1		Very good	Very good	Very good	Very good			
7	7	7		9			Good			Good			
9	10	9	Very useful strategic overview	8			Very good	Very good	Very good	Very good			
10	10	7		7			Good		Very good	Good	Need to improve services Too much emphasis on certain illnesses, less on more debilitating ones		
8	9	9		7	5		Good	Very good	Very good	Good			

7	7	6		8	Because my organisation works with a specific group (women who have experienced sexual violence) its hard to find a place where we fit although we make a massive contribution to health and wellbeing	Good	Good	Good	Good		
8	7	9		8	9	Good	Good	Good	Good	Would have liked more info beforehand so could better understand what coming to. • "I would have liked to know much more about abcd and heard of examples of where it is being used." • The other question was – how are patients	Ladies loos only 2 out of 3 working!

												involved in the STP?		
8	9	6		8			Very good	Very good	Very good	Very good				
7	9	7		7			Very good	Very good	Very good	Very good				
9	9	7		8			Very good	Good	Good	Good				
10	10	7	Useful to see the principles of the Partnership and how the VCS can relate to this	9			Very good	Very good	Very good	Very good			A conversation about social value and how to measure this would be beneficial. An offer of resources from statutory services requires discussion to support VCS	
8	9	8	Would have been useful to have had an update on the carers work stream	6	4		Good	Good	Good	Good				
6	6	6		4	4		Good	Good	Good	Good			Felt very like the 'start' - have we got the time to 'just talk' need to get tangible actions	

													happening now	
8	8	9												
9	9	6		9			Good	Good	Good	Good				
10	10	10		8	8		Very good	Very good	Very good	Very good				
			Not really much clearer about what WYH Health and Care Partnership will achieve and how it will achieve it. Does it commission services?			Identify volunteers to get involved - I'm not sure we did this? One table may have looked at it but most didn't.					Ladies toilet facilities inadequate for size of the venue		Small VCS organisations don't have the capacity or resources to engage in these events. It doesn't mean they aren't doing valuable work. There needs to be scope for small specialist special interest groups to receive funding without needing to get involved in these meetings	
7	7	5		8			Poor	Good	Good	Very good	It would have been helpful to have had an agenda before the event		Can you please email presentations etc. thank you	



9	9	7					Very good	Very good	Very good	Very good		Would like a follow up session soon	
7	8	6	Would have been good to have more information to take away about the structure and key priorities	7	6	A lot of people from different backgrounds competing for limited time to raise issues	Good	Good	Good	Good		Voluntary sector is so broad so had to cover all our needs in one session - How would like us to give more of our expertise and resources outside of this event	
8	8	4	Couldn't get to grips with what the 3rd sector involvement has been. Would have liked to know Soo, Hannah and Rory's perspective on key issues	3		Activity 1 - no prevention and wellbeing programme outline. Not enough time for everyone to contribute and have a proper discussion. Mental Health: Would have benefitted from some initial information rather than blank page approach	Poor	Very good	Very good	Good	Not well advertised? This could be wrong - proof will be in attendance. No response to email asking to attend. No registration process as far as I could find	Where was Public Health! Where was the lead for the Prevention and Wellbeing programme	

8	8	8	Our service has been running for 28 years without any buy in from CCG or local authorities, we are grant funded by Trusts and Grants these are coming to an end so anything that improves communication/commissioning of services is welcomed.	5 6 6			Good	Good	Good	Good		I believe that most of the groups attending today will have a client base that may be interested in some co-production events, may be useful to invest in this area.
7	7	7		8			Good	Good	Good	Good		
8	8	8	If its not an STP anymore why are you all still using that terminology - its not helpful	5			Good	Good	Good	Good	Directions or a map would have been helpful	Access issues not address adequately. This form is not accessible; the font is too small for a start. Event not accessible to people with learning difficulties who lead our organisation. Purpose of your table top work could have been much clearer. It was impossible to know where to go as the

													remit of the tables was unclear	
5	5	5		6			Good	Good	Good	Good				
9	9	8	Gave a good understanding of the forward plans re: STPs	9			Good	Very good	Very good	Good				
4	8	7	Discussion session help reinforce, add to understanding from earlier briefing. Questions very useful	10			Very good	Very good	Very good	Very good	Email addresses of delegates circulate, if ok for everyone. Pre event comms very good			
9	9	6		8	5		Poor	?	?		Nice venue but not very accessible by public transport across the region so nearer a train station next	Please can we have other contact details? Fantastic to get people together and sharing ideas and influencing workstreams		

