

Patient and Public Involvement Annual Report 2008

Board Meeting

6 January 2009

1. INTRODUCTION

The purpose of this paper is to highlight activities carried out by NHS Sheffield during the period December 2007 to November 2008 with regard to engaging and involving patients, carers and the public in Sheffield. For the purpose of this report, patients, carers and the public will be referred to as service users. This definition is taken from the NHS Act 2006 and includes carers and future service users.

The purpose of engaging with service users is:

For service users to have more:

- Information about the health of their community and local health services;
- Commitment to and ownership of, the local health services;
- Trust and confidence in local health services;
- Ownership of solutions;
- Awareness of the complexities and constraint of healthcare planning;
- Influence over how and where health services are provided; and
- Health services that meet their needs and preferences.
- Opportunity to bring a positive outcome from their experience.

For NHS organisations to:

- Have a better understanding of the needs and priorities of the local community;
- Make better decisions;
- Design services that reflect the needs of users;
- Provide services that are efficient, effective and more accessible; and
- Experience less conflict and adverse media attention as there is an increase in user satisfaction. *Real Involvement*, DH, 2008

2. WHERE WE STARTED FROM

Across the 4 previous Sheffield Primary Care Trusts (PCTs) there was a wealth of expertise regarding effective involvement and engagement. This helped NHS Sheffield to build a skilled Patient and Public Involvement (PPI) and Public Health Team. However, there was a need to identify good practice, develop a systematic approach and embed PPI across the organisation.

The Team was also responsible for the following services:

- The Patient Advice and Liaison Service (PALS);
- The Expert Patient Programme (EPP);

- The Volunteer Service and;
- The Primary Care Advocacy Service.

3. OUR APPROACH TO ENGAGEMENT

NHS Sheffield is committed to listening to and creating an ongoing dialogue with the population of Sheffield. In October 2007 the PCT Board approved the Patient Involvement and Public Engagement Strategy. Although developed prior to the publication of *World Class Commissioning, A dialogue of equals, and Real Involvement* it stands up well against the recommendations of these publications e.g. it's focus was to involve service users at all stages of the commissioning process, creatively engage with the seldom heard and have an ongoing process of systematic engagement and reporting. In November 2007 the Board approved the Implementation Plan (Appendix 1) and the following month the Communication Strategy and Action Plan (Appendix 2) were also agreed.

Although other individuals and teams have contributed to the performance against these plans they have formed the basis for the work undertaken by the PPI Team. Many other issues and activities have taken place, which were not envisaged in 2007. This report gives a flavour of the work and additional activity.

4. THE JOURNEY SO FAR

a) Building Capacity

The team has extended its capacity by utilising specialist services where necessary. Examples:

- A call centre was employed to undertake a phone poll for the Achieving Balanced Health Refresh.
- Commissioning filming of street activity to help service users and staff to better understand issues.
- Employing a temporary PPI Support Officer to co-ordinate the involvement of volunteers with our work; ensure this is tracked on the PPI database and organise the EPP courses.
- Incorporating the Sheffield Cancer Services User Involvement Facilitator into the Team.

This has allowed the Team to have more time to build relationships with both internal teams and external organisations. NHS Sheffield has worked with both Sheffield City Council and Voluntary Action Sheffield to build capacity in the COMPACT process and the Local Involvement Network (LINKs)

b) To embed PPI into the organisation

This has been done by having Board members/Directors committed to engagement. This ensures challenge within our business.

Examples:

- Structured approach to engagement within the commissioning cycle via the ABH and ABH Refresh process, Commissioning Intentions, Vital Signs etc. We are now on the second cycle of this process and service users appreciate this continued involvement.

- Systematic approach to involving service users in our business – role descriptions developed, support and resource identified.
- Supporting staff and groups to understand the duty to involve and resources available.

c) Meeting standards/performance management/ensuring quality

Engagement and gaining feedback forms part of all our performance mechanisms:

- Standards for Better Health (SfBH),
- Use of Resources (UoR) and
- World Class Commissioning (WCC).

The PPI Team has ensured NHS Sheffield meets the statutory standards and has evidenced national good practice to our assessors (the Volunteer Policy, Expert Patient Programme, Beacon status for engagement in the Enhanced Public Health Programmes and 6 phrases of Urdu presented at a national DH conference).

- NHS Sheffield continues to build robust mechanisms to ensure quality within the contracts with provider organisations as noted in the *Commissioning for Quality* approved by NHS Sheffield Board in June 2008. A PPI Team member is involved in all commissioning/contracting groups.
- As noted in Appendix 1 and Appendix 2 NHS Sheffield are on course to complete the initial 2 year Implementation Plan in one calendar year. Cause for celebration.
- Evaluation of our PPI work is essential and in the true spirit of partnership and engagement this work is being developed by both the Hallam University and the Clinical Audit Patient Panel. Reports will be available in 2009.

d) Reporting mechanisms

During the past year the NHS Sheffield has developed and refined the mechanisms for reporting and sharing information. In the case of the PPI Team:

- PALS reports are taken on a monthly basis to the Patient Safety Group;
- Attendance at Clinical Governance, and
- Attendance at Provider Services Risk Management and Governance Group.
- The PPI Steering Group meets bi-monthly, is Chaired by the Director of Standards and Engagement and membership includes a Non-executive Director, Service User, Volunteer representative, and representation from the Communications, Public Health Teams and Provider services. The group assesses performance, further actions necessary and ensures development of the 4 services previously mentioned.

e) Partnership working and building relationships

NHS Sheffield has made significant progress in building on the good relationships that already existed with our stakeholders.

Examples:

- Work with the PPI Forum until the end of March.
- Worked alongside Sheffield City Council (SCC) and other stakeholder organisations to ensure an appropriate host organisation (Voluntary Actions Sheffield) and the development of the LINK for Sheffield.

- NHS Sheffield also works with SCC on the Compact, Expert Elders, Children's and Young People Multi-agency Patient Partnership Group and around customer satisfaction. The Community Conference on 29 September helped stakeholders to assess how further partnership work might take place.
- The Citywide PPI Network is a valuable source of support and information. NHS Sheffield has encouraged joint work on both 18 weeks and planning for a flu pandemic.
- The Director of Standards and Engagement is co-chair of the Health Compact. Events were held on 11 April and 6th November to progress this work with voluntary organisations.
- Many of the above activities and the development of the Health & Wellbeing Consortium are as a result of the dedication of staff at Voluntary action Sheffield. They have helped most recently with recruitment and support to the NHS Sheffield Advisory Forum.
- Sheffield Universities have always played a key role in health and wellbeing organisations in Sheffield. The Knowledge Exchange Project helped to form a baseline to progress our PPI work last year and this year we have engaged with Sheffield Hallam University to:
 - Evaluate 3 speech enabling software packages with "hard to reach" groups to inform PCT purchasing decision for software on the new website - this has been completed
 - Evaluate the contribution of Web2 tools to facilitate public engagement - this is currently being organised with computing experts at SHU
 - Explore how current public engagement activity can inform PCT commissioning and how this work can be developed. Subsumed within this as an examination of how the website can be modified to facilitate engagement in the future.

The PPI Team has also worked with internal and external teams to build relationships that help to progress our engagement activity.

- PBC Management Matrix Groups, help with framework, panel of assessors
- South Yorkshire EPP Group
- National PALS Network
- Clinical pathways – event 26 Feb
- Yorkshire and Humber SHA PPI learning network
- Public Health/PPI workshop 22 April
- Public Health workshop on marginalised groups 28 April.
- Input to Organisational Development
- Overview and Scrutiny Committee
- National PPI Conference 8 July
- DH, Joan Saddler workshop Leeds 25 July and WCC/PPI workshop 14 Nov
- Meetings with South Yorkshire Police
- North Trent Cancer Network Partnership Group.

f) Services

i) PALS – As part of NHS Sheffield's move to 722 the PAL Service created a new 0800 free phone number and new publicity materials including a wallet sized calling card. The publicity has been used at events identified in Appendix 3. As a result of this more service users have accessed the service and received help. A telephone number has also

been provided via the service to enable translation and interpretation where necessary. The PALS Annual Report was presented at the Patient Safety Group. This Group has also identified the need for further development of the DATIX system to ensure it provides the information necessary for monitoring purposes. The team is developing plans to evaluate the service.

ii) EPP – The self-management course was offered at the Pakistan Muslim Centre for the first time during 2008 and was delivered in both English and Urdu. Feedback from participants was very positive and a number of health outcomes were achieved including: one man cutting down his daily number of cigarettes by half; several participants increasing their daily amount of exercise and one man choosing to train as an EPP facilitator. This will help build community capacity for future provision.

The course for people with learning disabilities was run for the third time involving a former participant as a co-tutor. Extra support was provided to allow him to develop his own areas of interest and expertise which allowed him to play a meaningful and equal part in the delivery of the training. He was also supported to attend group supervision with other generic and Supporting Parents tutors which proved to be a very positive experience for all who attended. Additional capacity has been provided this financial year for a PPI support officer to co-ordinate courses and the information on our PPI database.

iii) Volunteers – The robust systems and processes to support people who volunteer with NHS Sheffield and Sheffield PCT have been dramatically improved over the last year. Volunteers are now asked to formally enrol, which ensures a consistent level of support and that governance is in place. NHS Sheffield can be proud that when the Prospectus of Volunteering Opportunities was launched in February 2008, which offers a range of opportunities for people to get involved with, 43 people signed-up in the first month. By November 2008, the number had increased to 238 people. The range of volunteering spans from retired GPs offering alternative therapies for asylum seekers and refugees through to people with learning disabilities co-delivering training sessions. Two volunteering events have been held during 2008. The additional capacity provided by the PPI support office also helps to co-ordinate these opportunities, activities and events as well as keeping the PPI database current.

Example of partnership working - In January the PPI Team was approached by the New Beginnings team at Voluntary Action Sheffield who support asylum seekers and refugees to volunteer. As a result, we have supported five people from this community to increase their confidence, skills and knowledge by volunteering with NHS Sheffield. They have made a considerable difference to our services as they bring a fresh perspective to the work.

iv) In order to enhance the Primary Care Advocacy Service, which is the only one of its kind, the service has been made available in the Burngreave Children's Centre. Not only is the service now benefiting residents of Sheffield who may previously not have accessed the service, but it also provides the Patient Public Involvement Team with access to families in the community who may benefit from the different Expert Patient Programmes. New posters and leaflets have been produced to publicise the service and appointment cards have been introduced.

g) Innovations and Partnership working

It is difficult to convey in this report the breadth and depth of engagement that NHS Sheffield has been involved with. Below are a few examples which may give some insight to this work:

- Early this year Board members agreed to develop an Advisory Forum to ensure transparency of the PCT's decision-making process. NHS Sheffield commissioned VAS to independently recruit 40 members to be representative of the population of Sheffield. The first meeting was held on 24 September and evaluated well. In December they will help assess Compassionate Care bids and this advice will be presented to the Board in January.
- What we did differently – used external and internal teams to build capacity and expertise to undertake filming for DVDs; to undertake telephone interviews; to analyse consultation feedback; to gain independent help to recruit patients to a large focus group.
- NHS Sheffield was one of four PCTs nationally to be involved with the Department of Health in assessing a “tool” to help to engage in the Commissioning Cycle. The workshop helped all directorates to progress their thinking in this area of work.
- At many of the engagement events we have held, service users have mentioned that they wished to access information via a website. The communications team and PPI Team have been working hard to make this a reality. The work includes consultation/piloting with service users about accessibility to the website.
- The team was approached by Activity Sheffield about a joint initiative to adapt the idea of ‘mystery shoppers’ to test the physical activity referral schemes that our GPs prescribe for patients. Four patients, all who live with long-term health conditions, were recruited and trained to evaluate the service they received from four leisure centres in the City. This included: the length of time for an initial appointment following referral; whether they were offered a range of physical activities to choose from (as opposed to only being offered gym membership); if a medical was carried out; and variations in cost between different leisure centres. As a result, a number of safety issues have been addressed; a more consistent approach is being considered; and one staff member has received high praise for the consistent level of customer service she offers.
- The second-ever Takeover Day took place on 7 November 2008, at the end of Youth Work Week 2008 with its theme of “Promoting the Voice and Influence of Young People”. At NHS Sheffield five young people were involved in our work, undertaking a number of different activities. They attended the National Support Team's report on childhood obesity; watched the BBC filming primary school children about their vegetable growing; wrote a blog for the intranet and produced and performed a briefing for staff (Here Is Our Voice) on what they would do if they ran the NHS. Feedback from everyone involved in the day was very positive and all the young people enjoyed their time with NHS Sheffield: *“We've really enjoyed our day and want to thank all the staff who helped us today! We will report back to the Sheffield Youth Council and tell them what goes on in the NHS and the PCT!! We look forward to being employed by Jan in the near future (hint, hint).”*

- The PPI team has been evaluating electronic patient feedback (EPF) software. EPF software can produce questionnaires for use on state-of-the-art electronic hand held and touch screen devices, internet/intranet and where necessary as paper copies that can be scanned for evaluation purposes. A wide variety of questionnaire designs and question formats are available, which, enable the surveys to be tailored to suit many diverse groups from the community. Electronic systems are recognised as an excellent means of generating patient feedback and these software systems enable people to offer their views whilst their experience of the service is fresh in their mind. The system chosen will be in use from early 2009.

