

**Equality Objective 2 composite report:**

**To improve engagement with specific equality groups including Black, Asian and Minority Ethnicity (BAME) communities, and unpaid carers**

**April 2021 – March 2022**

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## Purpose of the report

The purpose of this report is to summarise all the work that has taken place to work towards achieving Equality Objective 2, which is to improve engagement with Black, Asian and Minority Ethnicity (BAME) communities, and unpaid carers. An accompanying action plan can be found in appendix E.

The report describes the background as to why this piece of work was undertaken, the initial baseline assessment of engagement with these two groups, the work undertaken to understand how to improve this engagement, and the proposal for how to better engage with these groups going forward.

## Background

[The Equality Delivery System \(EDS2\)](#) for the NHS is a tool designed to help NHS organisations, in partnership with local stakeholders, to review and improve their performance for individuals and groups protected by the Equality Act 2010, and to support them in meeting the Public Sector Equality Duty (PSED). The protected characteristics include age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation. EDS2 can also be applied to groups not covered under the Equality Act 2010, for example unpaid carers, people on low incomes and geographically isolated communities.

The aim of the EDS2 is to embed equality into business practices and foster a culture of transparency and accountability in the CCG. It helps Calderdale CCG review current equality performance and identify future priorities and actions, whilst also being a vehicle for continuous dialogue with local stakeholders. It also provides a mechanism for supporting the CCG to fulfil its' requirements under the Equality Act 2010.

NHS Calderdale Clinical Commissioning Group (CCG) have agreed a set of equality objectives for 2020 – 2022 and have been developed following involvement with the local voluntary, community and social enterprise sector, staff and public sector partners. The objectives are:

1. To improve access to GP practices for specific equality groups including Black, Asian and Minority Ethnicity (BAME) communities, and unpaid carers
- 2. To improve engagement with Black, Asian and Minority Ethnicity (BAME) communities, and unpaid carers**

Two separate actions plans have been developed for the objectives and a working group brought together including CCG colleagues working on engagement and equality, and in primary care, and partners from the voluntary and community sector, and representatives with lived experience of being an unpaid carer, and from BAME communities. The working group produced the action plans to achieve the equality objectives, and this report forms part of this work. The group met regularly throughout 2021/22 to update members on activity that had taken place around the equality objectives.

## Principles of engagement

Calderdale has a joint [Involving People Strategy](#) with a shared set of principles for involving people across Calderdale – supporting the delivery of Calderdale Cares, Wellbeing Strategy and Vision 2024. The strategy has been developed with all partners and is central in helping embed the voice of patients, carers, families, staff and the public in everything we do. This is a key part of being able to uphold our legal requirement and ensuring we have taken the time to consider all insight and feedback.

Through this strategy the aim is to create strong collaboration across Calderdale and the principles of strategy are the foundation by which local people can expect to be involved by any organisation in Calderdale. This process needs to preserve these principles to ensure public expectations are met.

The principles state that we will:

- Keep local people informed
- Develop solutions together
- Demonstrate active listening
- Creating opportunities for everyone to be involved
- Responding and providing feedback

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

## Baseline assessment

### **Mapping existing engagement mechanisms for reaching people from Black, Asian and minority ethnicity (BAME) communities, and unpaid carers (action plan 2.1 and 2.2)**

A review of current engagement mechanisms used by NHS Calderdale CCG to engage with people from BAME communities and unpaid carers was undertaken (see appendix A). This review included:

- **VAC** – undertook a mapping exercise of Engagement Champions and the communities that they serve in order to identify any gaps in the network of champions. VAC also hold an internal directory of VCSE organisations, and the communities they support in Calderdale, which is used to support system-wide engagement and communication.
- **Calderdale Involving People Network** – NHS Calderdale CCG circulate details of engagement activity and updates on behalf of the wider health and care system, to ensure that recipients are kept up-to-date with activity in Calderdale and know how they can get involved. This database includes engagement leads from organisations that specifically support people from BAME communities and/or unpaid carers, and continues to grow.

## **Review of previous engagement with people from BAME communities and unpaid carers (action plan 2.4)**

We have undertaken a review of a sample of previous CCG engagement / consultation activity that has taken place between March 2013 and August 2019 across Calderdale, to establish level of response from people from BAME communities and unpaid carers to engagement / consultation exercises. The full report is available here: [Community services composite report 2013-2019 - NHS Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](http://calderdaleccg.nhs.uk)

As part of the report a gap analysis of demographic representation was undertaken, and feedback examined to determine if there were any clear trends or themes per equality or vulnerable groups.

The predominant groups where there is limited information on or less evidence of representation are:

- People experiencing Mental illness from Black Minority Ethnic groups
- Asylum Seekers and Refugees
- New migrant populations
- Young Carers
- Parents and Guardians of children
- Specific vulnerable groups: such as homeless people, sex workers, rough sleepers, people experiencing domestic violence, people with drug/alcohol dependency, people experiencing poverty or on a low incomes
- Males and in particular those aged under 45

In additional, analysis of the existing mechanisms in place for engaging with people from BAME communities and unpaid carers (see appendix A) highlighted the following limitations or gaps:

- Black/Black British communities
- Eastern European communities
- Young carers
- Carers for people with longer-term conditions e.g. cancer

## **Themes identified for people from BAME communities from previous CCG engagement/consultation activity (action plan 3.2)**

Feedback from people of different ethnicities was analysed to understand if there were any differences in preference or needs. The data indicates that:

- Asian/Asian British people show a preference for seeing a doctor rather than another health professional and value bilingual staff and access to a choice of gender of a clinician higher than other groups

- South Asian families who had experience of using Stroke services felt that they needed support that met their needs rather than the current generic support available.
- There are cultural differences in preferences for maternity care within different ethnicities regarding where to give birth.
- People, whose English language skills are limited and require access to interpreters, were not confident they would get this in services not provided by the hospital. They were also concerned about information not being available in different languages in the community and online services not being accessible. They were also concerned about the impact on self-care and managing newly diagnosed conditions.
- Asian/Asian British, and Black/ Black British: African /Caribbean people had concerns about planned care waiting times
- White British people valued a choice of appointment time and shorter waiting times more than other ethnic groups
- Some services had higher usage from particular ethnicities for example there were a larger proportion of people from Asian/Asian British – Pakistani ethnicity and Islamic faith using GP based Dermatology Clinics when compared to local demographics. Whilst the Wheelchair Services Engagement indicated that Black British and other minority ethnic service users and carers were currently not using the service.
- Staff training on understanding cultural differences and needs would be useful.
- Healthcare staff need training to facilitate better understanding of patients' needs with regards to different religions or beliefs.

