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| **East Riding of Yorkshire Health and Care Committee****Engagement intelligence and insight form****This proforma has been created to record engagement activity in the East Riding of Yorkshire, allowing insight and intelligence gathered to be shared across the East Riding Health and Care Committee work programmes (see 15.).****No patient/public/client identifiable information (other than work related names and contact details) should be included.****Please send your completed proforma to** **hnyicb-ery.pmo@nhs.net** **Thank you** |

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| 1. | Name and organisation |  |
| 2. | **Aim of engagement** |  |
| 3. | **Date of engagement exercise** |  |
| 4. | **Type of engagement:****(survey/focus group/visit/conversation/ co-production session/workshop)** |  |
| 5. | **Which area of the East Riding does this focus on?** |  |
| 6. | **Which group(s) did you engage with** |  |
| 7. | **How many people were involved (if known)** |  |
| 8. | **Please give a headline summary of intelligence gathered**  |
| 9. | **Did your activity involve:**1. **People with protected characteristics:**

<https://www.equalityhumanrights.com/equality/equality-act-2010/protected-characteristics>1. **People from inclusion groups** *(This includes people who experience homelessness, drug and alcohol dependence, vulnerable migrants, Gypsy, Roma and Traveller communities, sex workers, people in contact with the justice system and victims of modern slavery.)*
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| 10. | **Other partners involved** |  |
| 11. | **How could this be followed up?** |  |
| 12. | **Contact details for follow up** |  |
| 13. | **Reports/links/further info** |  |
| 14. | **FOR OFFICE USE****Do we have BI data that supports this insight?****Provide links** |  |
| 15. | **Which Health and Care Committee work programme(s) is it best aligned to?** 1. Bridlington Place-based Programme
2. Inclusion Groups
3. Complex Case Management
4. Integrated Neighbourhood Teams
5. Weight Management
6. Rural and Coastal Communities
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| 16. | **Uploaded to JSNA database** | Yes/no date |

Who completed the form:

Date: