



Health and Social Care Co-Production Group

We're delighted that you may be interested in getting involved as a participant in the Health and Social Care Co-Production Group.

We do not want to make this process complicated, but we need some information from you so that we can make sure that the group includes people with a range of different experience. Please fill in this survey and return it to Bruno Meekings, Community Involvement Manager, RCVS:

By email to brunom@richmond cvs.org.uk

By post to Richmond CVS, RACC, Parkshot, Richmond TW9 2RE

If you have any queries, please contact Bruno Meekings using the above email address or telephone RCVS on 020 8843 7945

Please type in the text boxes and click to answer yes/no questions.

Please save when finished and attach to an email.

1 Personal details

Name:
Address:
Phone Number:
Email:

2 Do you meet the essential criteria?

- Are you a resident of the Borough of Richmond upon Thames?

YES / NO

- Are you a service user or a carer for a family member or friend who uses social care services within Richmond?

service user

YES / NO

carer

YES / NO

Please click on yes or no - if you are a service user and carer answer yes to both.

3 Your experience of local services

To help to ensure that the Co-Production Group has a wide range of experience available, please tell us which areas of service you, or the person you care for has experience of or would need?

For example services for:

- older people
- people with a learning disability,
- people with dementia
- people with mental health needs
- people with a physical disability
- people a sensory disability (eg. Vision or Hearing)
- personalised services e.g. personal budgets / self directed support.

This is not a complete list of services. Please include all services that are relevant to you or the person you care for. Please mention any information you think may be helpful, for example if you or the person you care for has recently transitioned to adult services.

4 Are you in contact with any groups of service users or carers

YES / NO

5 Substitution arrangements

Service users and carers have asked that the size of the group is limited. This means that some people who want to participate may not be able to. We also recognise that participants may not find it easy to attend every meeting.

If you are selected to participate, are you in contact with another service user or carer who is also interested in being involved and has broadly similar experience or knowledge?

YES / NO

Would you both be willing to work together so that one or other could attend group meetings, substituting for each other as needed?

YES / NO

Please give their name if you have discussed this idea and agreed that you could work with an arrangement like this?

6 Participation skills and abilities

Listed below are some abilities that help participation

The ability to:

- Discuss issues that are relevant to your service area, and relate your personal experience to wider issues.
- Make your voice heard - with support as necessary.
- Speak on behalf of other users and carers and put aside individual agendas.
- Listen to and take account of other people's viewpoints.
- Read a range of information sent out in advance of meetings.

Do you feel that you have these abilities?

YES / NO

7 Your Support Needs

If you face challenges in attending meetings such as physical disability, sensory impairment, mobility needs or care responsibilities, please let us know so we can try to find solutions.

Tell us here of any specific needs that you have, so that we can start thinking about how to address them. Please include things like the need to have your carer to support you at meetings or anything else that is relevant.

8 Signature and Date

Please include your name and date the form below

Date: _____

Many thanks!



All information you provide is confidential and will be only be used to help to organise the Health and Social Care Co-Production group and inform you of developments.