### **Themes identified for unpaid carers from previous CCG engagement/consultation activity (action plan 3.2)**

Feedback from people who identified as carers was analysed to understand if there were any differences in preference or needs. The data indicates that:

- Travel and parking concessions are important for carers otherwise they can be restricted from travelling further away.
- Walk-in centres gave them the flexibility to manage both the health and those who are caring for better they suggested practices offering an hour a day of drop in slots for patients, and that they were concerned about waiting times community services
- Carers who had experience of stroke services felt that the whole family should be assessed especially in situations where patients have previously been caring for either their own children all partner. That they should be able to access physiotherapy and other rehab services close to home as long as required and not time-limited.
- Access to support groups and social activities to help reduce isolation and give people an opportunity to speak to other stroke patients to provide support for carers so they know what to expect and how to spot the person they are caring for and to be offered respite care
- Carers reiterated what other equality groups also highlighted which was a need for better integrated working between services, improving communication between services, and ensuring patients' communication needs were met.
- Parents and carers were concerned about being unable to access same day appointments because many practices require people to contact them in the morning at a specific time when they need to take children to school.
- Stakeholders highlighted that it is often challenging to connect with young carers. Mental Health services gave the example that workers tend to visit families when young people are at school and parents often said they didn't want workers to visit during school holidays when the children were around. They felt that it was easy for

young carers to become isolated and their needs were not recognised or addressed with the focus being on them supporting their parents and not on what support they may need as individuals.

- The use of language is important in helping young people to identify as carers perhaps talking about caring for a loved one as it may include good friends as well as family
- Teachers need to be trained to better understand the needs of young carers
- Good practice was shared where Calderdale and Kirklees developing a young carers passport. Young people carry this passport and don't need to explain to every teacher every time they need access to a phone to make contact with the person they care for. Or they have been unable to complete homework due to their responsibilities or it affects their time keeping in school. Good practice development of an accreditation/award scheme for schools (bronze/silver/gold standard) awarding schools who have identified and responded to the needs of young carers
- SWYPFT have worked with schools looking at mental health and their understanding of the issues which led to a young people's drama being performed in front of 100 community psychiatric nurses, social workers, etc. and led to the formation of a young person's participation group in CAMHS

### **Overall trends in feedback from people from BAME communities and unpaid carers in previous engagement include: (action 3.2)**

- **Giving clear information to the patient about their health conditions and the plan for their care:** This aspect is important for all groups but for those who identify as disabled or who have impairments and their carers, people with long term conditions, older people aged 65+ or people who have limited English this is particularly important
- **Delivering more services closer to home:** This is important to all groups but particularly for those who are on no or low incomes, older people aged 65+, carers, disabled people and people with impairments, people with long term conditions and parents
- **Delivering flexible services that offer the right care at the right time in the right place:** Men, people who work, and parents and carers have highlighted the need for flexibility of services particularly in primary care.
- **Delivering health services through caring and competent staff and volunteers:** Whilst competency or qualifications is particularly relevant for some people for example: Asian /Asian British people who preferred to see a doctor, the more important aspect is staff being caring and aware of their different needs both clinically and in relation to their characteristics.
- **Putting the patient at the centre of their care:** important for all groups
- **Improving communication about patients both within and between primary, secondary, community and voluntary sector, and social care:** important for all groups especially older people aged 65+, people with long term conditions, disabled people and people with impairments and their carers
- **Providing seamless, holistic care that links all aspects of care together and wraps around all of a person's needs:** important for all groups

- **Improving use of technology to communicate with patients and carers and other health services:** this is important for some groups but it is important to recognise that technology can have both a positive and negative impact for patients. For example a positive would be using skype or text for deaf patients to increase accessibility. A negative aspect might be insisting all information is online and not providing a reasonable adjustment so that those who cannot use online services for disability reasons or due to low income would not have equitable access.
- **Increasing public awareness of health conditions and how to minimise the risk of developing them:** important for all groups but needs to be provided in accessible ways to ensure all demographics can use this information e.g. easy read, community languages, plain English
- **Working with community and voluntary sector partners to deliver health care in the community:** important to some groups, not all of the population of Calderdale interacts with the voluntary and community sector.
- **Enabling people to care for themselves and seek help when they have concerns:** important for all groups but needs to be provided in an inclusive and accessible way.
- **Ensuring that hospital discharge is well planned and timely:** important in particular for carers and older people, and people with long term conditions.
- **Making sure all changes to services are properly planned and resourced and do not lead to problems accessing services:** Important to all groups
- **Equitable access and inclusion:** is extremely important for many groups but particularly those from BME populations, LGBT people, disabled people, older people aged 65+, carers and parents. This is not only about building being accessible and closer to home, or near to public transport, or that systems and processes are accessible and that there is equitable access to them etc. But also ensuring communication support needs and community language needs are met, and that staff are aware of and had training to ensure that they are able to meet other needs that would ensure people feel that they are in an inclusive environment.
- **Continuity of care and the provision of high quality and appropriate timely care and treatment:** Continuity of care is extremely important for some people particularly for those who are carers, disabled people or people with long term conditions and older people. Being able to see the same clinician is very important.
- **Travel and transport:** Services being closer to home are preferred and important for all groups, but it is equally important to recognise that ensuring that transport and travel is easy and low cost and accessible is paramount for people on low incomes, disabled people, older people, carers and parents and for some BME groups. As more services are brought into the community there are less low cost or free transport options for some people which could limit their ability to access them.

## **Improving engagement with people from BAME communities**

**Engaging with more organisations that support BAME communities (action plan 3.3)**



Between April 2021 and March 2022, insight was gathered from a variety of organisations supporting BAME communities and people from BAME communities, primarily through COVID-19 vaccination engagement.

Building on the baseline assessment, NHS Calderdale CCG worked with partners across the health and care system to develop engagement mechanisms for reaching people from Black, Asian and minority ethnicity (BAME) communities, and unpaid carers. This was done through:

- **Local COVID-19 community partnership groups** – two specific localities, Park & Warley wards, and North Halifax, held meetings which were open to local VCSE organisations, local councillors, members of the local community involved in the test and trace programme etc. These meetings provided forums for VCSE organisations and trusted members of the community to develop relationships through sharing insight, asking questions and receiving updates on the vaccination programme.
- **Calderdale Personalised Care team** – the team hold a directory of VCSE organisations, and the communities they support in Calderdale, for social prescribing purposes. This was cross-referenced with the directory held by VAC.
- **South West Yorkshire Partnership NHS Foundation Trust** – the Trust commissioned VAC to map VCSE organisations supporting people with mental health needs, learning disabilities and autism in Calderdale, and the demographic of the people they supported. All organisations involved consented to their details being shared with health and care partners, and this mapping was cross-referenced with the directory held by VAC to ensure the directory included all mapped organisations.

Since April 2021, Calderdale CCG has expanded engagement mechanisms for reaching people from Black, Asian and minority ethnicity (BAME) communities (see appendix B).

### **Seeking views on how the NHS can better engage with Black, Asian and minority ethnic communities (action plan 4.1)**

Since April 2020, evidence emerged about the disproportionate impact the COVID-19 pandemic was having on people from Black, Asian and minority ethnic (BAME) communities. Based on engagement with local people from BAME communities, the Calderdale Action Plan to reduce the impact of COVID-19 on our BAME Communities was created, focusing on ten goals (see appendix D).