5. THE FUTURE

Having completed the two year Implementation Plan in one calendar year, the team is in the process of developing an action plan for 2009. This will include:

- Working closely with the Communications Team to communicate with service users about our work, opportunities for involvement and to continue our ongoing dialogue with them.
- Continuing to work closely with the Public Health Directorate, especially the Enhanced Public Health Programmes and research colleagues.
- Improving our evaluation and monitoring mechanisms. Building on the results of current evaluations.
- Focusing further attention to seldom heard groups based on the university evaluation and in partnership with Public Health
- More targeted social marketing projects with the communications and public health teams, utilising the new money gained via the national 10 towns bid
- Full engagement in the community consultations necessary as part of Practice Based Commissioning Consortia service developments and LIFT projects.
- Closer relationships with Practice Based Commissioning Consortia
- Raising the profile and accessibility of NHS Sheffield e.g. getting out to service users via a health bus.
- Improved work on evaluations to assess how services need to develop to be of high quality and fit for purpose.
- Assessment of the feasibility of a City Centre Advice and Information facility.
- Working with health and social care organisations to implement Making Experience Count which has implications for the complaints process and any customer care service e.g. PALS.
- Continued development and support of the Advisory Forum.
- Build capacity to ensure feedback is captured and co-ordinated.
- Build expertise to coordinate events.
- Ensure robust process for engagement in the commissioning and contracting process.

This plan will be presented to NHS Sheffield Trust Board in January for discussion and agreement.

6. RECOMMENDATIONS

The Trust Board is asked to endorse this paper.

Paper prepared by Jeanette Miller, Head of Patient Experience and Engagement

On behalf of Penny Brooks Cordon, Director of Standards and Engagement

November 2008

PATIENT INVOLVEMENT & PUBLIC ENGAGEMENT ACTION PLAN 2007-09

Services for which we are responsible

Area of work	Progress at Dec 07	Milestones – Timeline for progress	Traffic Light	Evidence of effective completion	Where feedback went (where appropriate)
<p>Patient Involvement & Public Engagement:</p> <ul style="list-style-type: none"> - Develop Strategy - Develop summary for public & staff - Develop Action Plan - Create Steering Group - Performance mechanisms <p>Statutory Duties:</p> <ul style="list-style-type: none"> - Clinical Governance - Corporate Reporting - Risk - Compliance with standards - Compliance with new Section 242 of the Health & Social Care Act 	<p>Strategy created and agreed by PCT Board. Summary printed. Implementation Plan agreed by PCT Board Reports to Clinical Governance Group Risks Identified Reports to Patient Safety Compliance with standards and duty.</p>	<p>PPI Re-engagement event Jan 2007 First meeting of PPI Steering Group Dec 07 Steering Group to review performance Jan 08 Raise staff awareness of duties via training – Feb 08 onwards</p>		<p>Strategy Strategy summary Implementation Plan Minutes of meeting Consultation reports CG minutes. Assessment Tool in use. Equalities Impact Assessment report. Training attendance list. Briefing to NEDS.</p>	<p>Engagement & Consultation feedback identified later in report.</p>
<p>Volunteering:</p> <ul style="list-style-type: none"> - Co-ordination - Roadshow/Event - Evaluation - Conference - Prospectus for volunteer opportunities - Database 	<p>Volunteer Policy agreed by PCT Board Work in progress on volunteer database</p>	<p>Individual support for volunteers and services. Roadshows/Event Mar 08 Evaluation of satisfaction 2009 Prospectus to be developed by Mar 08 Conference July annually Volunteer Database Mar 08</p>		<p>Volunteering Policy Database (220 volunteers) Attendance lists Event programme and evaluation Evaluation report Two editions of Prospectus</p>	<p>Volunteering policy shared as good example nationally. Evaluation helps to develop further events. Prospectus informs staff and volunteer work.</p>

<p>Expert Patient Programme:</p> <ul style="list-style-type: none"> - Develop a relationship with EPP Community Interest Company - Develop links with disease specific courses, Community Health Educators, Introduction to Community - Development in Health courses and GPs and Consortia - Ensure fit with other programmes - Support development of courses for other audiences 	<p>PCT offered approx 250 course places, has 21 volunteers and 3 staff able to deliver lay-led self-management courses.</p> <p>3 members of staff are also able to monitor quality assurance, train and supervise volunteers.</p> <p>EPP Database Annual Celebration Review Session Review Report</p>	<p>Report to PCT Board on DH target by 2012.</p> <p>Compliance against SS2Q standards reported – June 08</p> <p>To support the development of various lay-led training packages - ongoing</p> <p>To continue to offer lay facilitators a personal and effective level of support - ongoing.</p> <p>Ensure links with other self-management courses - ongoing</p> <p>Provide minimum 2 tutor training events - annually</p>		<p>Reports and Evaluation will evidence the engagement of staff and volunteers in the programme.</p> <p>PCT will achieve standards set out in SS2Q.</p> <p>35 lay tutors.</p> <p>Sheffield PCT will be leader in meeting national guidance.</p>	<p>Involved in consultations – feedback in appropriate report.</p> <p>Evaluation feedback used to ensure quality of courses/trainers.</p>
<p>PALS:</p> <ul style="list-style-type: none"> - Single access number - Internal Evaluation - Datix fit for purpose - Develop publicity - Publicise the service - Reporting - Annual Report - Roll out PALS training, internal and independent contractors 	<p>Lead identified</p> <p>0800 Number ready</p> <p>Capacity assessed</p> <p>Datix input coordinated</p> <p>Publicity in South Yorkshire You & Your Health publication</p>	<p>Number to go live when PCT move to new premises</p> <p>Publicity to begin Jan 08</p> <p>Talk to 10 Sheffield practices about PALS training for staff</p> <p>Annual PALS report Oct 08</p> <p>Evaluation by Mar 09</p>		<p>New publicity materials</p> <p>List of events/festivals attended plus AGM</p> <p>Evaluation report to Board</p> <p>Training modules ensure staff are effective in helping patients and improving systems.</p> <p>Annual Report.</p> <p>Reports to QOF.</p>	<p>Feedback gained from PALS forms the basis of monthly reports to Patient Safety Group and is included in the PALS Annual Report.</p>

