

Name of Meeting	Governing Body	Meeting Date	23 June 2022
Title of Report	Director of Finance Report	Agenda Item No.	5
Report Author	Lesley Stokey, Director of Finance	Public / Private Item	Public
Clinical Lead	Neil Smurthwaite, Chief Operating Officer	Responsible Officer	Neil Smurthwaite, Chief Operating Officer

Executive Summary

Finance:

- The CCG delivered and balance position in its year end accounts 2021/22
- The CCG has developed a 12-month plan in line with national guidelines
- The latest plan is for a deficit of -£0.2m and requires delivery of £4.25m QIPP savings (improvement of £1.5m on April submission)
- The CCG is developing a financial recovery process to address the financial shortfall
- The Calderdale and Kirklees systems are working to develop a system recovery plan
- There are clinical, financial and contractual risks associated the recovery of elective services

Performance:

- The progress being made towards achieving the standards set out in the NHS Constitution and the core indicators for the Mental Health Programme
- The impact of covid 19 on access and performance to NHS services

Previous Considerations

Name of meeting	Governing Body	Meeting Date	19 May 2022
Name of meeting		Meeting Date	

Recommendations

It is recommended that the Governing Body:

1. Approve the financial plan with a deficit of £0.2m
2. Note the contents of the report

Decision ☒

Assurance ☐

Discussion ☐

Other:

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	None identified
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	None identified
Resources / Financial Implications (including Staffing/Workforce considerations)	None identified
Sustainability Implications	None identified

Has a Data Protection Impact Assessment (DPIA) been completed?

Yes ☐

No ☐

N/A ☒

Strategic Objectives (which of the CCG objectives does this relate to?)	<ul style="list-style-type: none"> Achieving the agreed strategic direction for Calderdale Improving value 	Risk (include risk number and a brief description of the risk)	None identified
Legal / CCG Constitutional Implications	None identified	Conflicts of Interest (include detail of any identified / potential conflicts)	Any conflicts of interest arising from this paper will be managed in

			accordance with the CCG Management of Conflicts of Interest Policy
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1. Key Messages

This report gives an overview of the most recent finance and activity planning submission to the West Yorkshire Integrated Care Board (WYICB) for the financial year 2022/23. The key messages are: -

- The CCG has delivered a breakeven position for the period 2021/22 and submitted the Annual Report and Annual Accounts to NHS England in line with the national timescales. These are currently being audited.
- The CCG submitted a revised draft financial plan to WYICB on 10th June for a deficit of - £0.2m which is an improvement of £1.5m (the April submission was for a deficit of - £1.7m).
- Since the April submission, additional resources were subsequently made available from NHSE to recognise extraordinary cost pressures and an additional planning submission was required by 20 June 2022.
- The CCG has developed a 12-month plan in line with national guidelines. There has been no requirement to develop separate plans for the periods April to June and for July to March for the period that the CCG becomes part of the WYICB.
- The CCG is required to produce a set of accounts for Q1 and the CCG will close on 30 June 2022. It is expected that the CCG will show a breakeven position for Q1
- The CCG will continue to receive less than average growth for the foreseeable future under the WYICB financial strategy to move towards target allocations. The CCG has been deemed to be over the fair share of the overall WYICB budget.
- The CCG is developing a financial recovery process to address the financial shortfall in the short and medium term.
- The local Calderdale and Kirklees system are also in a deficit position.
- The Calderdale and Kirklees systems are working to develop a system recovery plan to address the system wide deficit.
- The CCG will not receive any additional uplift to running cost budgets and has been required to deliver some savings to help fund the ICB infrastructure costs.
- There are clinical, financial and contractual risks associated the recovery of elective services.

2. CCG Financial position 2021/22

The CCG has delivered a breakeven position for the year 2021/22. The draft accounts and annual report were submitted to NHS England on the 22nd April in line with the national timescales. The accounts and annual report will be signed off at the Audit Committee scheduled for the 20th June and submitted on the 22nd June.

3. Financial Planning update 2022/23

NHS England published 2022/23 priorities and operational planning guidance on 24 December 2021.

As established during the previous planning processes, ICB systems will continue to be the key unit for financial planning purposes and resources are mapped to systems in the first instance and a single system plan for the ICB is expected to be submitted.

In May and subsequent to the draft plan submission an additional NHSE planning submission was announced and alongside this some additional resources to recognise extraordinary cost pressures above the level included in the national tariff uplift and also to reflect other specific cost pressures which had not been accounted for in the initial settlement. The most material of these cost pressures from a CCG perspective were the late announcement of an uplift to the FNC rate for both 2021/22 and 2022/23, and also a change to the Better Care Fund increase in minimum contribution.

The CCG has therefore adjusted its financial plan to account for these changes and resubmitted to the WYICB team on the 10th June in advance of the regional submission to NHSE by 20th June.

4. Calderdale CCG 2022/23 Financial Plan

The CCG submitted a draft financial plan to the WYICB on 10th June. The latest submission of the financial plan is of an improved financial plan of a deficit of -£0.2m which is a £1.5m improvement. (the submission on 23rd April was for a deficit position of -£1.7m). The financial is plan based on the national and WYICB financial planning guidance.

The key changes from the April plan submission are :-

- Additional allocation for an increase in national tariff inflation by 0.7%.
- Additional uplift allocated from WYICB for non-tariff cost pressures £1.6m.

The key expenditure assumptions are as follows:

- Pass through of 0.7% tariff uplift.
- BCF cost increase was already captured in April submission.
- Additional costs in mental health in relation to the tariff uplift and estimated increase to the Mental Health Investment Standard.

Pressures to be funded in the plan:

- QIPP delivered non recurrently in 2021/22 £1.2m.
- Running cost decrease in allocation pressure £0.2m.

Overall, this gives net pressures of £4.5m (previously £6m). The CCG has a QIPP plan of £4.3m which leave a deficit of £0.2m (previously £1.7m). The table below shows the summary of the assumptions above.

CCG 2022/23 Summary Income and Expenditure Growth.	April Submission £'m	June submission £'m
Income Growth	13.0	13.0
National Convergence 0.60%	-2.2	(2.2)
Local Convergence 0.25%	-0.9	(0.9)
Reduction in covid allocation	-1.5	(1.5)
Additional FIT target build in	-0.4	(0.4)
Additional allocation for further tariff inflation 0.70%	-	2.0
Additional Allocation for non tariff cost pressures	-	1.6
Net change	8.0	11.6
Expenditure Changes		
Acute, Community and Mental Health	8.0	9.5
Continuing Health Care	1.4	1.5
BCF	0.8	0.8
Prescribing	0.9	0.9
Primary Care	1.0	1.1
Running Cost	0.2	0.2
Mental Health Investment Increase	0.5	0.9
Non recurrent QIPP from 21/22	1.2	1.2
Net change	14.0	16.1
Gap	(6.0)	(4.5)
QIPP plan	4.3	4.3
Deficit Plan	(1.7)	(0.2)

There are a number of risks and opportunities to note in this plan:

- Activity growth above the amount planned for– particularly in CHC, prescribing and independent sector.
- Cost growth the levels planned for – particularly in CHC and prescribing.
- There is no longer a contingency budget available to manage variances.
- Level of risk in delivery of the QIPP plan.
- The level of savings identified may help deliver a balanced position.
- The plan assumes no benefit from any Elective Recovery Fund achievement so there is a potential for additional income to deliver a balanced position.

5. Financial Recovery plans

The CCG is putting into place a financial recovery process due to the planned deficit position. Notwithstanding the deficit this year there is likely to be future financial pressures due to a combination of less than average allocation growth (in line with the ICB fair shares financial strategy), non-recurrent QIPP and also activity and inflationary pressures.

Recover options are being considered at the senior management team meetings and a list of potential areas for financial recovery are being considered alongside considerations such as deliverability, palatability and impact on patients. Impact assessments will be carried out on all schemes which have an impact on patient services.

The CCG is also working with system partners to develop a system recovery plan due to a local system deficit. Calderdale and Huddersfield Foundation Trust have submitted a significant deficit plan and have a substantial cost improvement plan value to deliver and Kirklees CCG have also submitted a deficit plan.

6. QIPP Plans

The CCG has plans to deliver £4.25m of QIPP savings in year. The CCG will be seeking to deliver further savings through its financial recovery processes.

The current QIPP plan has been risk assessed and is shown in the table below.

Calderdale CCG QIPP Plan 22/23					
QIPP	Recurrent / Non-recurrent	Target £'m	Risk Adjustment %	Projected Delivery £'m	Risk £'m
Prescribing	R	0.50	100%	0.50	0.00
CHC	R	0.50	100%	0.50	0.00
Budget Reviews	R	1.60	75%	1.20	(0.40)
BCF	R	0.40	100%	0.40	0.00
Other	NR	0.75	100%	0.75	0.00
Gap	NR	0.50	25%	0.13	(0.38)
Total		4.25		3.48	(0.78)

The CCG risk assessment shows a risk value of £0.8m in relation to the overall QIPP plan. The level of risk will be continually reviewed and further opportunities for savings and other mitigations will be reported throughout the year.

7. CCG Q1 Accounts

The CCG will close on 30 June 2022 and West Yorkshire Integrated Care Board will take on the commissioning functions of CCGs from 1 July 2022. On this date the CCG's functions, assets and liabilities will transfer to WYICB.

As we have developed plans for a full financial year, the guidance for the Q1 accounts for the CCG is that allocation and expenditure will match and then the balance of the financial plan for the following 9-month period will be reflected in the WYICB accounts.

It is therefore anticipated that the CCG will not be in a deficit position for the Q1 accounts.

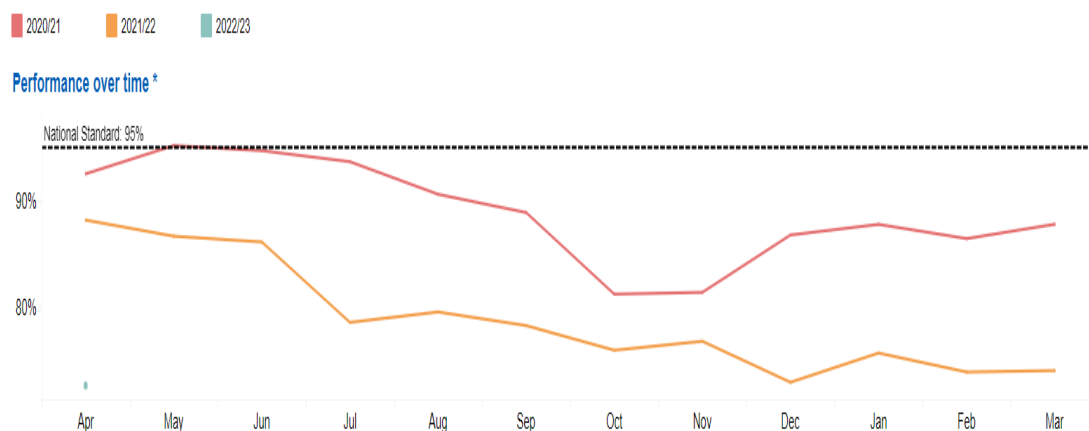
Performance Update

8. Urgent and Emergency Care

8.1 A&E - % waiting under 4 hours

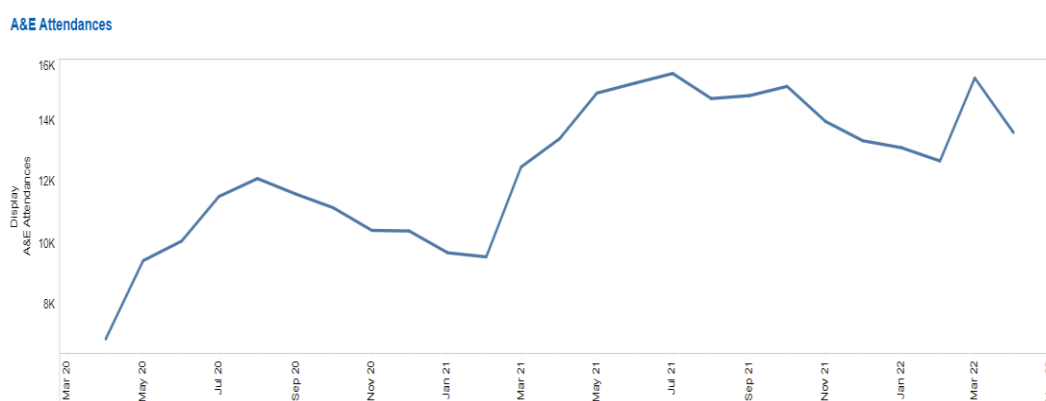
A&E performance refers to the percentage of patients discharged, admitted or transferred within 4 hours of arrival at the A&E Department. Calderdale performance is aligned with the performance achieved by the local acute provider Calderdale and Huddersfield Foundation Trust (CHFT).