Two of these goals required specific and focused engagement with people from BAME communities:

- 1) BAME communities are aware of Covid risks and how they can protect themselves and loved ones
- 2) BAME communities in Calderdale have confidence and trust in local public services

NHS Calderdale CCG worked in partnership to regularly engage with Black, Asian and minority ethnic communities to find out people's views on COVID-19 vaccination, restrictions put in place to mitigate the effects of the pandemic and local COVID messaging. The aim of this was to make sure that people had the information that they needed to make an informed decision on vaccination against COVID-19, as well as having the information they needed about the risks COVID-19 posed, and how to protect themselves and loved ones.

Engagement champions continually had conversations with members of their communities and captured this through:

- 'Understanding your views survey' – 483 responses, 69% from people from BAME communities.
- 'Understanding barriers to vaccination' – 540 responses, 49% from people from BAME communities.

Anecdotal feedback was continually captured through email, locality meetings, VCSE organisations, neighbourhood teams etc and used to improve communication.

Themes from what Black, Asian and minority ethnic communities told us includes:

- Concerns over the long-term effect of COVID vaccines on fertility (frequently heard from young, South Asian women)
- Lack of clear information for pregnant women on the risk of being vaccinated vs not being vaccinated (in each trimester)
- Lack of clear information for women of child-bearing age on whether the vaccine is recommended for women trying for a baby
- Lack of detailed information available on what side effects can occur, how common they are, and whether they affect certain demographics more than others (e.g. ethnically minority groups)
- Misinformation circulating in communities, particularly via WhatsApp groups, about the following:
  - Vaccines containing animal products
  - Vaccines not being Halal
  - Vaccines containing material from aborted fetuses
  - Lateral flow test swabs containing a substance that causes cancer
  - Disposable masks containing tiny worms/parasites
- Too many sources of information, too much conflicting information and "fake news" and not clear what is trustworthy
- Concerns that the government has ulterior motives, e.g. moving to a cashless society, tracking citizens etc.
- Concerns that pharmaceutical companies have ulterior motives, e.g. profit rather than safety or efficacy of vaccines
- Due to the above, information is preferred from a professional/medical source, who is thought of as 'neutral'
- People wanted to hear from trusted members of their communities, including faith leaders, local medical professionals that they recognised, and people who looked and sounded like them. Least trusted groups included the police, and work colleagues.

- Some groups (anecdotally, Black African) have had negative experiences of vaccinations after receiving them in other countries where they were not stored/handled correctly
- Some groups had concerns with accessing public transport and travelling long distances
- Feedback suggesting uptake of vaccine likely to be low during Ramadan, although Imams have agreed taking the vaccine will not break the fast. People likely to be lethargic/weaker, don't want side effects, focus elsewhere etc.
- Some feedback from women with young children and caring responsibilities in Pakistani communities that they rely on family/husband to make decision on vaccine. Some comments suggest this is linked to lack of language confidence.
- Preference for Pfizer brand of vaccine, particularly amongst younger people from Asian communities.
- Some people found it difficult to attend a vaccination appointment because their jobs would not allow them time off work to attend, or would not pay them if they had to have time off due to short term side effects of the virus
- Some people found it difficult to attend a vaccination appointment due to other financial pressures, e.g. having lost income already due to the pandemic, so feeling they were not able to take time off to attend
- Some people did not know how the vaccines work, or what is in them. People who did not speak English as a first language told us that translated material was important, but that pictorial explanations had the most impact.
- The impact of interpreting and translation services were considerable. Where these services were not available, people valued written information that they could take away and digest, and/or being able to have a friend/family member accompany them to translate.
- Some people from BAME communities told us that they felt that restrictions were not always fairly put in place, for example they felt there were more restrictions around meeting in person during Eid in comparison to Christmas, and more restrictions enforced during worship in mosques than there were during the European Football Championship.
- Later on in 2021, people (especially people from Black, Asian and minority ethnic communities) told us they felt they had received enough information and engagement around COVID-19 and the vaccine, and wanted to be left alone to make their own decisions about how to move forward

This feedback was reported into the Calderdale Vaccination Programme on a fortnightly basis through detailed insight reports. The insight reports helped to shape messaging around COVID as well as the vaccination offer in terms of the dates, times and setting. The insight reports were also shared widely with partners across the health and care system to inform the way local restrictions were implemented. A full report detailing what people told us about COVID-19 and their experiences, and the impact this made can be found here: [Understanding the views and experiences of people living in Calderdale of the COVID Vaccine - NHS Calderdale Clinical Commissioning Group \(CCG\)](https://calderdaleccg.nhs.uk/understanding-the-views-and-experiences-of-people-living-in-calderdale-of-the-covid-vaccine-nhs-calderdale-clinical-commissioning-group-ccg) ([calderdaleccg.nhs.uk](https://calderdaleccg.nhs.uk))

A video was developed to describe an overview of the Calderdale Action Plan to reduce the impact of COVID-19 on our BAME Communities, and the impact that this work

continues to make. The video is available here: [Calderdale Action Plan to Reduce the Impact of COVID 19 on our BAME Communities. - YouTube](#)

### **Overall themes from all engagement and consultation activity with people from Black, Asian and ethnic minority communities (action plan 4.1)**

Below are the overall themes that the insight from both the last 12 months, and previously, have highlighted about how NHS services should engage with BAME communities:

- Factual, straightforward information that is easy to access, should be available in a range of different languages, using images and available on paper
- The importance of interpretation and translation services in supporting people to make decisions about their own health and care, and their families'
- Although GPs and other medical professionals are generally considered to be trusted figures (particularly in South Asian communities), there is a need to build trust in government and NHS services as a whole
- Messages can better reach BAME groups through the community figures, faith leaders and organisations that they trust
- Messages are frequently and very quickly shared through social media, particularly WhatsApp or for younger people (under 25) through TikTok or Instagram
- The importance of cultural norms including holidays and festivals, and the need for health and care professionals to be aware of these, and as sensitive to them as they would be to their own
- Some people from BAME communities are more likely to experience multiple inequalities including economic deprivation, precarious and/or crowded housing, employment through the 'grey' economy or with a zero-hours contract etc. which can all impact decisions people make about their health and care

### **Evaluating feedback and developing a proposal for a potential way forward to enable sustained routes to engaging BAME communities (action plan 4.2)**

NHS Calderdale CCG worked in partnership throughout the pandemic to target work around health inequalities experienced by people from Black, Asian and minority ethnic communities. The CCG developed some case studies showcasing good practice in engaging with BAME communities:

#### **Case study 1: Addressing vaccine inequalities**

##### **Why?**

Taxi drivers identified themselves as a group at higher risk from COVID by expressing concerns about their safety when passengers do not wear a face covering. They are also a group with a higher prevalence of people from BAME communities in Calderdale.

##### **How?**

Calderdale Council's Licensing section, Calderdale Public Health and Cohesion & Equality Team have engaged with both the taxi and private hire trades. Regular contact has been maintained with the chair of the Halifax Taxi Association and some private hire companies. This has allowed drivers to discuss concerns relating to their safety, the financial impact of regular lateral flow testing, and vaccination against COVID-19.