<p>Primary Care Advocacy Service:</p> <ul style="list-style-type: none"> - Evaluate service and develop capacity - Build links with Advocacy services in other agencies - Ensure opportunities for individual development 	<p>Lead identified Advocacy Workers meeting regularly Training needs identified</p>	<p>Develop questionnaire for Practices to evaluate service provision – Nov 07 Circulate questionnaire – Dec 07 with reply for Jan 08 Review Services in light of evaluation results to include capacity issue – Feb/Mar 08 Report - Spring 08 Talk to GP Advocates to establish what links they have with services in other agencies – Nov/Dec 07</p>		<p>Questionnaire Report on service to Steering Group Mapping report/table PDRs Attendance lists</p>	<p>Communication with surgeries.</p>
<p>Surveys/Feedback :</p> <ul style="list-style-type: none"> - Healthcare Commission surveys - PPI Input to QOF, GP Practice surveys - Service surveys <p>Collation of Feedback: - Robust, joined-up feedback to be available as appropriate e.g. Practice Based Commissioning Consortia.</p>	<p>HCC Survey lead identified Team to meet with 10 practices with regard to access survey results Completion of HCC Diabetes Survey Action plan from HCC Diabetes survey Creation of Patient Safety Group</p>	<p>Oversee PCT Patient Survey and action plan – spring 08 onwards Action plans for each 10 practices visited – Feb 08 Discussion and decision regarding volunteer involvement in survey interviews – Dec 08 Development of PPI Website and – Jun 08</p>		<p>Survey contracts Survey Action Plans Practice action plans Minutes of meetings Website Report to Patient Safety</p>	<p>Survey feedback shared in Team Brief, Briefing to NEDs and Executive Team and PEC. Task Group identified to share feedback in their service area. Future results have section on new Website.</p>

PPI team input into other partnerships – internal and external

Area of work	Progress at Dec 07	Milestones – Timeline for progress	Traffic Light	Evidence of effective completion	Where feedback went (where appropriate)
<p>PPI Steering Group - To take forward the work in this plan. - Evaluate progress</p>	<p>Recommended in Strategy agreed by PCT Board Oct 07</p>	<p>Agree Membership – Nov 07 First meeting of Group – Dec 07 Draft TOR for discussion at first meeting and finalise – Jan 08</p>		<p>Terms of Reference Minutes of meeting Performance monitoring Plan Reports to Governance Group</p>	<p>Feedback on engagement reported to Steering Group. Highlights reported at Governance Group.</p>
<p>Contracting/Commissioning groups - To ensure patient feedback is central to how we commission services - To ensure services provided are relevant to patient care pathway. - Good working links to Trusts, VCF sector and Practice Based Commissioning (PBC) Consortia</p>	<p>Leads for groups identified</p>	<p>PPI Managers attending contracting meetings – Oct 07 and ongoing Identify information collation mechanisms – Feb 08 To discuss with the Professional Executive Committee (PEC) examining patient care pathways – Dec 07</p>		<p>Proof of user involvement at all stages of the Commissioning Cycle. Proof that feedback is considered when commissioning services. Commissioning Patient Experience board paper. Commissioning for Quality paper. Involvement in PBC Consortia Management Matrix Groups. Better Outcomes.</p>	<p>Feedback received from trusts e.g. PALS, complaints, audits. Collation of feedback reported to PCT Board to include recommendations and actions.</p>

<p>Maintain Citywide and SHA PPI networks</p> <ul style="list-style-type: none"> - Learn & share good practice - Partnership working - Joined up working - Share resources 	<p>Meetings and masterclasses attended. Joint work with Trusts SCC and VAS Meetings with other PCT to share learning from ABH</p>	<p>PPI Team is represented at Masterclasses and Citywide meetings – Oct 07 and ongoing Citywide PPI meeting re partnership work Citywide work re contracting LINKs for Sheffield</p>		<p>Minutes of meetings Good practice gained from masterclasses evident in PPI team's work – contribution to other trusts. Event programmes Notes from Flu Pandemic Workshop LINKs Governance Body in place.</p>	<p>Information shared across networks e.g. vexatious PALS contacts. Highlights from engagement shared with colleagues.</p>
<p>National PALS Network</p> <ul style="list-style-type: none"> - Support for front-line PALS - Website for resources and to aid communication - Central voice for PALS - Links with DH, HCC etc 	<p>Improved learning and network for Sheffield PALS Quarterly Board meetings attended. Communications to old South Yorkshire Network Involvement in collation of response to complaints consultation</p>	<p>First AGM to be attended by staff. Charitable status pending</p>		<p>PALS Online website www.pals.nhs.uk Network News Annual Report Charitable status awarded.</p>	<p>Communication across South Yorkshire on developments and events. E.g. Making Experience Count.</p>
<p>Involvement in Citywide and South Yorkshire EPP Groups</p> <ul style="list-style-type: none"> - Ensure co-ordinated approach - Support to staff and volunteers 	<p>Organisation and facilitation of Citywide Steering Group Attendance at SY Group</p>	<p>Continued involvement and support for citywide and SY colleagues.</p>		<p>Reports Minutes Training Data</p>	

<p>Input into PCT wide groups e.g. ABH Core Delivery, equalities</p> <ul style="list-style-type: none"> - Ensure patient feedback/lay representation in planning etc. 	<p>Penny Brooks Cordon Chairs Equalities and Human Right Group All members of the PPI Team heavily involved in the ABH process</p>	<p>Identify groups – Dec 07 and ongoing Allocate responsibilities to PPI team members – Jan/Feb 08 and ongoing</p>		<p>Minutes of meetings. List of groups. Changes in working practice across the organisation ABH Tracker. PBC matrix management Groups. Contracting Groups. Leads identified for IPCS streams.</p>	<p>Engagement identified at these groups and communications in and out of appropriate groups.</p>
<p>Working with Voluntary, Community and Faith (VCF) sector groups</p> <ul style="list-style-type: none"> - PCT aims to involve seldom heard groups and individuals - Work in partnership to achieve this goal 	<p>Achieving Balanced Health consultation with VCF groups Penny Brooks Cordon Co-Chair of Sheffield Health Compact Regular calls for advice from VCFS to PALS</p>	<p>PCT will offer to meet with each group on the ABH tracker to present the PCT Strategy and PPI Strategy – Dec 07</p>		<p>PALS queries received from VCFS ABH Tracker Compact minutes Action plan from spend with VAS LINKs meetings Areas identified via Pacesetters. Enhanced Public Health Programmes</p>	<p>Feedback via Health Partnership Network, LINKs, Compact. EPHP communication into each of the 15 programme areas.</p>