A&E performance achieved 72.6% in April 2022. This is below the national standard (95%) and similar to the national average (72.3%) and regional average (73.0%).



8.2 Attendance

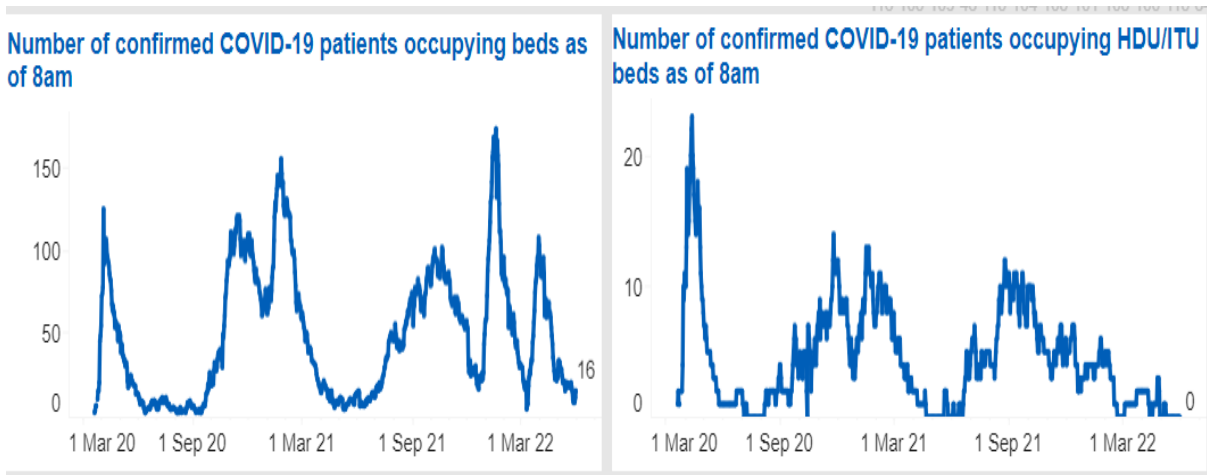
The chart below compares the volume of A&E attendances to CHFT by month during the last 2 years. The impact of the pandemic on the volume of attendances can be noted during 2020/21. Since the start of 2021 there had been a sustained increase in the volume of attendance to A&E. Attendance in 2022 is now exceeding pre-covid levels.



8.3 Impact of Covid 19

The latest wave of hospital activity associated with covid at CHFT peaked during January 2022. The volume of covid admissions has notably reduced since although the requirements to maintain a safe environment to care for patients is still placing constraints

on the bed base / staffing resource available within the hospital to support the wider NHS recovery programme.



8.4 Calderdale and Greater Huddersfield Urgent and Emergency Care Board (UECB)

The Board continues to monitor and have oversight of urgent and emergency care system across Calderdale and Huddersfield. The system continues to see real variation in demand and capacity, and therefore can move very quickly from PEL 2 to OPEL 3. This effect is being seen across the majority of settings, particularly in 111, hospital and social care. The effect on the hospital requires additional capacity to be opened at pace, affecting opportunities to maximise elective care.

The pressures are being exacerbated by the challenges faced by our social care providers, and their ability to provide resilient home care and care home offers. This means that numbers of patient awaiting discharge from hospital or other community bed settings is much higher than the optimum levels we have agreed as a system.

The Board has continued to work on its key priorities:

1. Supporting continued development of Urgent Community Response Services, and also implementation of Virtual Wards.
2. Implementation of Hubs in both Emergency Departments in order to meet the increasing demands for patients attending for minor injuries and minor ailments. An options paper for the interim model has been developed.
3. Improving discharge processes throughout the transfer of care pathway – including a self-assessment process against the national 9 High Impact Changes. This is being

done as part of a programme of work led by the West Yorkshire Discharge Group. This is being done in the spirit of improvement and learning rather than assurance.

4. Working with primary care colleagues to understand the current 24/7 primary care system offers, and how we can collectively optimise the offers to patients.
5. Targeted support for care homes who have higher levels of admission and re-admission - through practical support and quality improvement offers. Also maximising support from our Enhanced Care Home Team.
6. Communications programme, that builds on the existing approach used for winter but also provides targeted support for those on a waiting list for elective care.

The system continues to come together weekly as part of silver call arrangements, where we identify organisations' status, risks and any asks for mutual aid. These meetings identify operational issues where the CCGs and the broader system can provide support. The CCG representatives continue to be the conduit into the wider system. Gold members have met recently across Calderdale and Kirklees to agree an approach to escalation for both the Calderdale and Kirklees and the Calderdale and Huddersfield acute footprints. Pre-emptive gold meetings are already in diaries in the run up to winter, and through key periods.

The Calderdale and Huddersfield Urgent and Emergency Care Board has clear links to the West Yorkshire UECB, and its three work-streams: pre-hospital, hospital, and post hospital, as well as the new Discharge Workstream.

9. Elective Care

9.1 Referral to Treatment (RTT)

In April 2019, Professor Stephen Powis published an Interim Report on the Clinically led Review of NHS Access Standards. The report set out a series of proposals regarding changes to the national access standards for urgent and emergency care, elective care, cancer diagnosis and treatment and mental health care.

Twelve field sites (including CHFT) have been invited to test using the average wait for all patients on incomplete pathways as the headline measure of RTT performance.

The standard for the field testing would continue to use incomplete pathways as the cohort of patients that performance is measured against. But it is important to note that field test

sites would not be assessed using the existing standards for elective care and *will be excluded from national reporting during this period.*

The change in focus to monitor the average wait for these patients is expected to drive significant behavioural changes, both clinical and managerial. The intention is that the focus clearly shifts to a position where every day on a patient's pathway counts in order to establish good performance against the standard.

A new reporting and performance management regime commenced on the 1st August 2019 and the pilot was initially expected to last 4 months, but the development of the field test has been suspended during the NHS response to covid. We await further updates from NHS England on the next steps.

9.2 Long Waiting Times (>52 Weeks)

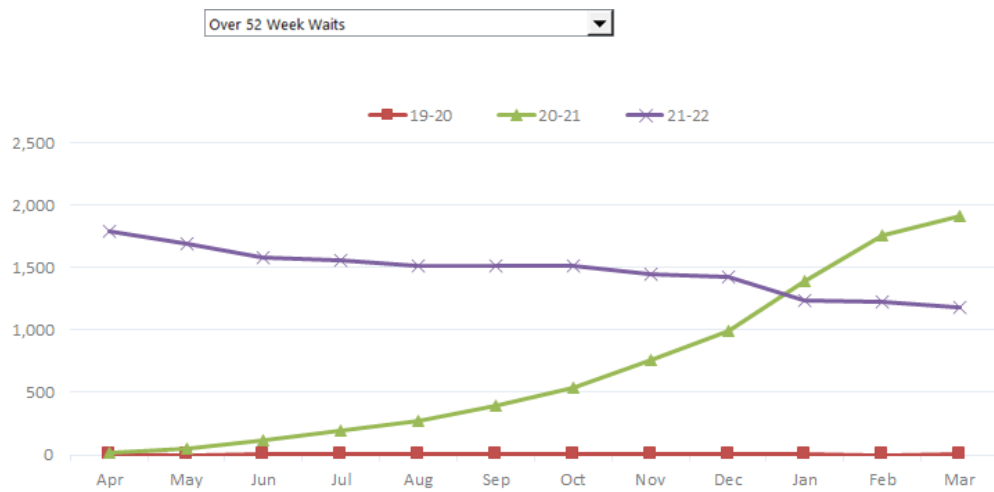
Under the NHS Constitution, patients should wait no longer than 18 weeks from GP referral to treatment for non-urgent treatment (note the pilot taking place in Calderdale - see section 2.1). In some cases there are instances where patients exercise their right and choose to wait longer for a procedure if it is clinically acceptable. However, patients are not expected to wait longer than a period of 52 weeks to be treated.

During the pandemic referrals to elective pathways at CHFT remained open despite capacity being severely restricted due to the system response to managing the needs of covid patients and the infection and prevention controls required to ensure patients and staff remained safe.

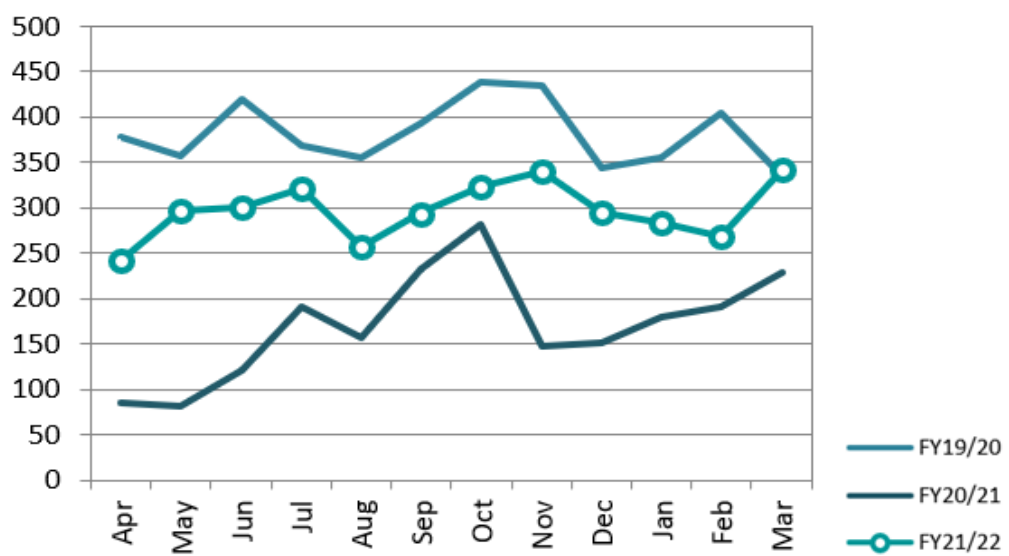
The activity levels for outpatients and inpatients has been increasing and is now approaching pre-covid levels. There are currently 1184 Calderdale patients waiting >52 weeks for treatment (March 2022).

The charts below demonstrate the impact of the pandemic on the volume of patients waiting greater than 52 weeks during the last 3 years and the trends associated with the volume of elective activity during the last 3 years.