### **What?**

Through engagement and ongoing dialogue, taxi drivers have been supported by:

'Pick up' events distributing PPE, lateral flow tests and information – engagement is two-way

Stickers were designed to be placed on rear doors of taxis advising the customer to wear a face covering

Further engagement to improve funding to support those self isolating

Early pop-up vaccination clinic at CHFT specifically for taxi drivers, promoted through the relationships developed during engagement

### **Impact**

Over 1000 taxi drivers engaged to date

97 taxi drivers vaccinated early through CHFT pop-up clinics

Majority of taxi drivers reporting they have been vaccinated through ongoing engagement

More flexible funding offers to support those self-isolating

## **Case study 2: Good information and communication to keep people safe**

### **Why?**

People have told us their faith leaders are amongst the most trusted figures in their community as they are seen as an authority on community and moral decisions. Islam is one of the most prevalent religions followed by minority ethnic communities in Calderdale, and therefore local Imams played a key part in engaging with Muslim communities.

### **How?**

Through partnership Places of Worship meeting, including regular letters from Director of Public Health to faith communities, messages to be circulated by faith leaders at busiest worship periods e.g. Friday Prayers, and Cohesion & Equality Team engaging directly with Calderdale Council of Mosques. This has allowed for discussion of restrictions and why these keep people safe, and insight into community reactions to new restrictions and offers.

## **What?**

Regular sharing of information on restrictions and vaccination through Friday prayer at mosques, with Imams advising congregations to follow these

Engaging with Imams on how to make worship safer during Ramadan, e.g. bringing own prayer mats, social distancing, taking lateral flow tests before attending

Several pop-up vaccination clinics at mosques across Calderdale, with bilingual healthcare staff

Videos recorded and circulated featuring Imams/scholars across Calderdale reinforcing covid messages in English, Urdu and Potwari community languages during Ramadan

## **Impact**

388 people vaccinated through pop-up clinics in mosques

Feedback from our communities that messages coming from Imams/through mosques had significant impact on people's behaviour

## **Case study 3: Outreach to Asylum Seeker communities**

### **Why?**

It was recognised that barriers may exist for our asylum-seekers in accessing accurate information about covid19 and in particular, the vaccination programme. A number of factors are likely to play a role, including language barriers, lack of trusted advice, competing priorities, inability to get to a vaccination centre and so on. We were aware that there was much confusion and concern among some of the community around having the vaccine.

### **How?**

The vaccination programme worked closely with St Augustine's centre to arrange for a pop-up vaccination clinic at the site. It was felt that the centre and the staff played a key role in the lives of asylum seekers, that it would be a trusted site, that was already frequently accessed by families seeking support.

Staff themselves felt that it would help if they could have one-to-one conversations, particularly in community languages, to explain more about the vaccine. In order to do this, it was recognised that staff themselves would need more information.

### **What?**

A training session was therefore organised on zoom for staff and volunteers at the centre. One of our retired medical professionals ran a modified version of the Covid Champions training with a focus on the vaccine. Debs Harkins, Director of Public Health, also attended, to answer any questions and describe how the vaccination programme would protect communities in Calderdale.

Some time later, just prior to the vaccination pop up clinic, a Q & A session was offered to all the asylum seekers, and our doctor was able to answer specific queries from attendees in some depth. The views that had been expressed previously from many of the asylum seekers – namely that they didn't feel vulnerable to covid, and therefore didn't need vaccination, were effectively countered.

### **Impact**

Attendees at both sessions felt that the information was presented clearly and in a non-judgemental way.

The vaccination pop-up clinic was very successful, with 100 people being vaccinated. It was supported by staff and community language speakers.

A follow up clinic for 2nd doses was organised 8 weeks later, also well attended with 65 people being vaccinated.

Analysis of these case studies, the insight gathered in the last 12 months and previously, and the learning from this resulted in the development of some recommendations. These recommendations aim to continue this good practice by adopting it as a way of working for all partners across the Calderdale Cares Partnership going forward when engaging and communicating with our BAME communities, as well as providing wider services for people from these communities.

- 1) **Continue to build relationships with trusted figures such as community leaders, faith leaders, community organisations** e.g. Forums such as place of worship meetings, Q&A sessions with St. Augustine's
- 2) **Continue to work with trusted figures to help build trust in our communities** e.g. listen to what people are telling us and do what we say we are going to do
- 3) **Providing the right information in different formats** e.g. translated materials, language support, co-producing messages and using images
- 4) **Using people's stories so our communities continue to be heard** e.g. collecting case studies, videos, experts by experience attending meetings
- 5) **Messages should target the way people experience inequalities to avoid the perception of blame and targeting specific communities** e.g. appropriate use of language, checking messages with communities to ensure they are appropriate, look at inequalities for ALL not just singling out certain communities
- 6) **Understanding cultural norms and differences** e.g. importance of religious holidays, beliefs, stigmatisation, historical context etc.

## Improving engagement with unpaid carers

### Engaging with more organisations that support unpaid carers (action plan 6.1)

Between April 2021 and March 2022, insight was gathered from a variety of organisations supporting unpaid carers to feed into engagement around the delivery of COVID-19 vaccinations, as well as a wider piece of engagement undertaken by VAC around how NHS services can better engage with unpaid carers, and around the experiences of unpaid carers during the COVID-19 pandemic.

Building on the baseline assessment, Calderdale CCG worked with partners across the health and care system to develop engagement mechanisms for reaching unpaid carers. This was done through:

- **VAC** – as part of a wider piece of engagement, the System Engagement Coordinator at VAC visited a number of different carer-led groups and carer support groups on behalf of Calderdale CCG (see appendix B, part 2).
- **Calderdale Personalised Care team** – the team hold a directory of VCSE organisations, and the communities they support in Calderdale, for social prescribing purposes. This was cross-referenced with the directory held by VAC.
- **South West Yorkshire Partnership NHS Foundation Trust** – the Trust commissioned VAC to map VCSE organisations supporting people with mental health needs, learning disabilities and autism in Calderdale, and the demographic of the people they supported. All organisations involved consented to their details being shared with health and care partners, and this mapping was cross-referenced with the directory held by VAC to ensure the directory included all mapped organisations.

Since April 2021, Calderdale CCG has expanded engagement mechanisms for reaching unpaid carers (see appendix B, part 2).

### Seeking views on how the NHS can better engage with unpaid carers (action plan 6.1)

VAC worked with NHS Calderdale CCG to ask unpaid carers in Calderdale about:

- What the health and care system could do to better engage with carers
- Their experiences of the pandemic as an unpaid carer.

When speaking with unpaid carers about how the health and care system could better engage with them, it quickly became evident that the pandemic had a significant impact on this. Carers told us that their circumstances had changed due to the pandemic, which meant that they had different priorities and sometimes less capacity to engage with the health and care system. The COVID-19 pandemic also changed the way that health and care professionals were able to engage with unpaid carers due to restrictions around face-to-face contact. For these reasons, we decided to include carers' experiences of the pandemic in this piece of engagement.



Between July 2021 and January 2022, we engaged with 35 unpaid carers living or receiving support through an organisation based in Calderdale. In addition, we heard from more than 12 stakeholders such as VCSE organisations supporting carers, health and care professionals, and local campaigners.