<p>Working with multi-agency teams e.g. Group for children and young people, POPPS</p> <ul style="list-style-type: none"> - Evidence of good practice in these groups - Share resources and capacity - Lessen duplication 	<p>Good practice in C&YP & POPPS Contact made during ABH. Lead identified for children's PPI</p>	<p>Discussion about involvement necessary Dec 07</p>		<p>Notes of discussion Consultations or feedback Expert Elders Sheffield Cancer Services Advisory Group. Multi-agency participation partnership for Children & Young People. LINKs Maternity Services Liaison Committee</p>	<p>Feedback shared with these groups and received from them. E.g. ABH feedback shared, C & YP consultation received annually. All groups have been involved in consultation this year. Report next year.</p>
<p>Independent Contractors & PBC Consortia</p> <ul style="list-style-type: none"> - To support staff in involvement initiatives - Provide resources e.g. website and toolkit - Provide training for staff - To ensure PBC consortia have available patient feedback when making commissioning decisions. 	<p>10 GP practices identified as having nationally comparatively poor scores in the access and choice survey. Meeting with the Locality General Managers arranged</p>	<p>Contact 10 Sheffield practices – Nov 08 Agree issues to be raised and process - Nov 07 Divide meetings between team – Nov 07 Meet with GPs – Dec 07/Feb 08 Identify further actions for PPI team – Feb/Mar 08 Identify Patient Grps/Panels – Jun 08</p>		<p>Notes of meetings Action Plans for each practice Practice Patient Group membership involvement in consortia business. Survey PPI Involvement in PBC Consortia Management Matrix Grps PPI Audit Training provided Consultation guide. Real Involvement on Website. Clarification letter to GPs re duty.</p>	<p>Information in and out of the PBC management matrix groups. Information re duties and methods shared via training and website.</p>

<p>PPI Structures citywide:</p> <ul style="list-style-type: none"> - Local Involvement Networks (LINKs) - Patient & Public Involvement Forums (PPIFs) - Forum Support Organisation - Overview & Scrutiny Committee(OSC) 	<p>LINKs - Citywide group formed by SCC, co-chaired by Penny Brooks Cordon</p> <p>LINKs event planned for Nov</p> <p>PPIF - Requested central communication</p> <p>OSC - PCT receives minutes. Represented on management grp.</p> <p>Reports regularly</p>	<p>Health Partnership Event - November</p> <p>LINKs to be in place by April 2008.</p> <p>PPI Forums to be abolished end March 08</p> <p>Ongoing communication with Forum Support Organisation and OSC</p>		<p>Minutes from meetings and events</p> <p>Last PPI Forum event attended.</p> <p>Awareness of community and VCF groups raised</p> <p>PCT key in planning and support of LINKs.</p> <p>Use of Health Partnership Network to communicate engagement opportunities.</p>	<p>LINKs consulted re EAPC and dialogue maintained via ABH Refresh.</p> <p>Communication maintained via OSC Management Group and attendance at Committee's.</p> <p>Communication maintained with VCF via Health Partnership Network</p>
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<p>Sheffield Health Compact - To ensure effective relationships between PCT and VCF organisations</p>	<p>Penny Brooks Cordon co-chair Coordinator appointed Annual event attended by Chief Executive</p>	<p>Discussions about development and coordination with the Steering Group – ongoing Involvement in Annual Event – Mar 08</p>		<p>Robust contracts with Voluntary sector Effective performance monitoring processes for contracts. Funds identified to maintain facilitation of action plan.</p>	<p>Two consultation events held. Information from this is shared with Compact organizations, Health Partnership Network and informs future work of Compact.</p>
<p>Sheffield First For Health (SFfH) - This is Sheffield Strategic Partnership with VCF sector, Sheffield City Council (SCC) and all NHS Trusts & Universities - Ensure co-ordination of strategies and plans - Working to same goals and purpose</p>	<p>Chief Executive co-chairs Board</p>	<p>Citywide PPI report to SFfH Board by March 08 Sheffield First Engagement Strategy agreed.</p>		<p>Coordinated feedback to Board Knowledge of citywide developments. Closer relationships build with all partners.</p>	<p>Volunteer representatives report on meetings via Health Partnership Network. Board Minutes shared in NHS Sheffield Board papers.</p>
<p>Membership of service specific groups e.g.: - ME/CFS - Sexual Health Network</p>	<p>ME/CFS – PPI team have helped in developing TOR/Membership of Steering Group and lay representatives' roles PPI team represented on Sexual Health Network</p>	<p>City-wide PPI/PALS representative to be agreed – Dec 07 Coordination of involvement in further groups - ongoing</p>		<p>Communication between PCT and service Involvement in Long Term conditions Strategy and End of Life Strategy. Involvement in PBC service development engagement.</p>	<p>Two way communication with groups. Engagement informs PBC service development proposals. Head of service on Assessment Panel.</p>

Communication

Area of work	Progress at Dec 07	Milestones – Timeline for progress	Traffic Light	Evidence of effective completion	Where feedback went (where appropriate)
<p>Newsletter - aimed at VCF colleagues, members of the public, people already engaged with PCT</p>	<p>Newsletter was produced and widely circulated in April 07</p>	<p>Newsletters published and circulated – Dec 07, Mar 08, June 08, Sept 08 All content to be finalised 1 week before publication Evaluate value of newsletter – Dec 08</p>		<p>Newsletters Results of evaluation People aware of developments & opportunities in the PCT</p>	<p>Feedback on newsletter informs future development.</p>
<p>Communications with seldom heard groups and individuals - Help the PCT to identify ways in which it can improve communication in this area</p>	<p>Research being undertaken on perceptions of PCT Talks with SCC re plasma screens Requested interview on Radio Ramadan ABH consultation identified that people want better signposting to services – calling cards designed and produced. People also asked for interactive websites and with blogs.</p>	<p>Focus Groups with the public to explore ways we might communicate more effectively – Mar 08 Assess results of Focus Groups and prioritise methods we could adopt – Jun 08 Evaluate new methods – winter 08/09 Evaluate effectiveness of touch screens currently in use – winter 08 Discuss appropriateness of further investment in this area based on results of evaluation – winter 08/09 PPI Website to be developed – Jun 08</p>		<p>Better communication Focus Groups set up Outcomes from Focus Group discussions prioritised and acted upon Feedback to Focus Group members New methods evaluated Work with University to develop accessible PPI website Action to develop website.</p>	<p>Feedback from Focus groups informed strategy and development of communication methods. With University, identified 5 key seldom heard groups to engage re website.</p>

<p>PCT Patient Prospectus</p> <ul style="list-style-type: none"> - PPI Feedback in Your Guide to local Services - Information on what has changed as a result of feedback 	<p>Annually. Previously distributed as part of SCC mailout to all households</p>	<p>Government guidance expected pre March 08 Development 08 and annually. Your Guide re-vamped and individually posted to every household.</p>		<p>Copy of Prospectus Results in national patient survey</p>	<p>Every household in Sheffield to receive information via prospectus. Contact details open dialogue.</p>
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Mechanisms for involvement

(Actions already identified within the Plan may not be repeated in this section)