											time please		
10	8	10		8			Very good	Very good	Very good	Very good	N/A		
7	7	5		7	7		Good	Good	Good	Very good			
9	9	9		9	8		Very good	Very good	Very good	Very good			
10	10	10	All very interesting. My optimistic side thinks this an excellent start to shifting the understanding in statutory services about what the VCS can bring. My cynical side is still a bit cynical mainly because of the scale of the challenge alongside other challenges for a health and care sector that's under so much pressure	10	?	Activity 2 - didn't realise this was the 2nd activity	Good	Good	Good	Good			
			Would be helpful to have copy of slides and attendance list				Good	Good	Good	Good			

9	9	9	How will the messages from this body influence the decision makers locally at HWB's	9	8		Very good	Very good	Very good	Very good		Can we have a copy of the slides? What is the ABCD model? Please keep talking. Can you share the delegate list?	
8	9	8	This was a positive event and the WY&H HCP clearly has great aspirations. They were good to hear. There is a huge amount of work to do to sort out how statutory and voluntary sector work together with trust and positive nurturing relationships as current commissioning relationship can make this difficult.	6	6	Again honest understanding and evaluation of what has gone well and what learning there might be when things don't go well - shouldn't always be very combative could be safer space for sharing learning	Good	Good	Good	Good	This was a positive event and it was good to see really person centred aims being held at a very senior level. This can only be a good thing.	It will be really interesting to see how things develop	
8	7	5	There is an assumption that everyone knows what your abbreviations stand for	5	5	There was a huge emphasis on "money" in both activity sessions - created a lot of duplication							

9	9	9	Still not yet at the practical 'what we need to do' stage				Very good	Very good	Very good	Very good			
8	8	8	It has been a very good event. Especially good to hear from Rob Webster. Key will be how this translates into action. Still hard to see implication for local VCS. Funding needed to mobilise VCS across STP	7		Activity 1 - Bit tight on time	Very good	Very good	Very good	Very good		There is a lot of opportunity to work more collaboratively as VCS across STP aligned with work streams. Mapping practice, identifying best practice and creating opportunities to learn and share but resources needed to do this / co-ordinate. Should be VCS programme led	
9	9	9		10		Competition paying for things once. STP area. 1 ACS							
8	8	8	Pitched at the right level. Not so in-depth. It was easy to understand	9					Very good	Very good	Delegate list would help	More time and opportunity for networking	
7	7	8	Manage still a little unclear to what the final picture will look like	8			Very good	Very good	Very good	Very good			

3	3			7									
7	7	5		2	2		Good	Good	Good	Good	Lack of /Late info not helpful. Agenda should have been available in advance	Uncertain that I know the purpose of STP and its VCS/Third Sector reason for partnership	
9	8	7		3			Very good	Very good	Good	Very good			
5	8	5	Will the presentation be shared and is there information about ABC model.	6			Good	Good	Good	Good			

## Appendix 6 – Equality Monitoring Form

### 1. What is the first part of your postcode?

Example	HD6 / LS2
Yours	

Prefer not to say

### 2. What sex are you?

Male  Female

Prefer not to say

### 3. How old are you?

Example	42
Yours	

Prefer not to say

### 4. Which country were you born in?

Prefer not to say

### 5. Do you belong to any religion?

Buddhism

Christianity

Hinduism

Islam

Judaism

Sikhism

No religion

Other (Please specify in the box below)

Prefer not to say

### 6. What is your ethnic group?

#### Asian or Asian British:

Indian

Pakistani

Bangladeshi

Chinese

Other Asian background (please specify)

#### Black or Black British:

Caribbean

African

Other Black background (please specify)

#### Mixed or multiple ethnic groups:

White and Black Caribbean

White and Black African

White and Asian

Other mixed background (please specify)

#### White:

English/Welsh/Scottish/Northern Irish/British

Irish

Gypsy or Irish Traveller

Other White background (please specify)

#### Other ethnic groups:

Arab

Any other ethnic group (please specify)

Prefer not to say



**7. Do you consider yourself to be disabled?**

- Yes    No  
 Prefer not to say

**Type of impairment:**

Please tick all that apply

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

**8. Are you a carer?**

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

- Yes    No  
 Prefer not to say

**9. Are you pregnant?**

- Yes    No  
 Prefer not to say

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

- Yes    No  
 Prefer not to say

**11. What is your sexual orientation?**

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

**12. Are you transgender?**

Is your gender identity different to the sex you were assumed at birth?