Several groups of carers shared their views, including:

- Dales Carers Group (carers for people with mental health needs)
- Making Space Carers Support group (carers for people with mental health needs)
- Making Space Sukoon Carers Group (South Asian ladies-only group, caring for people with mental health needs)
- Carer Leads Network (carer representatives)
- Alzheimer's Society Virtual Dementia Carers Group (carers for people with dementia)
- Memory Lane Café (carers for people with dementia and other conditions)
- Lead the Way carers group (carers for people with learning disabilities)

An evening focus group was held via Zoom for unpaid carers who were not part of an existing group, or had other daytime responsibilities, which was attended by carers of people with learning disabilities, carers of people with physical disabilities, and carers of people with other long-term conditions. The focus group was promoted through local VCSE networks, local news blogs, local radio, and on social media including Facebook and Twitter. Feedback was also gathered from individual carers who couldn't attend a meeting via telephone and email.

The majority of groups were taking place virtually via Zoom or Microsoft Teams, with the exceptions of Making Space Sukoon Carers Group and Memory Lane Café, which both took place in person in central Halifax, observing COVID-19 restrictions.

A semi-structured approach was taken, encouraging carers to lead the discussions based on what they felt was important and their own experiences. Discussions were opened around carers' experiences during the pandemic and how much they felt they were able to share their views and be listened to by health and care professionals.

We returned to several groups to present the findings from this engagement and ensure that the carers involved felt their views and experiences had been accurately captured and fairly represented, and that they felt that the recommendations would have impact.

The full report of findings is available here: [Listening to carers findings report - NHS Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://www.calderdaleccg.nhs.uk/Listening-to-carers-findings-report) The main themes from the findings are below.

### **Feeling invisible**

- Many carers told us that they **don't feel they are listened to** by health and care professionals. Several carers stated they had never been asked how they are.
- Making Space, who hold the contract for the Carers Wellbeing Service in Calderdale told us that some carers, who had made the difficult decision that they could no longer care for somebody, did not feel that their wishes were being considered. Carers said at times they had felt pressured to continue caring for someone when that person was

discharged from hospital even though they had told health and care professionals they could no longer do so.

### **Being heard, experts by experience**

- Carers hold a lot of expertise and are extremely knowledgeable in both the needs of the individual they care for, and what works and what doesn't in terms of their care. Many **don't feel that this expertise is valued**, although they feel they could make a difference if given the opportunity.
- Several carers said they had tried to share their views directly with staff, or in meetings, but didn't feel they were listened to and consequently wouldn't try again. When they have been approached by services, they don't hear anything back from them and **don't feel that anything changes**.
- A small number of carers said they had been heard, but felt this was very difficult and only worked because they had been **particularly vocal**.

### **Experiences during the pandemic**

- Several carers talked about services they relied on that stopped running or were less accessible during the pandemic, such as face-to-face appointments with GPs and support workers, and access to short breaks. This meant that carers had to **provide more care than before**, or have had to do without support.
- Many carers said they **found it difficult to find support** from elsewhere when services they relied on were not running during lockdown.
- Other than support, carers told us that **access to the right information** would help them. This was particularly difficult to find during the pandemic.
- Some carers talked about processes that they felt had become unnecessarily long and burdensome, or that could have been much more straightforward. They felt **this 'admin' put additional burdens on them** and their time.
- These additional burdens have often had an **impact on the carer's wellbeing**, and their families'. Several carers said their health had worsened during the pandemic, with some receiving treatment for anxiety, depression or injuries.
- Several carers told us that **not having access to face-to-face appointments** with health and care professionals had a negative impact on them and the people they cared for.
- Some carers also talked about the **financial implications of caring**, and how difficult it was to make decisions about the cost of a loved one's care.

### **What works?**

Several carers talked about support they had received that had helped them, or instances where they had felt listened to and the impact this had.

- **Peer-to-peer support** – most carers that we heard from were part of an existing support group, and agreed this was one of things that had the most impact in terms of supporting them, and one of the few ways they felt listened to. Other carers told us that their family or friends were their support network.

- **One person taking the time to listen to you and understand what you need** – carers told us about their experiences where this had been a health and care professional, a receptionist, or a member of staff or volunteer at a VCSE organisation.
- **Early intervention** – carers agreed that better information, support and listening to carers would enable this to happen.
- **Breaks from caring**

### **Overall themes from all engagement and consultation activity with unpaid carers (action 6.1)**

Below are the overall themes that the insight from both the last 12 months, and previously, have highlighted about how NHS services could better engage with unpaid carers.

The main key theme is that carers do not feel that they are listened to. Carers felt this was due to:

- Some health and care professionals not being able to identify carers
- Some health and care professionals not valuing carers as experts by experience
- Carers not being asked for their views, or consulted about the care of the person they are supporting
- Carers not being aware of ways they can share their views, e.g. Patient Participation Groups
- Health and care professionals not communicating changes that have been made as a result of engagement with carers

### **Experiences during the pandemic, and in accessing services more widely:**

- Carers told us they had to provide more care during the pandemic in comparison to before
- Carers found it more difficult to access the right support and information than before as the pandemic presented additional barriers such as services closing, changing or not being open in person
- Carers felt processes to access health and care services became longer and more complex, which put more pressure on their time
- Carers told us not having access to face-to-face support had a negative impact on them and the person they care for
- Carers told us there is a need to take a whole-household approach to support a carers' health and wellbeing
- Carers told us the things that helped most during the pandemic were peer-to-peer support, opportunities for breaks, and people who facilitated access to information and support
- Carers told us flexibility and planning appointments is important in helping them manage caring
- Carers reiterated what other groups have told us, which is that there is a need for more joined-up working between healthcare, social care and care in the community

## Evaluating feedback and developing a proposal for a potential way forward to enable sustained routes to engaging unpaid carers (action plan 6.2)

Throughout the course of this engagement, carers suggested ways that health and care services could improve the way they engage with carers, and improve the support and information made available to them. We summarised these recommendations whilst incorporating and supporting the work that health and care partners had already committed to do based on their own engagement.

After summarising these recommendations from all the groups of carers and other stakeholders, we returned to several of the groups to check that these recommendations were representative of what they told us and that they felt these would genuinely make a difference.