Area of work	Progress at Dec 07	Milestones – Timeline for progress	Traffic Light	Evidence of effective completion	Where feedback went (where appropriate)
<p>Set up Focus Groups as necessary - to gain patient, carer and public opinion on specific issues</p>	<p>Requested by Clinical Governance for creation of patient experience criteria. Discussed with Chair of CAPP Physiotherapy focus group</p>	<p>Hold Focus group - Mar 08 Set up groups as necessary - ongoing</p>		<p>List Focus Groups. PBC Consortia Groups. Constitution Group. Evidence from groups included in creation of criteria ABH Refresh – Inclusive Living Sheffield.</p>	<p>All focus groups have communication feedback to the appropriate consultation. Forms part of the end report.</p>

<p>Patient Advisory Groups - To allow groups of patients, carers and public to discuss issues together and offer advice to PCT managers and PBC consortia about changes and other issues.</p>	<p>Three patient advisory groups in existence: Community Health Advisory Group (CHAG), Sheffield Cancer Services Advisory Group (SCSAG) Community Involvement Strategy Group</p>	<p>Review membership, consult re future structure Event to be held Jan 08 Planning event with public Dec 07</p>		<p>Patient Groups that are supported and fit for purpose. Terms of Reference. Minutes. Advisory Forum Information. Creation of Advisory Forum.</p>	<p>CHAG and CISG disbanded. Members offered other opportunities. Members of SCSAG and NHS Sheffield's Advisory Forum engaged and comments included in minutes and any additional engagement report.</p>
<p>Readers Panel - A panel of volunteers who give their feedback on the appropriateness of PCT literature.</p>	<p>Members involved in feedback on ABH questionnaire, Winter Planning information etc</p>	<p>Members to be invited to attend above event. Membership may increase Guidance on Readers Panel reviewed Dec 07 and form part of staff PPI training</p>		<p>PCT are aware of patient feedback on information it distributes. List of literature assessed.</p>	<p>Feedback on documents, literature communicated directly as appropriate.</p>
<p>Patient care pathways - To explore how patients and carers experience services. - Identify good practice and gaps in service provision</p>	<p>Discussions at initial commissioning cycle meeting with PEC and PBC Consortia leads</p>	<p>To discuss with the Professional Executive Committee (PEC) examining patient care pathways – Dec 07</p>		<p>Information on individual patient care pathways. Evidence of usage in planning process. Better Outcomes.</p>	<p>Discussions with patients and carers is communicated directly to service lead and PEC via Better Outcomes process.</p>

<p>PCT Presence at festivals and local events</p> <ul style="list-style-type: none"> - Opportunity for staff to see different communities - Method of feedback specific to geographic area - PCT profile 	<p>Festivals attended summer 07 History in some parts of city – past reports on surveys undertaken</p>	<p>Collation of festivals and galas for summer 2008 – Apr 08 Development of publicity materials Mar 08 Collation of presence with PCT Colleagues – May 08</p>		<p>Public awareness of PCT and public health issues raised Survey results available where appropriate.</p>	<p>Consultation and engagement feedback is reported in recommendations in specific work. This is also available on NHS Sheffield website.</p>
<p>Patient led clinical audits</p> <ul style="list-style-type: none"> - Lay involvement in clinical audit process 	<p>Clinical Audit Patient Panel developed and supported Patient-led audit in progress</p>	<p>Members to attend volunteer event Jan 08 Discussion re work plan for 08/09 Mar 08</p>		<p>Lay involvement in Clinical Audit</p>	<p>Feedback included in clinical audit reports. Also highlighted in Commissioning Patient Experience report and to contracting groups.</p>
<p>PCT deliberative event</p> <ul style="list-style-type: none"> - A cross section of public who are not already engaged with the PCT give their opinion on set questions 	<p>First Deliberative Event held March 07</p>	<p>Discuss with Directors relevance of further event to review progress or gain further clarification Dec 08</p>		<p>Wide variety of Sheffield public give feedback to PCT via alternative methods more appropriate phone poll – ABH Refresh, Focus Group – Constitution. Vox Pop EAPC. DVD</p>	<p>Phone poll and Vox Pop formed part of the consultation response. Focus Group feedback formed part of consultation report. New contacts gained and on database.</p>

<p>PPI input to AGM - An opportunity to allow patients, carers and the public to see what we have been doing with their money</p>	<p>First AGM held Sept 07 Volunteer and EPP stand</p>	<p>Evaluation of 07 AGM Inclusion in Planning for 08 AGM – Jun 08</p>		<p>AGM is fit for purpose and enjoyed by participants PCT transparency</p>	<p>Feedback not received directly.</p>
<p>Seldom Heard Work: - Link with other work in PCT - Link with other citywide work</p>	<p>PPI stocktake ABH work Knowledge Exchange Project Enhanced Public Health Programme</p>	<p>Assess previous work Mar 08 Identify Public Health lead to link and coordinate engagement work Dec 07</p>		<p>Groups will see evidence of PCT wide approach to engagement. PH/PPI Workshop. Sign up to BME Network. Vulnerable People Workshop. PPI Audit with University. Cross representation. Pacesetters programme and presentation at National event.</p>	<p>Main form of feedback is from identified groups in the Pacesetters programme.</p>

<p>Corporate approach:</p> <ul style="list-style-type: none"> - Every paper to Board must explain how patients have been involved in its development - PPI in job descriptions - Lay rep on interview panels 	<p>Volunteers have been trained to participate in recruitment</p>	<p>As job descriptions are created and altered PPI will be included – Apr 08 ongoing Discuss with Chief Executive re Board papers – Mar 08 PPI training modules offered – Jan 08 Prospectus of volunteer opportunities – Mar 08</p>		<p>PPI will be part of everyone’s work. DH PPI/WCC workshop. Patients are at the center of PCT Business Evidence that open process of recruitment. Volunteer on PPI Steering Group. Volunteer working with PPI Team. Board advised by Advisory Forum.</p>	<p>Board members challenge papers and reports re public input and feedback at meetings. Volunteer on Steering Group gives input at meetings. PPI Team Volunteer keeps diary. Advisory Forum report to Board minimum quarterly. Volunteer input communicated via prospectus of opportunities.</p>
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<p>PCT Consultations</p> <ul style="list-style-type: none"> - The PCT will consult on service change - Consultation will comply with our duties and be appropriate - Staff will feel confident and supported to consult 	<p>ABH consultation March to June 2007 Mental Health services consultation 2007</p>	<p>Consultation Report to Board Sept 07 PCT ABH Strategy to Board Nov 07 PPI training modules will raise management awareness of duties – offer Jan 08 PPI Toolkit – Jan 08</p>		<p>Both documents available on PCT website. EAPC consultation. ABH Refresh. Intermediate Care. Letter to GPs clarifying duty to engage. DH Real Involvement supersedes PCT Toolkit.</p>	<p>Consultation responses are circulated to those involved and posted on website. Press releases and articles in Team Brief.</p>
<p>Feedback events</p> <ul style="list-style-type: none"> - The PCT will ensure the public are aware of decisions made and plans developed 	<p>As above, events held. Feedback events to be undertaken</p>	<p>As above. Feedback events will be reported annually, registered on PCT website</p>		<p>Table of events on PCT website. Groups revisited as part of ABH Refresh. Feedback communicated via Health Partnership Network. Commissioning Patient Experience Report.</p>	<p>Feedback as in column to the left.</p>