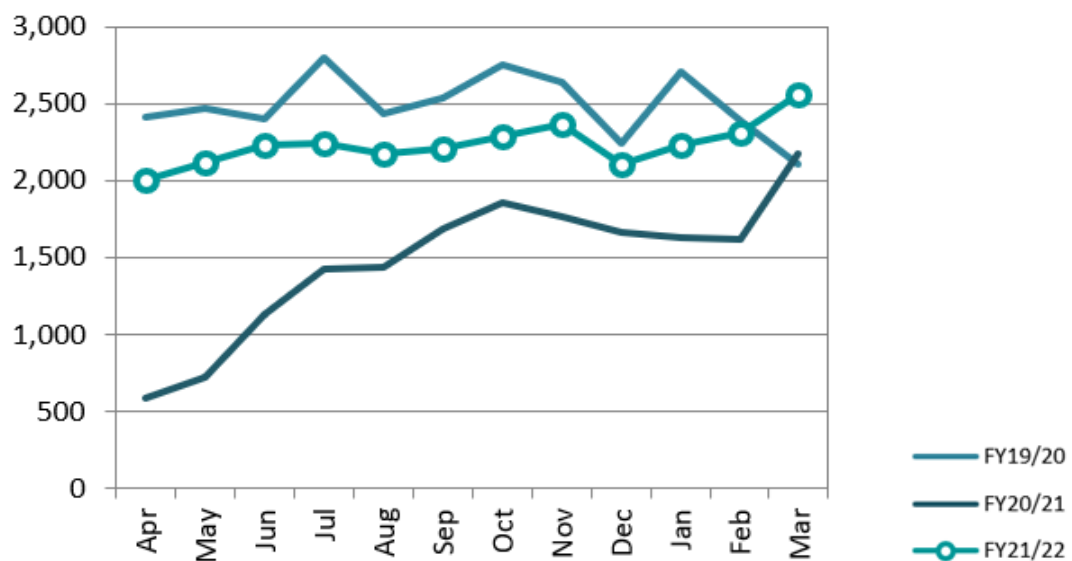
>52 Weeks Waits



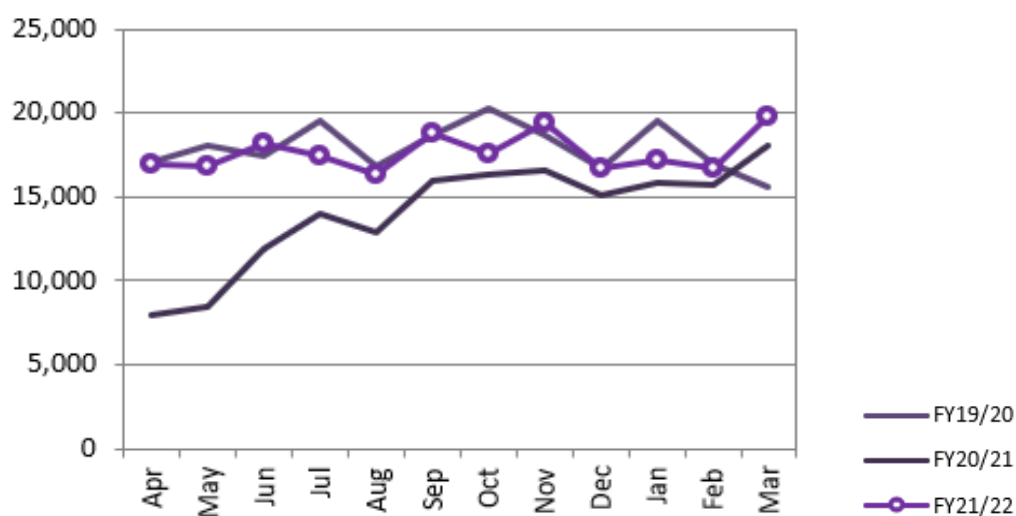
Elective Inpatient Activity



Daycase Activity



Outpatient Attendances



9.3 Actions

Actions being taken across the system include:

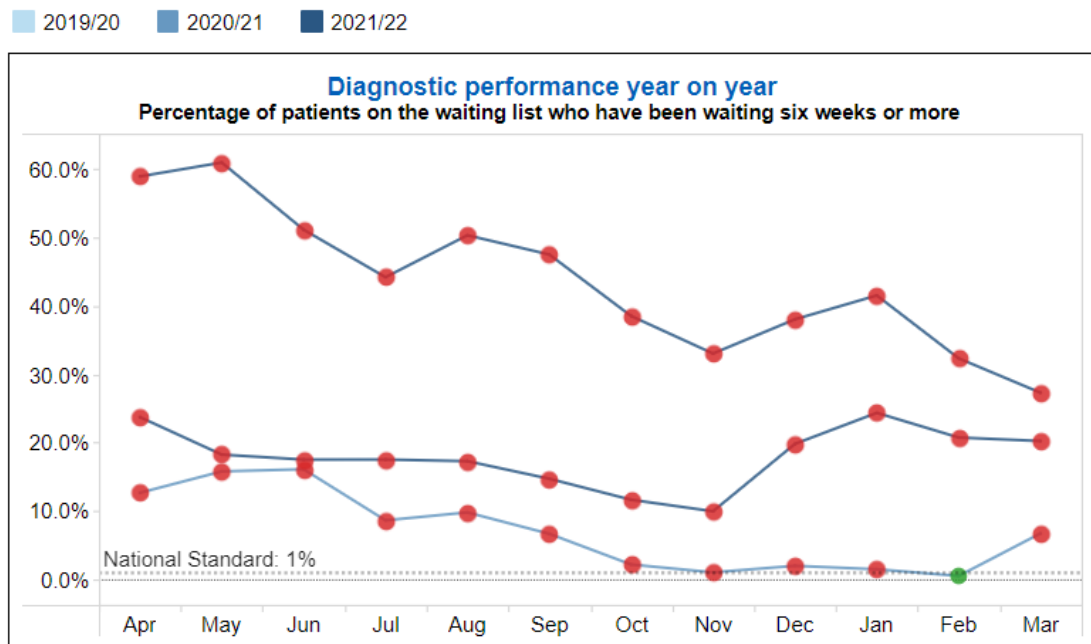
- Additional capacity being identified to deliver 104 week target and 78 week by March 2023.
- Weekly meetings targeting individual pathways that are at risk of breaching.
- Ongoing relationship with CCGs supporting operational teams to commission and deliver additional capacity.
- Working across WYAAT to identify areas we can support other places with, and where they can support us.
- Clinical Assessment Services set up to support triage and diagnostics prior to booking
- Regular communications with patients on their referral status.
- Utilisation of digital capability - conversion of face-to-face appointments to phone/ video
- Joint clinical interface sessions (GPs and Consultants) to review pathways and quality of referrals.
- Increased use of Advice and Guidance as pre-cursor to referral.
- Targeted effort to reduce >22 week waiters.
- All patients that have exceeded the appointment due date by 6 weeks or more are validated and undergo clinical review to confirm priority status using the categories developed by the Royal College of Surgeons:

- ☐ P1 – patient appointment to be within 2 weeks
- ☐ P2 – patient appointment to be within 6 weeks
- ☐ P3 – patient appointment to be within 12 weeks
- ☐ P4 – patient appointment to be within x months and advice to GP (i.e. 4, 5, 6...12+)
- ☐ P5 – patient to be discharged

9.4 Diagnostic Waiting Times

Patients referred for a diagnostic test should wait less than 6 weeks following their referral from a GP. The NHS Constitution requires no more than 1% of patient waits to breach this standard.

Covid has had a significant impact on the overall performance reported in this area – see chart below. In March 2022, 20.2% of patients experienced waits greater than 6 weeks across the spectrum of diagnostic tests. The national average is 24.8% and the regional average is 22.6% .

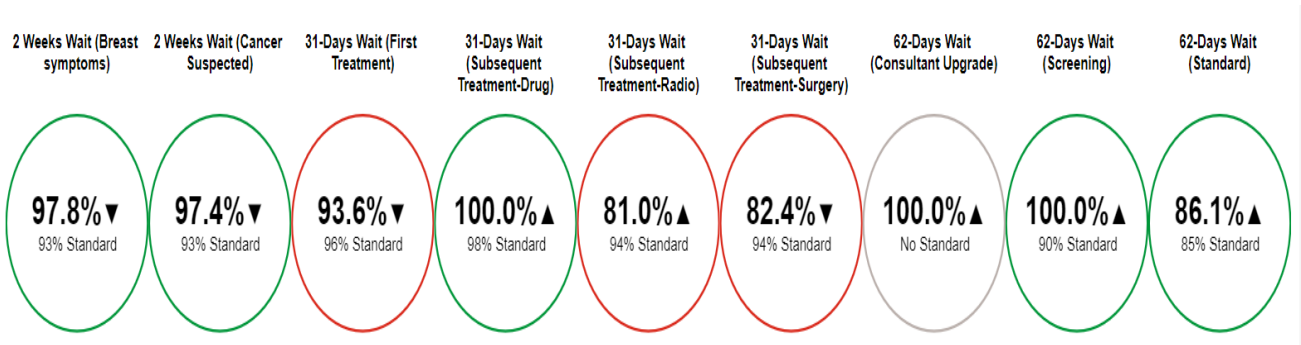


Performance levels deteriorated as a result of the NHS response to the Omicron variant but are expected to improve in the coming months.

The transformation and recovery programme is coordinated by the Elective Care Improvement Group which maintains oversight of the diagnostic waiting list and the prioritisation of patients.

10. Cancer Waiting Times

The table below summarises the performance levels for the cancer waiting times standards.



10.1 The volume of referrals remains higher than normal and this is consistent across the region however overall CHFT performance against the waiting times standards continues to benchmark strongly. The majority of the breaches reported are connected to:

- Capacity constraints with providers.
- Complex patient pathways.

CHFT continue to put on additional clinic capacity to cope with the demand and maintain the performance standards.

Cancer networks have focused their efforts to ensure theatre capacity is available for cancer patients so they can receive their treatment in a timely fashion. However, the impact of covid on capacity and workforce, in particular radiotherapy, remains a challenge.

Performance against all the cancer waiting times continues to be reviewed by the Cancer Locality Group and Cancer Network across West Yorkshire & Harrogate (WY&H).

The West Yorkshire and Harrogate Cancer Alliance continues to work across all tumour sites to improve consistency of approach and introduce new ways of working aligned to best practice. Increasingly the inclusion of pre-referral checks and tests undertaken in primary care will support the improvements in quality of referrals and will ultimately support the implementation of rapid diagnostic hubs

11. Mental Health

The strategic high priorities for all age Mental Health, Autism and Learning Disabilities are aligned in the Emotional Health and Wellbeing Strategy, developed as part of Calderdale Cares and Calderdale Care Closer to Home.

The 3 main workstreams identified below:

- **Prevention and proactive support** (strong national evidence base on interventions to prevent MH issues developing and ensuring proactive and early support to enable people to stay well and independent at home. We will offer interventions that prevent mental health issues developing, and ensure pro-active and early support to enable people to stay well and independent, and reduce inequalities.
- **Swift and appropriate access to care** and support where people require step-up, urgent or crisis response is needed. We will provide support to people and their families when they need access to care in an emergency or crisis, and reduce inequalities.
- **Step down support** for people who need transitional or ongoing care; at home or in a temporary or new residence. Reduce the number of people who receive care away from their family and support networks. Pathways will be in place for stepping people down into the right care setting, once they no longer need acute, urgent or crisis interventions, and these will reduce inequalities.

Key Areas of Variance

There is significant pressure and challenges across the mental health system which has impede the planned improvement against core indicators. Key areas of variance to note include:

11.1 Children and Young People (CYP) Eating Disorders Waiting Times

Latest position is below target, but ranks above the national, regional and West Yorkshire average. The local position demonstrating marginal improvement – this is a consequence of the additional non recurrent investment and the opening of Red Kite View. The additional resource that is recurrently funded will support continued improvement for this service.

18 Routine – % seen < 4 week

Mental Health Core Data Pack - Core Indicators - Charts

NEW: Please note that this pack now includes the new 2021/22 CCG mappings for all indicators. These mappings have been applied to data submitted under old CCG codes prior to April 2021 for consistency of reporting.