Recommendation	How we might achieve this
Health and care professionals in all services are able to identify carers.	<ul style="list-style-type: none"> <li>• Training for staff on how to identify carers and awareness of their role</li> <li>• Training for staff on carer wellbeing, taking the time to ask carers how they are and how they are coping</li> <li>• Co-producing training for staff with carers</li> </ul>
Carers are invited and supported as experts by experience to attend strategic health and care meetings, share their experiences and co-design services.	<ul style="list-style-type: none"> <li>• Training/briefing for carers in what the meeting is and how they can contribute</li> <li>• De-brief after meeting to ensure carers feel they were heard and know what will happen next</li> </ul>
Increase the opportunities for carers to provide feedback on the support they are receiving both for themselves and the person they care for, e.g. direct verbal feedback to healthcare professionals, patient reference groups etc.	<ul style="list-style-type: none"> <li>• Practices promoting PRGs widely, including to adult, working and young carers</li> <li>• Promote the Family and Friends test with carers</li> </ul>
When carers are asked for their views or to be involved in work, the organisation will return to the carer or group to let them know what is happening with that information and what difference it is making.	<ul style="list-style-type: none"> <li>• Individuals seeking carers views ensuring they confirm the best way to feedback to carers from the outset</li> </ul>
Information about local support that is available to carers is made more accessible in a range of formats, and in places such as GP surgeries and hospital notice boards as well as online.	<ul style="list-style-type: none"> <li>• Practices ensuring they promote carers support on noticeboards</li> <li>• Hospitals and other healthcare settings promoting carers support on noticeboards</li> </ul>
Information about care, support and finance are made more accessible in a range of formats that carers, the people they care for, and their families can all access.	<ul style="list-style-type: none"> <li>• Information about care, support and finance produced in easy-read, translated and plain English versions</li> <li>• Carers support services made aware of where this information can be found to ensure they can signpost to carers</li> </ul>

More groups are funded and set up for carers to access peer support, both within the VCSE sector and carers support attached to services, e.g. Dales Carers group.	<ul style="list-style-type: none"> <li>• Commissioning/funding partners to consider further funding for peer support groups and social activities for carers</li> </ul>
Dedicated carer support in each health and care service area.	<ul style="list-style-type: none"> <li>• Training for staff in awareness and how to support carers</li> </ul>
Groups, activities and support for carers are easier to find and identify	<ul style="list-style-type: none"> <li>• Activities or groups that provide carer breaks or support for carers are flagged as such in the development of a Calderdale Directory of Services.</li> </ul>

The report of findings and recommendations will be reviewed by the Equality Objectives working group who will consider next steps in improving the ways NHS Calderdale CCG, and in future the Calderdale Cares Partnership, engages with unpaid carers.

The report will also be shared with the Calderdale Carers Strategy group to consider how to take the insight and recommendations forward in the strategy and accompanying action plan.

The report will be shared with health and care partners and engagement leads across Calderdale through the Involving People Network. It will also be shared with the individuals and groups who shared their views and experiences, and with people who have previously expressed an interest in the work around unpaid carers. The report has been uploaded to the NHS Calderdale CCG website here [Improving engagement with specific equality groups including Black, Asian and Minority Ethnicity \(BAME\) communities, and unpaid carers - NHS Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://www.calderdaleccg.nhs.uk/improving-engagement-with-specific-equality-groups-including-black-asian-and-minority-ethnicity-bame-communities-and-unpaid-carers)

## Appendix A – baseline assessment mapping of engagement mechanisms in April 2021

### Part 1: Engagement champions with target audience including BAME communities: April 2021 (action plan 2.2)

Organisation	Communities supported
Advancement of Community Empowerment CIC	Asian or Asian British, Mixed or multiple ethnic groups, Other ethnic groups
Age UK Calderdale & Kirklees	All BAME communities
Disability Partnership Calderdale	Asian or Asian British
Disability Support Calderdale	All BAME communities
Healthy Living Partnership	Asian or Asian British
Our Place	Mixed or multiple ethnic groups

### Other community assets for engaging with BAME communities: April 2021 (action plan 2.1)

Organisation	Communities supported	Location
Calderdale British Muslim Association	Muslim communities	Central Halifax
Halifax Opportunities Trust	BAME communities, families	Calderdale-wide, predominantly Central Halifax
Healthy Minds (Roshani group)	BAME communities (predominantly South Asian) with experience of mental health conditions	Central Halifax
Sisters United	Women seeking asylum and from refugee and migrant backgrounds	Central Halifax
St Augustine's	People seeking asylum & refugees	Central Halifax

**Part 2: Engagement champions with target audience including unpaid carers: April 2021 (action plan 2.2)**

<b>Organisation</b>	<b>Communities supported</b>
Advancement of Community Empowerment CIC	Carers of people from BAME communities
Age UK Calderdale & Kirklees	Carers of older people
Disability Support Calderdale	Unpaid carers
Unique Ways	Parent carers of disabled children and young people

**Other community assets for engaging with unpaid carers: April 2021 (action plan 2.1)**

<b>Organisation</b>	<b>Communities supported</b>	<b>Location</b>
Calderdale Carers	All unpaid carers	Halifax, Todmorden, Brighouse, Sowerby Bridge
Calderdale Young Carers Service	Young carers	All Calderdale
LovedOnes Unite	Carers for people with drug and/or alcohol issues	All Calderdale
Unique Ways	Parent carers of disabled children and young people	All Calderdale, HQ in Halifax

## Appendix B – current mechanisms for engaging with BAME communities and unpaid carers

Green indicates new relationship development since April 2021

### Part 1: Black, Asian and Minority Ethnicity communities (action plan 3.3 and 5)

Organisation	Communities supported	Engagement Champion	Area
Halifax Opportunities Trust	(Below)	No	Predominately Central Halifax, some Todmorden, Hebden Bridge, Sowerby Bridge
* ESOL classes	South Asian communities		
* Jubilee Children's Centre	South Asian communities, Eastern European communities (Czech)		
* Prosperous Calderdale	South Asian ladies		
* Family support service	South Asian communities, families seeking asylum		
* Staying Well	South Asian communities		
Advancement of Community Empowerment	South Asian communities	Yes	Central Halifax & Todmorden
Age UK Calderdale & Kirklees	All BAME communities	Yes	Calderdale-wide
Artworks, the Everybody School of Art	Asian/British Asian and Black/Black British communities	Yes	Predominantly North Halifax
Calder Community Cares	Asian/British Asian and Black/Black British communities	Yes	Predominantly Upper Valley
Calderdale Valley of Sanctuary	People seeking asylum and refugees	Yes	All Calderdale
Calderdale Women's Interfaith group	South Asian communities, various	No	All Calderdale
Disability Partnership Calderdale	Asian or Asian British	Yes	Calderdale-wide



Disability Support Calderdale	All BAME communities	Yes	Calderdale-wide
Healthy Living Partnership	Asian or Asian British	Yes	Calderdale-wide
Healthy Minds (Roshani)	South Asian people with mental health needs	Yes	Predominantly central Halifax
Light Up Black African Heritage Calderdale	Black African women	Yes	Predominantly central Halifax
Making Space (Sukoon group)	South Asian women who are unpaid carers for someone with a mental health need	TBC	Predominantly central Halifax
Our Place	Mixed or multiple ethnic groups	Yes	Calderdale-wide
Running Aunties	Women from BAME communities	No	North Halifax
Sisters United	Women from BAME communities, women seeking asylum	No	Predominantly central Halifax
St Augustine's Centre	People seeking asylum and refugees	Yes	Central Halifax
Unique Hub	Young people from South Asian communities	No	Predominantly central Halifax
Women's Activity Centre	Older South Asian women	Yes	Predominantly central Halifax
Women's Centre	South Asian Women	None	All Calderdale