Staff training and support

Area of work	Progress at Dec 08	Milestones – Timeline for progress	Traffic Light	Evidence of effective completion	Where feedback went (where appropriate)
<p>Training: - Support for staff across the PCT on how to involve members of the public e.g. central info resource, how to evaluate work</p>	<p>PALS/PPI session as part of staff induction 2 hour PPI training module is available and has been offered to Board 2 hour PALS training module is available</p>	<p>Update induction presentation – Nov/Dec 07 Offer PPI training module across the PCT – Jan 08 Develop PPI Stocktake into examples of good practice for the PPI website – Jun 08</p>		<p>Staff will conduct PPI initiatives Evidence of support Training attendance lists. Knowledge Exchange Report. CAPP setting criteria for evaluation/audit of PPI</p>	<p>Induction training and PPI training evaluated. Knowledge Exchange to be available on website. CAPP report shared with Steering Group when complete 2009.</p>
<p>Sheffield Cancer Services Advisory Group (SCSAG) - Specific Group supported by the PCT to give input to all levels of development of cancer services.</p>	<p>Support to the facilitator and group ongoing Discussions Jan 07 re move to PCT host Discussions with finance re transfer of budget ongoing since Jan 07</p>	<p>Facilitator to be hosted by PCT Jan 08 Facilitator line managed within PPI Team – ongoing Discussions with SCSAG re membership Improve involvement with primary care summer 08</p>		<p>Annual Report from SCSAG Support provided to facilitator and members. Minutes. Input to bid. Input to End of Life Strategy.</p>	<p>This group is strategically placed and representatives report directly into the strategic Sheffield and Network groups.</p>

<p>Support Structures for staff to develop PPI initiatives across the PCT</p> <ul style="list-style-type: none"> - PPI at the centre of PCT business - Staff feel confident to engage patients, carers and the public 	<p>Many staff consulted during development of Patient Involvement & Public Engagement Strategy</p> <p>Production of Strategy and summary Implementation Plan</p>	<p>Develop an interactive Patient Involvement & Public Engagement Website for staff and the public Mar 08</p> <p>Further Develop the Toolkit Dec 07</p> <p>PPI Training modules offered – Jan 08</p>	<p>Knowledge Exchange Report. Strategy. Implementation Plan Website</p> <p>Support given to PBC Consortia Groups. Training provided. DH Real Involvement supersedes PCT toolkit. Consultation Guide.</p>	<p>Materials available on website. Input to DH via PPI/WCC Workshop.</p>
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Appendix 1

NHS SHEFFIELD ENGAGEMENT ACTIVITY ON COMMUNICATION PROGRAMME

Description	Action	Activity	Traffic Lights	Where Feedback Reported (if appropriate)
<p>Corporate communication plays a vital role in the perception of an organisation most particular with stakeholders but there is also a knock-on effect with the public</p>	<p>Identify with partner organisations where community links exist. Link to strategic direction.</p>	<p>Health Partnership Network BME Network Health & Wellbeing Consortium Neighbourhood Action Groups Community Safety Partnerships Area panels Community Forums Altogether Better Board (Lottery Bid) Service Districts Enhanced Public Health Programme (EHP) Community Partnership Groups Citywide PPI Network Sheffield First for Health Community Engagement Strategy Health Compact Local Involvement Network (LINKs)</p>		<p>Feedback communicated to all of the groups/networks identified in the activity column.</p>

	<p>Consider establishing an “Advisory Council” chaired by PCT Chair End of year Advisory Council</p>	<p>Scoping paper to Board January 2008 Recruitment by independent organisation – August 2008 Inaugural meeting September 2008. Engagement in Compassionate Care bids.</p>		<p>Advisory Forum minutes reported at NHS Sheffield Board. Decisions communicated to Advisory Forum.</p>
	<p>Working with community leaders/schools/community groups in identified areas.</p> <p>Draw up a programme of street activities to gather views and feedback Start community “street” activities – video and feed into corporate/internal community activity. Summer programme of street activity/links with partner organisation activity – gain feedback. Show street/community activity video at Board Feedback street activity findings to community.</p>	<p>Health Champions Introduction to Community Development in Health participants.</p> <p>Drug & Alcohol Team teenager tent in city centre Street consultation re Darnall LIFT. NHS 60 street activity with trusts & volunteers EAPC consultation – Vox Pop Programme of festival/galas DVD of EPHP Beacons status DVD of Introduction to Community Development in Health Course Press articles re NHS 60 event and GP City Centre Health Centre activity. DAAT Darnall Health Week (400)</p>		<p>These activities gained feedback which was reported in consultations. DVD shown to staff and public at the AGM and at other opportunities. EPHP DVD shown to programme boards and DH. Community newsletters carry feedback on local issues. Reports to PPI Steering Group.</p>

		Videoining volunteers for new website, why they get involved and what they get out of it.		Video filming available on the website.
Description	Action	Activity	Traffic Lights	Where Feedback Reported (if appropriate)
Engaging with the public and in particular hard to reach groups is a fundamental role of the PCT. It has a dual role of listening and acting on what it hears and also one of health promotion, proactively engaging in order to change behaviour.	Draw up a list of target communities/areas for face-to-face communication and engagement	EPHP Areas PCT Workshop on Vulnerable Groups Pacesetters programme Commissioned interviews with hard to reach mothers – Somali, homeless, Muslim and Slovakian in particular – to listen to and understand their ante and post-natal experiences.		This will feed into maternity services specification and also inform communication and engagement plan on how to ensure service users understand and know about choice.
	Work with partner organisations. Identify where linking up with existing activities and events is possible. Begin partner organisation link up activity programme	See above for partnership working. Flu pandemic workshop – action plan to be developed. Festivals and citywide events Local Authority Information System Local Family Project (Darnall) Men's Anger-management Programme MIND SAS HIV & Sexual Health Partnership Network.		See above for partnership working. These activities gained feedback which was reported in consultations.