Data Source
(E4) CYP eating disorder waiting time - Routine

Org Type
CCG

Org Name
NHS CALDERDALE CCG

INDICATOR Legend: GREEN dot (Target is met), RED dot (Target is not met), BLACK dot (no Target); TARGET Legend: (Blue line if Target exists)



Urgent – % seen < 1 week

Mental Health Core Data Pack - Core Indicators - Charts

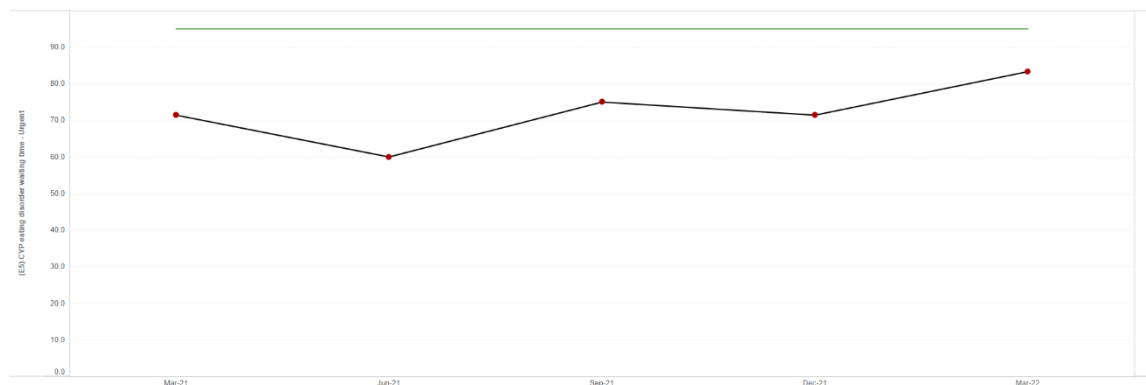
NEW: Please note that this pack now includes the new 2021/22 CCG mappings for all indicators. These mappings have been applied to data submitted under old CCG codes prior to April 2021 for consistency of reporting.

Data Source
(E5) CYP eating disorder waiting time - Urgent

Org Type
CCG

Org Name
NHS CALDERDALE CCG

INDICATOR Legend: GREEN dot (Target is met), RED dot (Target is not met), BLACK dot (no Target); TARGET Legend: (Blue line if Target exists)



11.2 Individual Placement and Support (IPS)

IPS is an employment support service integrated within community mental health teams for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment.

Although the numbers receiving support is increasing, performance remains below target. A recurrent 2 year investment plan has been developed to build the capacity to the increase the number of people who receive support.

Mental Health Core Data Pack - Core Indicators - Charts

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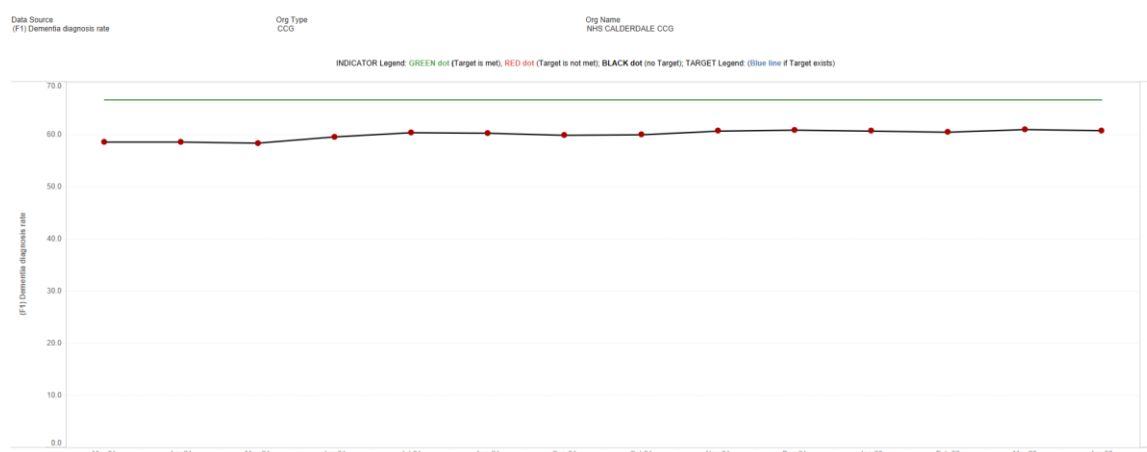
11.3 Dementia Diagnostic Rate

The dementia diagnostic guidelines are being updated and will be recirculated.

Work is in place to review dementia coding within practice, a performance dashboard has been developed and shared with PCN's along with good practice information. We are working alongside PCN's to understand the challenges to delivery of the service and to identify good practice which will be shared across PCN's.

Mental Health Core Data Pack - Core Indicators - Charts

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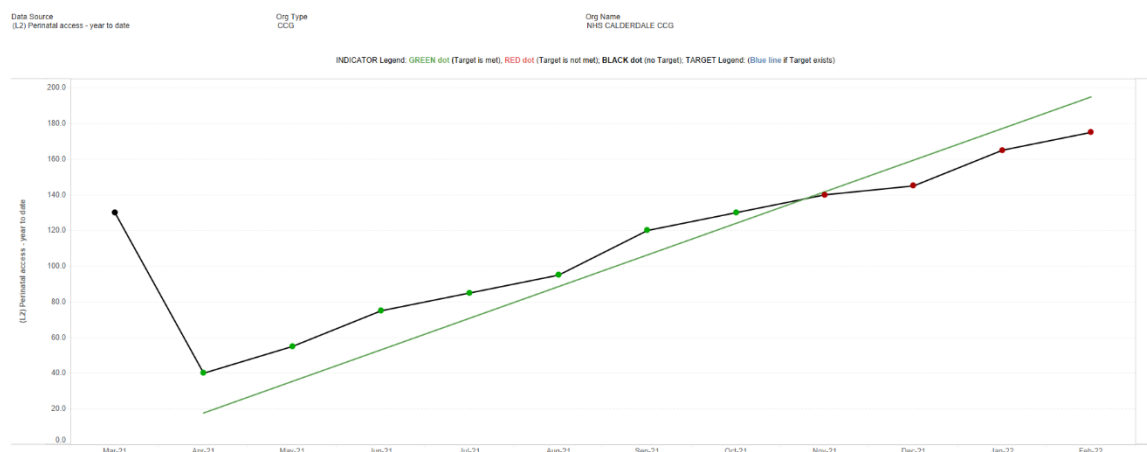


11.4 Perinatal access rate

The overall position continues to improve but remains below target. Additional recurrent investment will support capacity to increase activity over a 2 year period. The intention is to achieve the target by end of Q2 22/23. NHS England has placed significant focus on achievement of this the target with an expectation that the CCG utilises its total perinatal allocation to support delivery. By April 2023 there will be one provider collaborative across Yorkshire and Humber with oversight on delivery.

Mental Health Core Data Pack - Core Indicators - Charts

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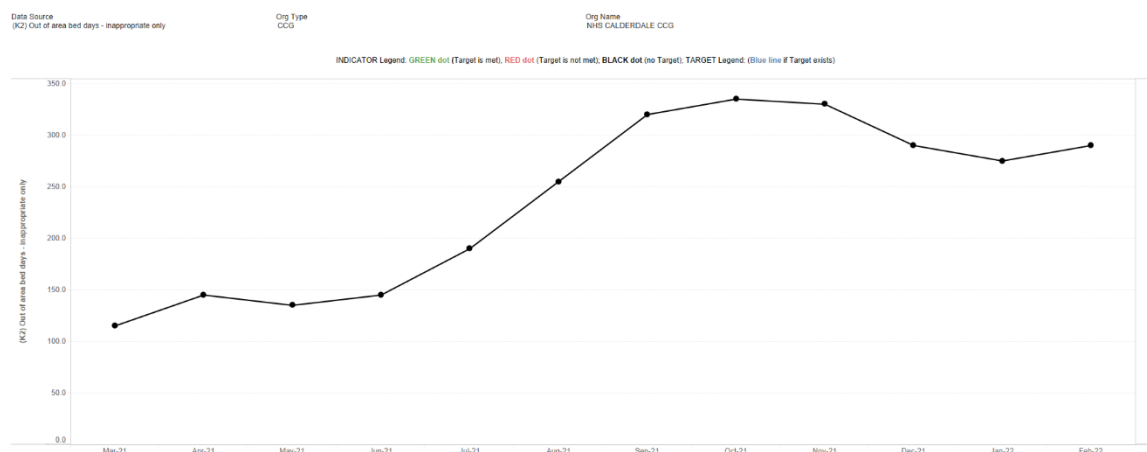


11.5 Out of Area Bed Days

The recent reduction in bed days has plateaued and there are significant national challenges associated with the capacity available to support the recovery of this position. Ongoing initiatives remain focused on both admission avoidance and facilitating discharge and flow through service. This is underpinned by SHARE pathway development work.

Mental Health Core Data Pack - Core Indicators - Charts

NEW: Please note that this pack now includes the new 2021/22 CCG mappings for all indicators. These mappings have been applied to data submitted under old CCG codes prior to April 2021 for consistency of reporting.



12. Planning Priorities for 2022/23

The NHS planning guidance for 2022/23 was issued in December 2021:

<https://www.england.nhs.uk/publication/2022-23-priorities-and-operational-planning-guidance/>

This set out the following 10 priorities:

Priorities of 2022-23 priorities and operational planning guidance	Narrative Required
Introduction. Health Inequalities - Maintain focus on preventing ill-health and tackling health inequalities.	Y
Invest in our workforce – with more people and new ways of working, and by strengthening the compassionate and inclusive culture needed to deliver outstanding care.	Y
Respond to COVID-19 ever more effectively – delivering the NHS COVID-19 vaccination programme and meeting the needs of patients with COVID-19.	N
Deliver significantly more elective care to tackle the elective backlog, reduce long waits and improve performance against cancer waiting times standards. C1. Maximise elective activity and reduce long waits, taking full advantage of opportunities to transform the delivery of services C2. Complete recovery, improve performance against cancer waiting times standards. C3. Diagnostics C4. Deliver improvements in maternity care	Y Y Y N
Improve the responsiveness of urgent and emergency care (UEC) and build community care capacity – keeping patients safe and offering the right care, at the right time, in the right setting. This needs to be supported by creating the equivalent of 5,000 additional beds, in particular through expansion of virtual ward models, and includes eliminating 12-hour waits in emergency departments (EDs) and	Y Y

Priorities of 2022-23 priorities and operational planning guidance	Narrative Required
minimising ambulance handover delays. D1. Urgent and emergency care D2. Transform and build community services capacity to deliver more care at home and improve hospital discharge	
Improve timely access to primary care – expanding capacity and increasing the number of appointments available.	N
Grow and improve mental health services and services for people with a learning disability and/or autistic people.	N
Continue to develop our approach to population health management, prevent ill-health and address health inequalities.	N
Exploit the potential of digital technologies to transform the delivery of care and patient outcomes.	N
Make the most effective use of our resources.	N
Establish ICBs and collaborative system working.	N

12.1 Planning Process and Timetable

Each place within West Yorkshire was required to develop its view on the national priorities for the whole of 2022/23. The final version was then built up from the five places to form the plan for West Yorkshire.

The plan for West Yorkshire was submitted to NHS England in May 2022. The plan was also underpinned by a series of trajectories that included the following areas:

- Hospital Activity:
 - Outpatients
 - Elective
 - Daycase
 - Non elective admissions
 - Urgent and emergency care
 - Diagnostics
 - Cancer

- Learning Disability and Autism:
 - Inpatients
 - Health checks
- Personalisation
 - Personal Health Budgets
 - Personalised Care Plans
 - Social Prescribing
- Primary Care
 - Access
 - Activity
- Community
 - Urgent Care Response
 - Virtual Wards
 - Community Waiting Lists
 - Discharges
- Mental Health
 - IAPT
 - Dementia Diagnosis
 - CYP and Adult Access
 - Healthchecks
 - Out of Area Placements
 - Peri-natal Health

Place based input was required to inform the WY Partnership submission to NHS England.

12.2 Next Steps

The final ICS submission of the planning trajectories has been extended to mid-June 2022.

More detailed planning rounds on specific priorities are expected to be announced by NHS England throughout 2022/23. We await their publication.

Places are now working with colleagues at West Yorkshire to develop the approach to monitoring and assurance reporting during 2022/23. The outputs from this work will inform the approach to performance reporting in Calderdale.

13. Recommendations

It is recommended that the Governing Body:

1. Approve the financial plan with a deficit of £0.2m.
2. Note the contents of the report.

Name of Meeting	Governing Body	Meeting Date	23 June 2022
Title of Report	Complaints Annual Report 2021 - 2022	Agenda Item No.	6
Report Author	Janet Smart, Complaints Manager	Public / Private Item	Public
Clinical Lead	Dr Farrukh Javid, GP Governing Body Member	Responsible Officer	Penny Woodhead, Chief Quality and Nursing Officer

Executive Summary

NHS Calderdale CCG aims to commission high quality services, but occasionally things can go wrong. When they do, it seeks to put them right and learn from the experience to improve services.