## Part 2: Unpaid carers (action plan 3.3 and 7)

Support group	Communities supported	Engagement Champion	Location
Advancement of Community Empowerment CIC	Carers of people from BAME communities	Yes	Central Halifax, Todmorden
Age UK Calderdale & Kirklees	Carers of older people	Yes	Calderdale-wide

Alzheimer's Society Virtual Dementia Carers Group	Carers for people with dementia	No	Virtual - Calderdale-wide
Bringing Us Together	Carers' advocacy support	No	Calderdale-wide
Calderdale Carers	Carers accessing breaks	No	Calderdale-wide
Carer Leads Network	Carer representatives, professionals supporting carers	N/A	West Yorkshire-wide
Dales Carers Group	Carers for people with mental health needs (Dales ward)	N/A	Predominantly central Halifax
Disability Support Calderdale	Unpaid carers	Yes	Calderdale-wide
Invictus Wellbeing	Parent carers for children and young people with mental health needs	Yes	Calderdale-wide, predominantly North Halifax
Lead the Way carers group	Carers for people with learning disabilities	Yes	Predominantly central Halifax
Making Space Carers Support group	Carers for people with mental health needs	TBC	Halifax, Todmorden, Sowerby Bridge
Making Space Sukoon Carers Group	South Asian ladies-only group, caring for people with mental health needs	TBC	Central Halifax
Memory Lane Café	Carers for people with dementia and other conditions	No	Boothtown and Sowerby Bridge
Mums on a Mission	Parent carers	Yes	Calderdale-wide
Overgate Hospice Carers group	Carers for people at the end of their lives	No	Calderdale-wide
Unique Ways Family Voice	Parent carers for disabled children and young people	Yes	Predominantly central Halifax
Young Carers service	Young carers	No	Calderdale-wide

## **Appendix C – Legislation and key drivers**

### **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 so the partners 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 D – Calderdale Action Plan to reduce the impact of COVID-19 on our BAME Communities

### Calderdale Action Plan to reduce the impact of Covid 19 on our BAME communities

#### DO NOW

1. Early identification of Covid-19 in Calderdale's BAME communities  
**Lead:** Cliff Dunbavin ■ ■

2. Ensure that groups who are most impacted by Covid get the support they need  
**Lead:** Sarah Richardson ■ ■ ■

4. Prevent and control Covid-19 in A. high risk occupations, B. Care Homes  
**Leads:** A. Amy McGarry, B. Halima Mohamed ■ ■ ■

10. BAME communities are aware of Covid risks and how they can protect themselves and loved ones  
**Lead:** Helen Hunter/Jill Dufton ■ ■ ■

#### AS WE RECOVER

3. Deliver programmes to address underlying health conditions associated with poorer outcomes from Covid-19  
**Lead:** Jess March ■ ■ ■

9. BAME communities are resilient as we learn to live with Covid.  
**Lead:** Sail Suleman ■ ■ ■

#### FUTURE FUNDAMENTALS

5. A racially Inclusive recovery from Covid-19 in Calderdale  
**Lead:** Sian Rogers ■

6. Calderdale partners and communities understand the scale of inequalities experienced by BAME groups and are taking action to address them  
**Lead:** Debbie Graham ■ ■

7. BAME communities in Calderdale have confidence and trust in local public services  
**Lead:** Dawn Pearson ■ ■

8. Partners in Calderdale recognise and take action to address Inequality and discrimination  
**Lead:** Kate Bell ■ ■ ■

#### ICS HEALTH INEQUALITIES PRIORITIES

BAME Leadership

Mental Health Access

A Covid Safe Workforce

Population Planning

# Appendix E - Engagement Equality Objectives Implementation Plan

**April 2020 – March 2022**

The equality objectives were developed based on the outcome of the CCGs Equality Delivery System (EDS2) in 2017. The aim of having objectives is to be able to make service improvements with a focus on particular equality groups. The equality objectives have been designed to be delivered over a four year period, with progress reported annually, they will be delivered through the action plan below. The plan will be overseen by project groups established to support implementation. Progress will be monitored through quarterly reports to the Quality Committee.

The objectives for 2018/2022 are:

- Equality objective 1: Improve access to GP Practices for specific equality groups
  - Years 1 & 2 – LGBT & young people
  - Years 3 & 4 – Black, Asian, and minority ethnic groups (BAME) & Carers
  
- Equality Objective 2: Improve engagement with specific equality groups:
  - Years 1 & 2 – LGBT & young people
  - Years 3 & 4 – Black, Asian, and minority ethnic groups (BAME) & Carers
  
- Equality Objective 3: Improve governance processes for equality

**This document focuses on Equality Objective 2, Improve engagement with specific equality groups (years 3 & 4) with Black, Asian, and minority ethnic groups (BAME) & Carers**

	What we will do	How we will do it	Lead	Timescale Milestones	Progress
1	Continue to work in partnership with the primary care teams	1.1 Identify shared actions and link with primary care equality objectives plan	Jill / Megan	Ongoing	<b>Complete.</b> Included engagement around primary care with BAME communities and unpaid carers.
2	Undertake baseline assessment of BAME and carers organisations in Calderdale	<p>2.1 Mapping exercise to gain an understanding of what voluntary and community organisations exist in Calderdale</p> <p>2.2 Work with partners to map the mechanisms in place to reach BAME and carers</p> <p>2.3 Review current mechanisms with the CCG and identify how representative these are in line with Calderdale</p> <p>2.4 Review how representative engagement / consultation activity has been in line with the population of Calderdale</p> <p>2.5 Identify any gaps in BAME (with a focus on newly emerging communities) and carers communities represented, and any gaps by geographical area.</p>	<p>Megan</p> <p>Jill / Megan</p> <p>Jill / Kate</p> <p>Kate / Sarah / Jill / Megan</p> <p>Jill / Megan</p>	<p>End of April and review 2021</p> <p>End of April 2021</p> <p>End of March 2022</p> <p>End of March 2022</p> <p>End of April 2021</p>	<p><b>Complete.</b> Cross-referenced list of VAC and CCG known VCS organisations. Cross-referencing with Social Prescribing directory. Linking with Public Health mapping of organisations that support parents and carers or young people. Detailed mapping undertaken with SWYPFT on organisations that support mental health/PWLD/autism.</p> <p><b>Complete</b> – see composite report.</p> <p><b>Complete</b> - see composite report.</p> <p><b>Complete</b> – limited representation of South Asian communities, and gaps identified around Black African communities and East European communities.</p> <p>Gap identified around young carers and limited representation of carers of people with illnesses</p>