		<p>Healthy Schools work/consultation Drug & Alcohol Team teenager tent in city centre Street consultation re Darnall LIFT. NHS 60 street activity with trusts & volunteers. PBC Consortia engagement activities for service development.</p>		
	<p>Identify community consultants to act as liaison with the PCT – start to build relationships. Begin training for community consultants. Meeting of or filming of community leaders' network or individual consultants.</p>	<p>ICDH graduated (need to make official) Health Trainers CHE Health Champions Training of Volunteers PA Peer Monitoring. Partnership meetings in local areas Centre in the Park meeting identified as good practice Lottery consultation ICDH celebration Beacon status event</p>		<p>Two way communication with identified community liaisons. ICDH celebration widely publicised.</p>
	<p>Consider social marketing programme for identified target groups.</p>	<p>Investment in tobacco control Oral Health Breastfeeding</p>		<p>Programmes report to service development leads e.g. Smoking Cessation.</p>

	Feedback to Board/ET on these campaigns – based on agreed measures Draw up programme of social marketing campaigns, ensuring each is measured for successful outcomes.	Darnall welcome newsletter Smoking Cessations		
	Focus groups in identified area/issues – various areas.	Practice Based Commissioning Consortia Physiotherapy Focus Group EPHP Review Workshop Norfolk Park/Arbourthorne Gleadless Valley Constitution World Café Event		Feedback from Focus Groups is communicated directly to the appropriate consultation lead.
	Start a programme of in-depth interviews with community leaders	Meeting with representatives from deaf groups/LA Chief Executive meeting with leader of Pakistani Muslim Centre Interviews for the Darnall welcome newsletter.		Two way communication between individuals that informs appropriate work.
	Analysis of patient and public engagement – gap analysis	Knowledge Exchange Commissioning for Patient Experience Board paper Planned work – PPI Annual Report University to help evaluate work with seldom heard		Knowledge Exchange report informed development of PPI Strategy. CAPP will inform future PPI Action Plan. Self assessment of section 3 WCC shared with staff and

		<p>Clinical Audit Patient Panel to undertake Audit/Evaluation. Self assessment process of criteria 3 for WCC. DH PPI/WCC Workshop.</p>		<p>NHS Sheffield Board and SHA. Feedback from DH PPI/WCC to inform DH work</p>
	<p>Work with LINKs to feed in and feed out information/insight</p>	<p>Priorities identified. Ongoing partnership work with LINKs and their host (VAS). Help to set Key Performance Indicators with Local Authority for LINKs Host. Involvement in ABH Refresh, GP-led city centre Health Centre consultation. Help to interview LINKs staff. Governing Board member attends Board Meetings. Visit to be planned when substantive members in place (March 09). Involvement in training and development of members.</p>		<p>Priorities communicated to managers. Meetings minuted. Consultation feedback included in appropriate reports.</p>

Description	Action	Activity	Traffic Lights	Where Feedback Reported (if appropriate)
2009/10	Consider an annual telephone/non-telephone survey.	Telephone poll of 1,000 members of the public regarding thoughts on the Achieving Balanced Health Refresh.		Feedback informed ABH Refresh report.
	Rolling programme of engagement, learning from communities what they want and need.	Current programme complete by end March 2009. New programme will be developed to begin April 2009.		Issues raised by communities dealt with via PALS.
	Rolling programme of feedback – back to the communities and into business planning.	Feedback will be incorporated into the programme as in previous year. Base on EAPC and Pacesetters but identify gaps via work with University and CAPP.		To PPI Steering Group
	Review the public engagement strategy and programme. Act on feedback and look at new methods of engaging and communicating with people.	Reviewed in light of World Class Commissioning but will undertake again at the end of 2009/10.		To PPI Steering Group

Community Festivals/Galas/Events 2008

Date	Festival / Event
Tuesday 10 and Thursday 12 June 2008	Carers' Week, Sheffield Magistrate's Court and Sheffield Combined Court
Monday 23 June 2008	Sheffield 50+, Quaker Meeting House
Wednesday 25 June 2008	Healthy Minds, Healthy Bodies Roadshow, United Reform Church, Sheffield City Centre
Friday 4 July 2008	NHS 60 th Birthday, Fargate
Saturday 5 July 2008	Darnall Carnival: High Hazels Park:
Saturday 5 July 2008	Wharnccliffe Side Community Festival
Monday 7 July	Gypsy and Traveler Health Information Day
Thursday 10 July 2008	Somali Health Day, Burngreave New Deal
Saturday 12 July 2008	Beighton Gala, Beighton Sports and Leisure Club
Saturday 12 July	Sharrow Festival, Mount Pleasant Park
Saturday 12 July 2008	Stannington Carnival, Stannington Park
Saturday 12 July 2008	Manor and Castle Relay for Life Manor Lodge
Sunday 13 July 2008	Abbeyfield Park Multi-cultural Festival
Monday 14 July 2008	Sheffield Parkinson's Disease Society, Quaker Meeting House
Saturday 19 July 2008	Handsworth Festival, Handsworth Rec
22 / 23 July 2008	Sheffield Taxi Drivers' Fair, Pakistani Muslim Centre
Thursday 21 August 2008	Tinsley Fun Day, Tinsley Green
Sunday 24 / Monday 25 August 2008	Sheffield Fayre, Norfolk Heritage Park
Friday 5 September 2008	Learning Disabilities Information Day, Peace Gardens
16 September 2008	EU Community Event, Tinsley Junior School
17 September 2008	Radio Ramadan interview
18 September 2008	South West Area Panel Roadshow, Ecclesall Library
Sunday 21 September 2008	South Yorkshire Police Eastern European event, St Marie's, Norfolk Row
2nd October	Improving Quality with Service Users and Carers – Our Second Event – Kingfield Hall
3rd October 2008	City Centre survey re. reconfiguration

	of dermatology services
Monday 6 October 2008	BME Information Day, North Pitsmoor Day Service
22 October 2008	Health Screening Event, Tinsley
Tuesday 28 October 2008	Innovations Event, Moorfoot
29 October 2008	Chevin House Residents Conference, the Megacentre, Sheffield S2
Tuesday 4 November 2008	Wisewood Diabetes Group
Thursday 6 November 2008	Over 50's Event
Wednesday 19 November 2008	World COPD Day Event

List of consultations

Consultation	Details
Equitable access to Primary Care	12 week consultation which informed the choice of provider and the services they will provide.
Achieving Balanced Health 2	8 week open dialogue with staff and service users to refresh our 5 year strategy Achieving Balanced Health and ensure it was fit for purpose. Feedback informed the refresh of the strategy.
Dermatology	12 week consultation – ongoing
Intermediate Care	12 week consultation - ongoing
NHS Constitution	12 week national consultation with staff and service users to assess suitability of draft content for a future constitution. Feedback contributed to the Yorkshire and Humber Strategic Health Authority response.
Dignity and Respect	
Darzi Review	National 12 week consultation. CE lead discussions which informed Yorkshire & Humber response.
Dental?	Chris (Dental Commissioning meeting)
Maternity Matters	Kate Logan

Additional Activity

Race Equality Review HCC – service user workshop session with assessors