- Yes    No  
 Prefer not to say

**Once completed please either leave on the table with your evaluation form or hand them both to a member of the team.**

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

## Appendix 7 – Equality monitoring data

What is the first part of your postcode?	What sex are you?	How old are you?	Which country were you born in?	Do you belong to any religion?	What is your ethnic group?	Do you consider yourself disabled?	Type of impairment	Are you a carer?	Are you pregnant?	Have you given birth in the last 6 months?	Sexual orientation?	Transgender?
LS9	Female	38	UK	Islam	<b>Asian or Asian British - Bangladeshi</b>	No		No	No	No	Heterosexual	No
BD6	Female	Prefer not to say	Prefer not to say	Prefer not to say	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British							
WF2	Female	49	England	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
	Female	32	England	Islam	<b>Asian or Asian British - Pakistani</b>	No		No	No	No		No
NI 6AP	Female	48	Ireland	No religion	<b>White:</b> Irish	No	Long term condition	Yes	No	No	Heterosexual	No
HD1				Islam	<b>Asian or Asian British:</b> Indian	Prefer not to say	Prefer not to say		No	No	Heterosexual	No
BD6	Female	52	UK	Islam	<b>Mixed or multiple ethnic groups:</b> White and Asian	No		No	No	No	Prefer not to say	No

LS5	Female	33	England	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	Yes
LS5	Male	53	UK	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	Yes	Sensory impairment	No	No	No	Heterosexual	No
LS13	Female	31	Britain	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	Yes
S63	Female	54	England	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
WF1	Female	Prefer not to say	England	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	Yes
LS10	Male	49	UK	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
BD9	Male	60	UK	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No
LS1 (Work) LS20 (Home)	Female	57		No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No
HD9	Female	53	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No
HD2	Female	36	England	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
HD2	Female	57	England	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
BD4	Female	51	UK	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No
BD22	Female	57	Gt Britain	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No	Long term condition	No	No	No	Heterosexual	No
BD23	Female	52	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No

YO8	Female	Prefer not to say	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Prefer not to say	Prefer not to say
BD10	Female	52	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No
BD13	Female	46	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
LS7	Female	48	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
HD7	Female	53	UK	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
BD3	Female	44	UK	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Lesbian	No
YO10	Male	24	United Kingdom	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
BD16 / LS10	Female	59	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No
BD21	Female	40	UK	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
YO3	Female	59	England	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No
BD21	Female	Prefer not to say	UK	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
M1	Male	31	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Gay	No
WF3	Female	29	UK	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
WF1	Male	35	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No

BD13	Female	49	England	Other	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
WF1	Female	47	Singapore	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	Yes
BD6, BD7, BD8	Female	54	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No	Long term condition	No	No	No	Heterosexual	No
HD3	Female	48	UK	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No
BD22	Female	60	England	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
LS28	Female	35	Indonesia	No religion	<b>Mixed or multiple ethnic groups: Other mixed background - White/Chinese</b>	No		No	No	No	Heterosexual	No
HX1	Female	43	UK	No religion	<b>White:</b> Other white background	No		No	No	No	Other	No
BD16	Female	39	UK	No religion	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		No	No	No	Heterosexual	No
	Female	57	UK	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British							
Prefer not to say	Female	Prefer not to say	Prefer not to say	Prefer not to say	Prefer not to say	Yes	Mental health condition	Yes	No	No	Prefer not to say	No
LS13	Male	57	England	Christianity	<b>Mixed or multiple ethnic groups: White and Black Caribbean</b>	Yes	Physical or mobility impairment	No	No	No	Heterosexual	No
BD18	Female	71	UK	Christianity	<b>White:</b> English/Welsh/Scottish/ Northern Irish/British	No		Yes	No	No	Heterosexual	No

## **Contact details**

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