Complaints are one way of receiving individual perspectives of the service provided and through the outcome of the investigation, areas for improvement identified.

This report sets out the position for 2021 and 2022 and details the complaints activity information during the year.

Previous Considerations

Name of meeting	None	Meeting Date	None
Name of meeting	None	Meeting Date	None

Recommendations

It is recommended that the Governing Body **NOTES** the complaint activity regarding services commissioned by NHS Calderdale CCG during 2021 and 2022.

Decision <input type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Other:
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Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	None identified.
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	None identified. However, consideration of the Annual Complaints Report and key themes emerging from complaints are an important part of patients' experience.
Resources / Financial Implications (including Staffing/Workforce considerations)	None identified.
Sustainability Implications	None identified.

Has a Data Protection Impact Assessment (DPIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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Strategic Objectives (which of the CCG objectives does this relate to?)	Improving Quality Improving Value	Risk (include risk number and a brief description of the risk)	None identified.
Legal / CCG Constitutional Implications	The Local Authority Social Services and National Health Service Complaints (England) Regulations 2009 require all Clinical Commissioning Groups (CCGs) to provide an annual report regarding complaint activity information.	Conflicts of Interest (include detail of any identified / potential conflicts)	None identified.

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1. Introduction

- 1.1 The Local Authority, Social Services and National Health Service Complaints (England) Regulations 2009 (the Regulations) require all Clinical Commissioning Groups (CCGs) to provide an annual report regarding complaint activity information. This includes the number and nature of complaints and identifies the lessons learned.
- 1.2 This is complemented by an additional report to NHS Calderdale CCG's Quality, Finance and Performance Committee at the six month point of the year, outlining complaint, concerns, and enquiries activity information.
- 1.3 This report outlines the complaints received by NHS Calderdale CCG between 1 April 2021 and 31 March 2022. This data outlining the total number of complaints received has been compared in the first table for the previous four years.
- 1.4 In accordance with Yorkshire Audit recommendations made in 2018, the complaints, concerns and enquiries received in 2021 / 22 have been compared against those received in the previous two years i.e., 2019 / 20 and 2020 / 21.

COMPLAINTS

Total Number of Complaints Received by NHS Calderdale CCG

Year	Number received
2019 / 20	208
2020 / 21	176
2021 / 22	235

Complaints – NHS Calderdale CCG

	2019 / 20	2020 / 21	2021 / 22
Complaints received	208	176	235
Complaints investigated by NHS Calderdale CCG:			
CCG related	39 (19%)	73 (41.5%)	61 (26%)
Related to other providers	31 (79%)	68 (93%)	45 (74%)
NHS Calderdale CCG responses within deadline:			
Yes	23 (59%)	65 (89%)	51 (83.5%)
No	7 (18%)	6 (8%)	3 (5%)
Still Open/On Hold	9 (33%)	2 (3%)	7 (11.5%)
Level (section 4 provides a definition of the levels).	169 (81%) - Level 1 33 (16%) - Level 2 4 (2%) – Level 3 2 (1%) – Level 4	115 (65%) – Level 1 56 (32%) – Level 2 5 (3%) – Level 3 0 (0%) – Level 4	174 (74%) – Level 1 53 (22.5%) – Level 2 7 (3%) – Level 3 1 (0.5%) – Level 4

2. Detail

2.1 Number of Complaints Investigated

Of the 235 complaints received by NHS Calderdale CCG in 2021 / 22, not all were investigated by the CCG. This was for several reasons – most commonly because they did not fall within the remit of NHS Calderdale CCG and were passed to another organisation to investigate.

Initial Response	2019 / 20	2020 / 21	2021 / 22
Investigated by CCG	39	73	61
Cases passed to another organisation for investigation and to respond directly to the complainant are shown below.			
Bradford and Craven CCG	-	-	1
Calderdale & Huddersfield Foundation Trust	50	28	54
Calderdale Council	2	2	2
Dental Surgery/NHS England	-	-	1
GP Surgery/NHS England	38	19	81
NHS Greater Huddersfield CCG	-	2	1
NHS Kirklees CCG	-	-	3
Locala Dental Service	6	-	1
Local Care Direct	-	3	1
NHS North Kirklees CCG	1	1	-
NHS 111	2	-	-
Opcare	10	-	-
Rosscare	-	-	1
South West Yorkshire Partnership Foundation Trust	7	2	1
Yorkshire Ambulance Service	2	-	2
Other	9	4	6
On hold	8	-	3
Closed due to lack of consent	5	-	1
Acting as 3 rd Party to review and provide advice	8	4	8
For information only	-	1	-
Referred to Healthwatch	4	1	-
Referred to the CCG's Covid -19 Vaccination Programme Team	-	5	5
Referred to CHC Operations Manager	4	2	1
Withdrawn	-	3	1
Total	208	176	235

2.2 Number of Complaints by Provider

- 2.2.1 Of the 61 complaints received and investigated by NHS Calderdale CCG during 2021 / 22 as Level 2, Level 3, and Level 4 complaints, 45 (shown in the table below) related directly to the CCG. This means 16 of the complaints investigated by NHS Calderdale CCG involved other providers.
- 2.2.2 Complainants can choose to complain directly to the provider of an NHS service or the commissioner of that service. Where a complaint is received, the complainant is informed of this option and given advice to facilitate their choice.
- 2.2.3 NHS Calderdale CCG is always sensitive to a complainant's needs and endeavours to avoid complainants being passed unnecessarily through numerous organisations. In cases where complaints are complex and involve several different organisations, the CCG is well placed to co-ordinate a response to a complainant.
- 2.2.4 However, in many instances, a complainant's concerns can be best addressed directly by the provider organisation without NHS Calderdale CCG acting as an intermediary.

Provider	2019 / 20	2020 / 21	2021 / 22
NHS Calderdale CCG	31	68	45
Opcare	4	-	-
Rosscare	-	-	1
Multi Providers:			
BMI and GP Surgery	1	-	-
NHS Calderdale CCG and Calderdale Council	1	-	2
NHS Calderdale CCG and Opcare	-	1	-
NHS Calderdale CCG and Calderdale & Huddersfield NHS Foundation Trust	2	-	-
NHS Calderdale CCG and Spire Healthcare	-	1	-
NHS Calderdale CCG and GP Surgery	-	-	7
NHS Calderdale CCG and Rosscare			2

NHS Calderdale CCG, Calderdale & Huddersfield NHS Foundation Trust, Care Home and GP surgery	-	-	1
NHS Calderdale CCG, NHS Kirklees CCG, Calderdale & Huddersfield NHS Foundation Trust, Calderdale Council, Yorkshire Ambulance Service and Care Home	-	-	1
NHS Calderdale CCG and South West Yorkshire Partnership Foundation Trust	-	-	2
NHS Calderdale CCG, Calderdale & Huddersfield NHS Foundation Trust and South West Yorkshire Partnership Foundation Trust	-	1	-
Calderdale & Huddersfield NHS Foundation Trust and NHS Bradford District and Craven CCG	-	1	-
Yorkshire Ambulance Service and Calderdale & Huddersfield NHS Foundation Trust	-	1	-
TOTAL	39	73	61

2.3 Complaints by Category

2.3.1 The 61 complaints received and investigated by NHS Calderdale CCG during 2021 / 22 can be categorised as shown in the table below:

Category of complaint	2019 / 20	2020 / 21	2021 / 22
Aids, appliances, equipment, e.g., wheelchairs	5	2	3
Appointments	3	1	3
Attitude of staff	1	2	-
Care and treatment	4	3	2
CAMHS	1	2	2
Choice of provider	1	2	7

Commissioning decisions made by NHS Calderdale CCG:			
Individual Funding Request (IFR)	2	1	3
Access to Infertility Treatment	5	1	1
Communication	-	1	-
Confidentiality	-	1	-
Continuing Healthcare process	6	1	6
Covid vaccination enquiries	-	23	-
Delays in diagnosis	-	-	-
Failure to follow agreed guidelines / processes	1	-	1
Flu Vaccination Enquiries	-	6	-
Ear wax removal / irrigation service	2	3	2
GP / primary care services in Calderdale following national pandemic lockdown	-	11	8
Long covid support	-	-	2
Medication related issues	3	4	4
Mental Health services	1	-	6
Patient records	-	-	2
Practice management	1	3	6
Prescribing changes	-	1	2
Referrals	1	3	-
Subject Access Request / Complaint	1	-	-
Transport	1	1	-
Unprofessional conduct	-	1	1
TOTAL	39	73	61

2.3.2 Of the 61 complaints, 15 fell within the following two categories and are broken down below:

GP/primary care services in Calderdale following the national pandemic lockdown – 8 complaints

All the 8 complaints related to issues connected with the reopening of GP surgeries following the national Covid-19 pandemic lockdown, such as the perceived lack of face-to-face appointments.

However, the data reflects that 2021 / 2022 saw a slight reduction in the number of cases when compared to those received during 2020 / 2021.

It was also noted that many of the cases were referred onto NHS Calderdale CCG during the year by the offices of local MPs. The Complaints Manager therefore provided information on the current position relating to GP face to face appointments in the Calderdale area with the MPs and their staff. It is possible that this helped to reduce the number of cases being received by the CCG.

Choice of Provider – 7 complaints

All the 7 complaints related to difficulties in accessing the Right to Choose process for both children's and adult mental health and neurodiversity services.

The CCG sent letters to all GP practices in the Calderdale area in August 2021 to explain the Right to Choose process, briefed the Practice Managers Group to explain 'Choice' and where necessary to remind them that they must offer individuals / families of their Right to Choose. A 10-point guide was also sent to all GP practices to help them better understand the Choice process for all age mental health provision.

The CCG similarly raised with NHS England and Improvement (NHSE&I) the need for a central base for all contracts held by CCG's across England as this was proving to be the main difficulty in the navigation of referrals. The CCG was informed that no such national system exists.

To streamline this approach for partners and the public, the CCG arranged to go through an 'Any Qualified Provider' procurement process (starting April 2022) to create a list of providers who could meet the Calderdale specification (the specification has been

produced in line with NICE Guidance for Neurodevelopment and Autism). This list would make it easier for referrers to offer Choice and be confident the provider could offer a safe, quality service. This should be in place by August 2022.

The CCG has also funded a navigator post, to help people make an informed decision about their referral. This should be in place by June 2022.

2.4 Complaints by Level

2.4.1 All complaints received by NHS Calderdale CCG are classified into a category level based on guidance within NHS Calderdale's CCG Complaints Policy. The definitions of each level are as follows:

Level 1- Simple issues

Level 2 – Low / simple, non-complex issues

Level 3 – Moderate / complex, several issues relating to a short period of care requiring a written response and investigation by provider

Level 4 – High / complex multiple issues relating to a longer period of care, often involving more than one organisation or individual requiring a written response and investigation by provider.

2.4.2 The table below shows the classification of complaints received.

Level of complaint	2019 / 20	2020 / 21	2021 / 22
Level 1	169	115	174
Level 2	33	56	53
Level 3	4	5	7
Level 4	2	-	1
Total	208	176	235

2.4.3 The data indicates the number of concerns and enquiries increased significantly during 2021 / 22.

2.4.4 However, the data also indicates that the number of Level 2 concerns and enquiries slightly decreased by the end of 2020 / 21.

2.4.5 Level 3 complaints remained steady during the year as it was identified that many of these cases could be best addressed as Level 2 cases or directly by the provider organisation without NHS Calderdale CCG acting as an intermediary.

2.4.6 One complaint was categorised as Level 4 during the year.

2.5 Complaints by Deadline

2.5.1 The NHS Calderdale CCG standard for complaints investigation, as outlined in the Complaints Policy, is that all complaints received are acknowledged in writing within three working days. Once the appropriate consent is received back from the complainant and areas for investigation are outlined, complainants are advised of the date by which they can expect a response to their complaint.