	What we will do	How we will do it	Lead	Timescale Milestones	Progress
					such as cancer. See composite report for more detail.
3	Produce composite report	<p>3.1 Include information from the baseline assessment and mapping work</p> <p>3.2 Identify key themes raised by BAME and carers from engagement activity reported by the CCG</p> <p>3.3 Recommendations - Identify any groups to fill the gaps identified.</p> <p>3.4 Produce final composite report.</p>	<p>Jill / Megan</p> <p>Jill</p> <p>Jill / Megan</p> <p>Jill / Megan</p>	<p>May 2021</p> <p>May 2021</p> <p>May 2021</p> <p>March 2022</p>	<p><b>Complete</b></p> <p>Key themes identified prior to COVID are included in previous engagement findings reports. These will be included in the composite report.  <b>BAME:</b> Key themes identified in the last 12 months have been picked up through joint BAME COVID action plan.  <b>Carers:</b> Insight report from recent engagement with carers complete.</p> <p><b>Complete.</b>  <b>BAME:</b> Improved representation of Engagement Champions (see action 5) and built relationships with further groups supporting BAME communities through COVID engagement.  <b>Carers:</b> Several additional groups identified through engagement. Carers Strategy group has been expanded to include representatives from Making Space and four unpaid carer representatives. More detail in composite report.</p> <p><b>Complete - <a href="#">Improving engagement with specific equality groups including Black, Asian and Minority Ethnicity (BAME) communities, and unpaid carers - NHS Calderdale Clinical Commissioning Group (CCG) (calderdaleccg.nhs.uk)</a></b></p>

	What we will do	How we will do it	Lead	Timescale Milestones	Progress
	BAME				
4	Work with BAME organisations to identify ways of increasing engagement	4.1 To engage with BAME organisations and seek insight on how the NHS can engage with them better about health services.	Megan	March 2022	<b>Complete</b> – insight gathered from a variety of organisations supporting BAME communities and people from BAME communities through COVID-19 vaccination engagement.
		4.2 Evaluate feedback & develop a proposal for a potential way forward to enable sustained routes to engaging the groups identified	Megan / VAC	March 2022	<b>Complete</b> - evaluated feedback from engagement around COVID vaccination, case studies, feedback from VCSE organisations including Halifax Opportunities Trust, Unique Hub, St Augustine's, Light Up BAHC etc. Case studies developed around good practice for engaging with different BAME communities with recommendations going forward.
5	Increase number of BAME organisations that are trained Engagement Champions, with a focus on newly emerging communities.	5.1 Work closely with gatekeepers of communities of interest /utilising relevant channels of communication/ link in closely with organisations that work closely with the communities to increase representation from newly emerging & BAME communities across Calderdale	Megan / VAC	Ongoing	<b>Ongoing</b> - Engagement Champions is an ongoing programme of work and an important involvement mechanism to reaching our communities, and we will continue to promote with BAME communities to recruit future engagement champions.
		5.2 Undertake campaign to recruit BAME organisations to undertake the training	Jill / Megan / VAC	May 2021	<b>Complete</b> - Training promoted April onwards for training delivered in June/July 2021  Training promoted July onwards for training delivered in Sept / October 2021
		5.3 Deliver Engagement Champion training to BAME and newly emerging communities.	Jill / VAC	End of July 2021	<b>Complete</b> - Delivered training to Lightup BAHC, Valley of Sanctuary and St Augustine's.



	What we will do	How we will do it	Lead	Timescale Milestones	Progress
	Support newly trained BAME organisations to undertake engagement activities.	5.4 Peer to peer quarterly network meetings	VAC	Ongoing throughout 2021 / 22	<b>Ongoing</b> – network meetings have taken place on 24 <sup>th</sup> May and 16 <sup>th</sup> October 2021, with the next meeting planned for 16 <sup>th</sup> March 2022. VAC are monitoring invitation acceptances from groups supporting BAME communities and encouraging and supporting attendance where possible for networking purposes.
<b>Carers</b>					
<b>6</b>	Working with carers lead & carers organisations to identify ways of increasing engagement	6.1 To engage with carers and seek insight on how the NHS can engage with them better about health services.	Megan / VAC	February 2022	<b>Complete</b> - insight report produced detailing feedback from carers on how health and care services can better engage with them.
		6.2 Evaluate feedback and develop a proposal for a potential way forward to enable sustained routes to engaging the groups identified.	Megan / VAC	February 2022	<b>Complete</b> - Recommendations co-produced with carers on how health and care services can better engage with carers going forward. The insight report and recommendations will be shared with the Carers Strategy Group, internally with CCG colleagues, and with the wider Involving People Network.
<b>7</b>	Increase number of Carers organisations that are trained Engagement Champions	7.1 Undertake campaign to recruit Carers' organisations to undertake the training	Jill / Megan / VAC	May 2021	<b>Complete</b> - Training promoted April onwards for training delivered in June/July 2021  Training promoted July onwards for dates in Sept / October 2021.
		7.2 Deliver Engagement Champion training to Carers' organisations across Calderdale	Jill / VAC	End of July 2021	<b>Ongoing</b> – delivered training to Mums on a Mission and Invictus Wellbeing.  Making Space (commissioned carers support service) interested in next tranche of training – will be 2022/23.

	What we will do	How we will do it	Lead	Timescale Milestones	Progress
	Support newly trained Carers organisations to undertake engagement activities	7.3 Peer to peer quarterly network meetings	VAC	Ongoing throughout 2021 / 22	<b>Ongoing</b> – network meetings have taken place on 24 <sup>th</sup> May and 16 <sup>th</sup> October 2021, with the next meeting planned for 16 <sup>th</sup> March 2022. VAC are monitoring invitation acceptances from groups supporting carers and encouraging and supporting attendance where possible for networking purposes.
Partnership working					
8	BAME network	8.1 To explore the possibility of a BAME network to provide peer to peer support, a route for engagement and steering.	Megan	August 2021	<b>Complete</b> – This already exists but is mostly focused on support for, and engagement linked to, CMBC. Linking with Pam Bhupal to expand this to other partners and VCSE sector – MR continuing to promote this with VCSE groups and share information.
9	Calderdale Covid BAME Action Plan Steering Group	9.1 To coordinate and report progress on the implementation of the West Yorkshire and Harrogate and Calderdale Action Plans to reduce the impact of Covid-19 on BAME communities in Calderdale.	Jill	February 2022	<b>Complete</b> – continuing to work with colleagues and BAME communities to empower people to make informed choices and be ‘COVID aware’
10	COVID Engagement group	10.1 Coordination of group ensuring all partners are represented  10.2 To map and gather an understanding of engagement related to Covid-19 vaccine being delivered across Calderdale  10.3 To ensure that people from the diverse Calderdale communities have been involved in	Megan / Jill	Fortnightly meetings	<b>Complete</b> – continuing to collect anecdotal feedback from BAME communities and feeding back to COVID-19 vaccination comms and engagement group.  COVID Engagement Task & Finish group no longer meets fortnightly, but still exists as an informal group.

	What we will do	How we will do it	Lead	Timescale Milestones	Progress
		engagement, with particular focus on those from BAME communities  10.4 Support communication messages and people			
11	Funded a system engagement officer post	11.1 Hosted through VAC to champion and assist in coordinating an integrated approach to involving people with partners	Jill	January 2021	<b>Complete</b> - System coordinator post recruited to
12	West Yorkshire and Harrogate Health and Care Partnership	12.1 Identify shared objectives	Jill / Kate	Ongoing	<b>Complete</b> – MR attending task and finish group to co-produce tool for GPs to identify and improve support for carers. Linked to action plan to improve access to primary care for BAME communities and unpaid carers (see action 1.1).