2.5.2 The standard timeframe given is 3 - 5 working days for a Level 1 complaint, 5 - 10 working days for a Level 2 complaint and 40 working days for a Level 3 and Level 4 complaint. Complainants are kept updated on progress where it is not possible to meet the initial timeframe deadline and an explanation of the delay is provided.

2.5.3 The tables below show whether the final response was sent to the complainant within the original agreed timeframe, both overall and by the investigating provider.

Final Response sent within agreed timeframe	2019 / 20	2020 / 21	2021 / 22
Yes	23	65	51
No	7	5	3
Still Open / On Hold	9	3	7
Total	39	73	61

Final Response sent within agreed timeframe by Provider during 2020 / 21	Yes	No	Still Open/On Hold
NHS Calderdale CCG	38	2	5
Rosscare	1	-	-
Multi agency: NHS Calderdale CCG and GP Surgery	6	1	-
Multi agency:	2	-	-

NHS Calderdale CCG and Calderdale Council			
NHS Calderdale CCG and South West Yorkshire Partnership Foundation Trust	2	-	-
NHS Calderdale CCG, Calderdale & Huddersfield NHS Foundation Trust, Care Home and GP surgery	-	-	1
NHS Calderdale CCG, NHS Kirklees CCG, Calderdale & Huddersfield NHS Foundation Trust, Calderdale Council, Yorkshire Ambulance Service and Care Home	-	-	1
Total	49	5	7

2.5.4 Despite many investigators being involved in front-line duties and responsiveness to Covid-19 / the roll out of the vaccination programme, 2021 / 22 continued to see an improvement in complaints being responded to within deadline.

2.5.6 In the 5 instances where NHS Calderdale CCG did not send the response to the complainant within the agreed timeframe this was due to the following reasons:

- One was due to the workload of the investigator who was also involved in Covid-19 front-line duties / roll out of the vaccination programme.
- One was due to the time it took the MP's caseworker to send clarified information which the Complaints Manager had asked for.
- One was due to staff absence in the CCG's investigator's team.
- Two were due to the complexity of the issues raised.

2.5.7 Where appropriate, the complainants were contacted prior to the agreed response date to advise that the complaint was still underway. They were also provided with an explanation why this was the case.

2.6 The NHS Complaints Process

- 2.6.1 No pause of the NHS Complaints Process took place during the year. However, on 3 February 2021 NHS England and NHS Improvement acknowledged that NHS providers may take longer than usual to investigate and respond to complaints. This was to allow providers to continue to concentrate on front-line duties and responsiveness to Covid-19 as well as support the roll out of the vaccination programme.
- 2.6.2 The Complaints Manager monitored the situation in the CCG and the effect this may have on complaint investigations.
- 2.6.3 It was identified that no significant delays were caused to the handling and investigation of the CCG's complaints.

2.7 Parliamentary and Health Service Ombudsman

- 2.7.1 Any complainant who remains dissatisfied with the NHS Calderdale CCG's handling of their complaint has the right to contact the Parliamentary and Health Service Ombudsman (PHSO). Information on how to do this is provided to all complainants as part of the CCG's response to each complaint.
- 2.7.2 The PHSO has not carried out any full reviews on complaints they received during 2021 / 22.
- 2.7.3 However, as reported in the Annual Complaints Report for 2020 / 21, NHS Calderdale was notified by the Local Government and Social Care Ombudsman (LGSCO) that they had decided to investigate a complaint regarding the care and support provided to a client by Calderdale Council, South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) and the CCG.
- 2.7.4 NHS Calderdale CCG and the partner organisations fully complied with providing the LGSCO with the information they requested and addressed the recommendations identified which all partners involved will implement within a staged process.

- 2.7.5 No final decision outcome of the LGSCO's investigation has yet been received.
- 2.7.6 During the latter part of 2021 / 22, NHS Calderdale CCG received additional contact from the LGSCO regarding two further cases. In both cases, NHS Calderdale CCG had not previously received, handled, or investigated any such complaints.
- 2.7.7 One of the cases had been dealt with by Calderdale Council following which the LGSCO approached NHS Calderdale CCG regarding issues relating to the CHC process and care homes. Following the Complaints Manager review of the case, she requested additional information to allow the CCG to correctly deal with the complaint.
- 2.7.8 The second case had also been dealt with by Calderdale Council following which the LGSCO approached NHS Calderdale CCG regarding issues relating to an Education, Health and Care Plan (EHC). Following the Complaints Manager review of the case, she requested the appropriate consent and requested confirmation of this issues relating to the CCG to allow the complaint to be handled correctly.
- 2.7.9 As reported in the Annual Complaints Report for 2020 / 21, the COVID-19 pandemic continued to have a significant impact on the PHSO's workforce and their service. This was compounded by continuing difficulties in investigating NHS complaints. These escalating pressures led to people waiting far too long for the PHSO to look at their complaints.
- 2.7.10 It remains the case that the PHSO will continue to examine all complaints they receive and will focus on the more serious complaints about health services i.e., those where people may have faced a more significant impact.
- 2.7.11 For other complaints, i.e., those where someone has faced a lesser impact, the PHSO will consider whether there is anything they can do to help resolve things quickly. If not, they will close the complaint.
- 2.7.12 If the PHSO receive a similar complaint about the same organisation, or see a pattern from several complaints, they may raise this with the organisation.

2.8 The NHS Complaints Standards

- 2.8.1 As reported in 2020 / 21 the PHSO announced The NHS Complaint Standards (the Standards) which they were intending to launch across the NHS (including NHS Calderdale CCG) in 2021 / 22.
- 2.8.2 The PHSO intend that all NHS organisations and those independent healthcare providers who deliver NHS-funded care will use the same model complaint handling procedure. It will describe how NHS Calderdale CCG should meet the expectations of the NHS Complaint Standards.
- 2.8.3 At the end of Quarter 2 of 2021 / 22, the Complaints Manager attended a webinar organised the PHSO. The version of the NHS Complaints Standards for commissioners was not yet available.
- 2.8.4 In view of the Complaints Manager's findings, non-material changes were made to NHS Calderdale CCG's Complaints Policy. These included removing reference to the Chief Officer and replacing with Chief Operating Officer; removal of the Chair as reviewer of complaint responses; change of Quality Committee to Quality, Finance and Performance Committee; and an improved explanation of the complaint levels.
- 2.8.5 These changes will cover NHS Calderdale CCG until it is expected a single West Yorkshire ICB Complaints Framework / Policy based on the NHS Complaint Standards will be adopted after July 2022.

2.9 Learning from Complaints

- 2.9.1 NHS Calderdale CCG is committed to learning from complaints and wherever possible complaint responses include a section which highlights the learning from the complaint and how this will be shared or used in the future. This has been demonstrated by, for example, the Continuing Healthcare team who have made changes to the way they arrange appointments in part of their process.

2.10 Provider and GP Practice Assurance on Complaints Handling

- 2.10.1 Assurance on how NHS Calderdale CCG's main providers; Calderdale & Huddersfield NHS Foundation Trust, South West Yorkshire Partnership Foundation Trust and NHS111, manage complaints is provided in the Quality and Safety dashboard which is presented to the Quality, Finance and Performance Committee. It should be noted that providers are facing challenges in responding within timeframe, there are several reasons for this, and Committees are updated on the actions being taken.
- 2.10.2 Assurance on GP practice complaints handling remains a function of NHS England. However, practices are required to complete an annual return providing NHS England with numbers and subject matter of complaints. NHS Calderdale CCG usually receives feedback on such submissions but, due to Covid-19, the data collection was suspended nationally. Data was therefore not collected for 2019 / 20.
- 2.10.3 Following a consultation carried out by NHS Digital on the KO41b data collection, a revised collection was established for complaints received between 1 April 2020 and 31 March 2021. The data submission window was open from 9 August 2021 to 29 October 2021.
- 2.10.4 NHS England have recently published their national complaints data, and this has identified how many complaints were submitted across Calderdale, compared to the National and Regional figures, for General Practice.
- 2.10.5 From the published national complaints data, NHS Calderdale CCG has noted that 4 of the 21 Calderdale GP practices did not complete the complaints submission. As the KO41b return is a contractual requirement, the omissions will be followed up in collaboration with contracting colleagues.

3. Next Steps

- 3.1 This will be the last full year's Annual Complaints Report for NHS Calderdale CCG prior to its transition to the West Yorkshire Integrated Care Board (ICB) in July 2022.

- 3.2 However, a Complaints Report will be completed at the end of Quarter 1 of 2022 / 23.
- 3.3 The Complaints Manager is attending regular meetings with colleagues across the West Yorkshire area to influence and determine the model for complaints handling, together with providing input and advice for developing the associated policy and reporting requirements going forward from July 2022.

4. Implications

None to add.

5. Recommendations

- 5.1 It is recommended that the **Governing Body** notes for information the complaint activity regarding services commissioned by NHS Calderdale CCG during 2021 and 2022.

6. Appendices

None to add.

Name of Meeting	Governing Body Meeting	Meeting Date	23 June 2022
Title of Report	Patient and Public Engagement Annual Statement of Involvement (2021/2022)	Agenda Item No.	7
Report Author	Jill Dufton, Senior Engagement Manager	Public / Private Item	Public
Clinical Lead		Responsible Officer	Penny Woodhead, Chief Quality and Nursing Officer

Executive Summary

The purpose of the report is to provide an annual account of NHS Calderdale CCG (& our partner's) engagement activity. The report sets out all engagement activity delivered during the period April 2021 to March 2022.

The report provides details of progress made on previous years engagement and consultation activity. In addition, it includes activity that has been carried out with our partners around service redesign, and how we have widened our reach through using different communication methods such as social media activity and campaigns.

Considering all insight, the CCG has received from 2013 to 2022 the themes below remain important to people and communities in Calderdale:

Access to services - whilst some people told us they benefited from services adapting to new virtual ways of working, for example people having video or phone appointments or booking appointments online, video calls to see loved ones in hospital or care homes, accessing their records online. Others told us they felt not having face to face support had a negative impact on them or their loved ones and some felt more isolated as they were digitally excluded. People also told us that when they experienced barriers that they need services to be flexible and provide choice rather than a standard 'one size fits all' approach.

Communication and information – people want improved and effective communication. Clear information given in a way that they understand and providing the right information at the right time in different formats, such as translated materials and access to language support. People also want to have the right support and information to be able to access the services' they need.

Support from services - people also want to have the right support and information to be able to access the services' they need. People told us they valued and relied on support from services that are delivered in their communities such as voluntary and community sector, community health teams.

Continuity and quality of care – people want to feel safe and get the right treatment at the right time. Trained, skilled staff who are caring and compassionate and representative of the communities they serve. People want to feel listened to and be involved in the planning of their own care or the planning of a loved one / family member. People also want access to support at the earliest opportunity.

Previous Considerations

Name of meeting		Meeting Date	
Name of meeting		Meeting Date	

Recommendations

Approve and sign off the annual statement of involvement as an accurate account of engagement activity during this period so the report can be published.

Decision <input checked="" type="checkbox"/>	Assurance <input checked="" type="checkbox"/>	Discussion <input type="checkbox"/>	Other:
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Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)	Generate information required to complete project EQIAs
Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations	The report explains the approach to engaging and involving the public, patients, carers / families, and staff, and equality for protected groups
Resources / Financial Implications (including Staffing/Workforce considerations)	None identified

Sustainability Implications	None identified
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Has a Data Protection Impact Assessment (DPIA) been completed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
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Strategic Objectives (which of the CCG objectives does this relate to?)	Improving quality Improving value	Risk (include risk number and a brief description of the risk)	None
Legal / CCG Constitutional Implications	Section 242 Health and Social Care Act, NHS Constitution, Equality Act	Conflicts of Interest (include detail of any identified / potential conflicts)	None

Patient and Public Engagement
Annual Statement of Involvement
2021 - 2022

1. Introduction

- 1.1 The purpose of this report is to provide an annual account of our engagement activity for the previous financial year April 2021 - March 2022
- 1.2 The report includes all the engagement activity the CCG has delivered including what we did, the key messages and how the information was used.
- 1.3 The report also includes wider engagement activity from other health and care providers and our partner organisations including Calderdale Council, West Yorkshire and Harrogate Health Care Partnership (WYHHCP), Voluntary Action Calderdale (VAC), and Healthwatch (HW).
- 1.4 The report also describes details of progress made from previous years engagement and consultation activity.
- 1.5 The report also describes activity that has been carried out with our partners around service redesign, and how we have widened our reach from using different communication methods such as social media activity and campaigns.

2. Detail

- 2.1 NHS Calderdale CCG has published a joint strategy for involving people across Calderdale which has been developed with our partners such as the Local Authority, Healthwatch, the Voluntary Community Sector and our Providers.

The [Involving People Strategy](#) is a shared set of principles with our partners for involving people across Calderdale – supporting the delivery of Calderdale Cares, and the White Paper [integration and innovation by working together to improve health and social care for all](#) through its principles of voice, and influence, and addressing inequalities. It is central in helping the CCG embed the voice of patients, carers, families, staff and the public everything we do. This is a key part of upholding our legal requirement and ensuring we have taken the time to consider all insight and feedback. The [duty to involve local people](#) is set out in [section 14Z2](#) of the [Health and Social Care Act 2012](#), the [Equality Act 2010](#) and also places a specific duty on CCGs to ensure that health services are provided in a way which promotes [The NHS Constitution](#).

The strategy helps us to build place-based engagement and communication - and the principles of strategy are the foundation by which local people can expect to be involved by organisations in Calderdale.

- 2.2 Our approach to public engagement and consultation is to make sure that we use a variety of different mechanisms, methods, and approaches to engage with people. We need to ensure we can involve people when they need to be engaged or indeed want to be engaged.
- 2.3 We want to make sure we hear from all the people and communities in Calderdale - everyone's opinions matter. We understand that the way we ask for people to share their views can make a big difference to who responds. We also use equality monitoring to assess the representativeness of the views we have gathered.
- 2.4 The Annual Statement of Involvement is our opportunity to present the work we have done, catalogue our activities and present any changes because of this work. The report sets out the engagement activity which has taken place on the following areas:
- Key emerging themes (see below 2.4.1)
 - Using insight to support commissioning decisions
 - Communication
 - Equality
 - Involvement activity April 2021 – March 2022 (see below 2.4.2)
- 2.4.1 Considering all insight the CCG has received from 2013 to 2022 the themes below remain important to people and communities in Calderdale:
- Access to services - whilst some people told us they benefited from services adapting to new virtual ways of working, for example people having video or phone appointments or booking appointments online, video calls to see loved ones in hospital or care homes, accessing their records online. Others told us they felt not having face to face support had a negative impact on them or their loved ones and some felt more isolated as they were digitally excluded. People also told us that when they experienced barriers that they need services to be flexible and provide choice rather than a standard 'one size fits all' approach.
 - Communication and information – people want improved and effective communication. Clear information given in a way that they understand and providing the right information at the right time in different formats, such as translated materials and access to language support. People also want to have the right support and information to be able to access the services' they need.
 - Support from services - people also want to have the right support and information to be able to access the services' they need. People told us they valued and relied on

support from services that are delivered in their communities such as voluntary and community sector, community health teams.

- Continuity and quality of care – people want to feel safe and get the right treatment at the right time. Trained, skilled staff who are caring and compassionate and representative of the communities they serve. People want to feel listened to and be involved in the planning of their own care or the planning of a loved one / family member. People also want access to support at the earliest opportunity.

2.4.1 Involvement activity April 2021 – March 2022

NHS Calderdale CCG

- COVID-19 Vaccination Engagement
- Calderdale Open Minds Partnership
- Listening to unpaid carers: the experiences of unpaid carers in Calderdale
- Equality Delivery System (EDS2)
- Homeless People's experiences of using health services and barriers in accessing them
- Increasing Access to Physical Health Checks for People on the Severe Mental Illness (SMI) Register

Calderdale Council

- Children and Young People's Emotional Health & Wellbeing Parents and Carers Survey
- Older peoples care home engagement

Calderdale and Huddersfield Foundation Trust (CHFT)

- Rainbow Child Development Unit

South West Yorkshire Partnership Foundation Trust (SWYPFT)

- Reset and recovery
- Equality Delivery System 2 (EDS2)
- Choose well for mental health – a guide for adults
- Bretton Centre development, Fieldhead Hospital, Wakefield
- Forensic inpatients Discovery Interviews
- All inpatient services, Pastoral Care
- All services - Commitment to carers

Voluntary and Community (VAC)

- Engagement Champions – Winter Messaging
- Engagement Champions COVID Vaccine Engagement

Healthwatch

- Delays to routine and planned care during the Covid-19 outbreak
- The experiences of people accessing medication during COVID-19

St. Augustine's Centre

- Engagement with residents of the Wool Merchants Hotel

West Yorkshire and Harrogate Health and Care Partnership

- Ongoing engagement mechanisms
- Integrated Care Board Draft constitution involvement report
- Zero tolerance “leaving a gap”
- Healthwatch engagement
- Looking out for each other campaign
- Responding to climate change emergency – inspiring and enabling change
- Planned care citizen panel
- Anti-racism movement
- Involvement mapping report 2021/22
- Involvement Timeline 2022/23

Progress update on previous engagement and / or consultation activity

NHS Calderdale Clinical Commissioning Group (CCG)

- COVID-19 Vaccination Engagement
- Equality Delivery System (EDS)

West Yorkshire Health and Care Partnership, an Integrated Care System

- Assessment and Treatment Unit
- Green Social Prescribing
- Complex Rehabilitation
- Young carers cookbook

- 2.5 The report also describes how we have used the insight we have gathered from all engagement and consultation activity to support commission decisions.
- 2.6 We recognise that it can take several months or even years before any outcomes or changes can be reported on from any engagement and/or consultation activity that takes place. We have taken the opportunity to do a look back at previous years activity and reflect on any changes that have been because of any engagement and/or consultation.
- 2.7 A section on equality has been included following an assessment of the engagement functions by the Equality Deliver System (EDS) in 2017/18. This item has been included as the delivery plan for our equality objectives is from April 2018 – March 2022. The CCG want to describe progress in this area to ensure we involve the diverse population of Calderdale and those groups protected by ‘The Equality Act 2010’. As an organisation the equality agenda is critical to our success and is reinforced by our visions and values. We work to understand the communities we serve and make better decisions ensuring the services we plan and buy meet the needs of the population of Calderdale. [Calderdale Public Sector Equality Duty \(PSED\) 2022](#) provides evidence of our compliance and demonstrates our commitment to equality and inclusion.

- 2.8 Additional sections have also been added to describe activity that has been carried out with our partners around service redesign, and how we have widened our reach through using different communication methods such as social media and campaigns.
- 2.9 This report will be published on the new NHS Integrated Care Board website (Calderdale section) and circulated to our partners and key stakeholders.

3 Next Steps

3.1 The next steps will be:

- To publish this report on the new ICB website (Calderdale place section)
- To support the future direction of travel and implementation of the West Yorkshire Integrated Care System and continue to deliver and support engagement on projects identified in 2022/23
- To identify the specific target audience, we want to engage further and continue to develop our approach to engaging these audiences
- To generate the intelligence required to support equality impact assessments
- To continue to catalogue all our engagement and consultation activity

4 Implications

a. Quality and Safety Implications

4.1.1 The programmes of work set out in the report all support our equality duty by ensuring activities are monitored using an equality monitoring form. The information gathered also supports the completion of EQIA assessments. This process provides assurance that we are talking to the people who will be impacted by a proposal including our most protected groups.

b. Engagement and Equality Implications

4.2.1 The report sets out our annual activity for engaging public, patients, stakeholders, carers / families, and staff. The report also provides assurance that the organisation considers the views of local people in commissioning decisions.

c. Resources / Finance Implications

4.3.1 There are no financial implications

d. Data Protection Impact Assessment

4.4.1 Not required

e. Risk

4.5.1 There are not identified risks

f. Legal / CCG Constitutional Implications

- 4.6.1 The legal and constitutional implications that are supported by this plan are 'Section 242 Health and Social Care Act', 'NHS Constitution' and the Equality Act.

g. Conflicts of Interest

- 4.7.1 There are no conflicts of interest

5 Recommendations

1. It is recommended that the Governing Body approve and sign off the annual statement of involvement as an accurate account of our engagement activity during the period of April 2021 – March 2022 so the report can be published.

6 Appendices

Patient and Public Engagement Annual Statement of Involvement report from April 2021 - March 2022

Patient and Public Engagement Annual Statement of Involvement 2021 to 2022

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Acknowledgements

This will be our last annual statement of involvement as NHS Calderdale CCG. The implementation of the Health and Social Care Act introduces a new statutory body for our West Yorkshire Integrated Care System. The legal responsibilities for the commissioning of NHS services will pass from clinical commissioning groups (CCGs) to the new West Yorkshire NHS Integrated Care Board (ICB). The CCGs will then be dissolved under the new legislation.

You can find out more at following link [Integrated Care Systems legislation :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](https://www.wypartnership.co.uk/integrated-care-systems-legislation)

We would like to thank all the individuals and organisations who have taken part in our engagement and consultation activities over the past nine years and for sharing their experiences of using local services. Your contributions have helped to inform our commissioning decisions to ensure your local NHS continues to provide quality and responsive services.

These annual reports have given us the opportunity to share engagement and consultation activity that has taken place, what people have told us and what's happened because of people sharing their experiences and the feedback that they have given. We have been able to reflect on all the changes that have been made following engagement and consultation.

Summary of engagement 2021/22

A key priority during 2021 - 22 for the CCG and partners has been acting on and implementing the principles of the [‘Involving People’ Strategy](#) to create a strong collaboration for communications, engagement, and equality across Calderdale. Working in partnership and coming together to learn from and act on what people are telling us to improve the health and wellbeing of Calderdale population.

The Involving People Strategy is a shared set of principles with our partners for involving people across Calderdale – supporting the delivery of Calderdale Cares, and the White Paper integration and innovation by working together to improve health and social care for all through its principles of voice, and influence, and addressing inequalities. It is central in helping the CCG embed the voice of patients, carers, families, staff, and the public everything we do. This is a key part of upholding our legal requirement and ensuring we have taken the time to consider all insight and feedback. The duty to involve local people is set out in section 14Z2 of the Health and Social Care Act 2012, the Equality Act 2010 and also places a specific duty on CCGs to ensure that health services are provided in a way which promotes The NHS Constitution.

The strategy helps us to build place-based engagement and communication - and the principles of strategy are the foundation by which local people can expect to be involved by organisations in Calderdale.

Supporting the roll out of the COVID Vaccination programme has been a priority for the CCG and partners. Joint working and regular discussions across organisations and with colleagues to ensure consistency of the messages across Calderdale by NHS and council colleagues and all our partners have been integral to the programme.

Calderdale CCG Engagement have led on the coordination of engagement and insight through the system (at place) in relation to the Covid Vaccination programme with as many partners as possible.

Phase one of the engagement activity was to understand the views and experiences of people living in Calderdale of the COVID Vaccine. We wanted to give people the

opportunity to help influence how we shape the operational delivery of the vaccine delivery model in Calderdale and the messages we share; through understanding and learning what the public views are of the COVID vaccine and understanding any concerns or misinformation that people may have heard.

Insight reports produced from all the feedback we received have been used to help create our communication messages and to respond to people's concerns. The insight also informed our vaccine programme.

Phase two of the engagement activity was building on our understanding of what communities were telling us about the vaccine.

We recognised that people will have had different worries and we wanted to make sure people had information about the vaccines that they needed in ways they understand and could use to make informed decisions.

We continued to produce insight reports from all the feedback received to inform the delivery of our vaccine programme and to help create our communication messages and respond to people's concerns. See section 6 for more detail.

More detailed information is provided in this report on how the CCG and partners (including local authority, voluntary and community sector and the providers that the CCG commission) have involved local people in the development, design, and delivery of services throughout the year. This also gives us the opportunity to shout out about the fantastic partnership engagement work that has taken place across Calderdale.

The report will set out who has been involved, what people have told us and what has happened as a result (we asked, you told us, we listened). Each section is a summary account of activity with links to the published reports.

Findings of any engagement and/or consultation can take several months or even years before any outcomes or changes can be reported on. Over the last two we have asked colleagues and partners for a progress update on previous activity where possible.

1. Introduction

NHS Calderdale Clinical Commissioning Group (CCG) was formally established in April 2013 and has the responsibility for ensuring that people living in Calderdale have access to high quality health services.

In 2006, Patient Involvement was strengthened by the NHS Act and Sections 242 and 244 of the Act placed a duty on NHS organisations to involve and consult local people and stakeholders in the planning and development of services. Also included was a duty for Primary Care Trusts (PCTs) to report on this activity in an annual 'statement of involvement'.

The [Health and Social Care Act 2012](#) introduced significant amendments to the NHS Act 2006, especially with regards to how NHS commissioners will function. These amendments included two complementary duties for Clinical Commissioning Groups (CCGs) (as the organisations who replaced PCTs from 1 April 2013) with respect to patient and public participation and also a duty to promote the [NHS Constitution](#) which was refreshed in 2013. The legal duties in relation to Patient and Public Involvement are presented at Appendix 1.

This report provides an overview of the engagement and consultation activities that have taken place over the past year from 1 April 2021 until 31 March 2022 and includes a summary of what people told us, what the outcome was and where you can find further information.

2. About Us

NHS Calderdale Clinical Commissioning Group (CCG) is the CCG covering 21 General Practices and a registered population of more than 222,000 patients. CCGs are groups of GPs that are responsible for planning and designing local health services in England. We do this by 'commissioning' or buying health and care services including:

- Planned hospital care
- Urgent and emergency care
- Rehabilitation care
- Community health services
- Mental health and learning disability services

Clinical Commissioning Groups (CCGs) work with patients and health and social care partners (e.g., local hospitals, local authorities, local community groups etc.) to ensure services meet local needs. [CCG governing bodies](#) are made up of professionals from different backgrounds such as GPs from the local area and at least one registered nurse, one secondary care specialist doctor, senior managers, and lay representatives, who are all working together to secure the best possible healthcare for local communities. Our aim is to improve the health and lives of local people by increasing life expectancy, making sure we commission and provide good quality services and to reduce health inequalities across the district.

2.1 Our vision and values

The CCG's vision is:

To achieve the best health and wellbeing for the people of Calderdale within our available resources

Our values are:

- Preserve and uphold the values set out in the NHS constitution
- Treat each other with dignity and respect
- Encourage innovation to inspire people to do great things

- Be ambassadors for the people of Calderdale
- Work with our partners for the benefit of local people
- Value individuality and diversity and promote equity of access based on need
- Commission high quality services that are evidence based and make the most of available resources
- Encourage and enable the development of care closer to home

Download a copy of the [CCG Constitution](#) here.

2.2 Our priorities

As an organisation we are working towards six key priorities. These are:

- Preventing people from dying prematurely
- Enhancing the quality of life for people with a long-term condition (including work on urgent care pathways)
- Helping people to recover and maintain their independence (including work on intermediate tier)
- Ensuring people have a positive experience of care (including those in care homes, and those accessing primary care)
- Ensuring a safe environment and protecting people from harm
- Reducing inequalities in Calderdale

The CCG along with partners as a 'place' are also working towards the following priorities:

- New Relationship with our communities -harnessing the strengths of Calderdale's people and communities
- A shift to prevention and health outcomes- better wellbeing for all
- Relentless in reducing inequalities
- Seamless services for those that need help supporting integrated care services (Calderdale Cares)

2.3 Our finances

NHS Calderdale CCG is responsible for devolved healthcare budgets of approximately £369 million on behalf of our patients and people living across Calderdale.

We will make sure we use our available resources to deliver our priorities, fulfill our commissioning plans and improve outcomes for patients. We will regularly review our activities and where appropriate, take action to achieve financial balance in respect of provider costs, prescribing and management/running costs.

3. Our approach

Our approach to public engagement and consultation is to ensure that we use a variety of different mechanisms, methods and approaches to engage with people. We need to understand how we can best involve people, when they need to be engaged or indeed want to be engaged.

3.1 Involving People Strategy

The [Involving People Strategy](#) is a joint strategy with a shared set of principles with our partners for involving people across Calderdale and ensures that we adopt a whole system approach to supporting this work.

The strategy enables us to meet our responsibilities under the Health and Social Care Act 2012:

- putting patients and the public at the heart of everything we do
- focusing on improving those things that really matter to the population of Calderdale
- empowering and liberating clinicians to innovate, with the freedom to focus on improving healthcare services and,

The strategy shows that we are committed to ensuring that we actively engage with patients, the public and other key stakeholders to ensure that the commissioning, design, development, delivery and monitoring of health and care in Calderdale meets the needs of our population. By listening to patients and the public and learning from their experiences of health and care we can understand what really matters to people.

We want to make sure we hear from all the people and communities in Calderdale - everyone's opinions matter. We understand that the way we ask for people to share their views can make a big difference to who responds so we ensure we design our patient experience and engagement processes with this in mind. We also use equality monitoring to assess the representativeness of the views we have gathered and where there are gaps or we identify trends in opinion, these are looked into and plans made to address them.

Throughout the year, we actively promote any activities for people to become involved and this report is our opportunity to present the work undertaken, catalogue our activities and present any changes as a result of this work.

This report will be published on our website and circulated to our member practices and key stakeholders. We also have a number of other mechanisms in place to manage our engagement activities and gather peoples views, these are highlighted below.

3.2 Involving People Network

A diverse network of people across Calderdale who share knowledge, skills and resources and provide peer to peer support to involve local people and our communities. Working together, with our communities to understand their needs and celebrate the great things that are happening in local areas.

3.3 Communication, Engagement and Equality (CEE) Collaboration

Communication, Engagement and Equality leads from key partner organisation who come together to facilitate system-wide projects, involvement, or campaigns – a do once approach, to ensure all expertise is considered in advance of any communications being published or involvement taking place, we do this by working together using our networks and our existing mechanisms by supporting our Calderdale Cares Partnership localities and the communities and people who live and work in them.

3.4 Patient Experience Group (PEG)

The purpose of the Patient Experience Group is to help shape and improve patient experience. The group do this by:

- Networking – developing and sustaining positive relationships across the group membership.
- Collaborating - working together with providers to identify areas of good practice, areas of concern and actions for improvement.
- Learning – sharing good practice across local providers as well as being mindful of the ongoing work of the West Yorkshire and Harrogate STP as new plans are developed across the region.
- Shaping – Setting, monitoring and driving the delivery of the patient experience priorities.

3.5 Calderdale Health Forum

Calderdale Health Forum (HF) provides patient input into key CCG priorities and potential service redesign. Members are also informed of additional engagement opportunities as they arise. Health Forum members are representatives of Calderdale GP practices who have a Patient Participation Group (PPG). The Network met on a bi-monthly basis, due to the ongoing COVID-19 pandemic the Health Forum has been suspended. Regular communication with members of the Health Forum has continued throughout.

A PPG is a group of patients interested in health and care services and peoples experiences of those services who want to get involved with and support the running of their local GP Practice and contribute to the continuing improvement and development of your local GP practice.

3.6 Engagement Champions

Engagement Champions is an asset based approach to engagement and involves training members of the voluntary and community sector as engagement providers. The aim of the project is to support the third sector voice in commissioning and to use their communities to ensure we reach local people at a grass roots level.

Engagement Champions are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. Training is mandatroy and has five elements (below).

- Understanding how the NHS works
- Legal and statutory duties of the NHS
- Methods and approaches to engagement and consultation
- A practical task
- Equalities, safeguarding and review and evaluation

Engagement Champion training has continued to be held online due to the pandemic and has been working well. Feedback on the online Engagement Champions training continues to be positive. Many organisations find the online training easier to attend as it allows trainees to attend the training from any location, resulting in a reduced time commitment required from attendees as there is no travel required.

[VAC](#) has recruited seven new Engagement Champions to the programme this year. We currently have 37 Engagement Champions from 24 organisations who represent protected groups and help support conversations with our diverse communities about healthcare services, and we are working in partnership with VAC to recruit and train even more. By working with volunteers in this way the response to our conversations has strengthened and increased, particularly amongst seldom heard groups by [helping to give communities a voice.](#)

VAC continues to support new and existing Engagement Champions to take part in engagement activities with their communities. However, we recognise that community and voluntary organisations are still experiencing the effects of the pandemic in terms of capacity within their organisations and increased demand for services. VCSE organisations have found it difficult to commit to support other initiatives like Engagement Champions.

3.7 Patient Stories

Patient stories help bring experiences to life and will encourage the CCGs to focus on the patient as a whole person rather than just a clinical condition or as an outcome. They have the potential to inspire us to make successful changes, educate the workforce, to support learning about what works well and to promote excellence. We now have a system in place to collect stories as part of the CCGs approach to involving people.

3.8 NHS Calderdale CCG's Complaints Service

The Complaints Service helps the NHS to improve services by listening to what matters to patients and their families, and making changes when appropriate. It also provides the following functions to the population of Calderdale:

- It is responsible for receiving, handling and investigating complaints relating to the actions of Calderdale CCG and the NHS services it commissions.
- Providing information about the NHS complaints procedure and how to obtain independent help if the person decides they want to make a complaint
- Providing information and help for example: support groups outside the NHS
- Providing an early warning system for the CCG, NHS Trusts and monitoring bodies by identifying problems or gaps in services to prevent a recurrence.

More information can be found in our Complaints Policy on the Calderdale CCG website:

www.calderdaleccg.nhs.uk/download/complaints-policy/

3.9 Healthwatch Calderdale

[Healthwatch Calderdale](#) is the consumer champion for both health and social care. It exists in two distinct forms – local Healthwatch and [Healthwatch England](#). Local Healthwatch is an independent organisation and Calderdale CCG is working alongside the service to ensure that it forms part of our engagement of the local population. The aim of local Healthwatch is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality.

3.10 Working in partnership

The CCG is committed to working in partnership with our partner organisations, providers, staff, public, patients and carers. We already have a good relationship with a number of key stakeholders including the third sector and we want to continually work with and invest in our partnerships to help us deliver the Involving People Strategy.

3.11 Care Opinion and NHS Choices

[Care Opinion](#) is a feedback platform for the public so they can share their story or experience of healthcare services. Anyone can post an opinion on the website.

[NHS Choices](#) also provides a similar facility. Calderdale CCG will search these facilities by provider to listen to what patients are saying about NHS services.

3.12 National and Local surveys

National and Local surveys take place throughout the year from various providers and local GP practices. Patients are encouraged to contribute to these surveys. The public can use surveys to have their say on current services and Calderdale CCG is able to use such surveys to understand the patient's view of the service. In addition, surveys can be used collectively to inform commissioning decisions.

3.13 Service redesign activities

Some of the things we have been working on this last year with our partners and stakeholder have included the activities below.

Pulse Oximetry @Home; and Blood Pressure Monitoring @Home. The focus of the pulse oximetry @home is to focus on those at most risk, with a diagnosis of COVID and monitor people to detect early deterioration in the community with 'silent hypoxia'; and where clinically appropriate, escalate peoples care to reduce mortality, reduce hospital length of stay and potentially reduce the risk of 'long COVID'. The aim of Blood pressure monitoring @ home is to rapidly increase the availability and access to remote blood pressure monitoring and management for clinically extremely vulnerable patients with uncontrolled hypertension to prevent heart attacks and strokes.

Urgent Community Response. This exciting service development in health and social care is taking place across the whole country, and means those who need it, will have fast access to a range of qualified professionals who can address both their health and social care needs. People will be able to access a response from a team of skilled professionals within two hours, to provide the care they need to remain independent and avoid an admission to hospital. This means getting the right help early, to avoid going into hospital in the first place and being able to remain well at home.

Calderdale Community Mental Health Transformation (CMHT). This is a part of a national programme; National Framework for Mental Health for Adults and Older Adults, 2019 and the NHS Long Term Plan. The national requirement of the CMHT is to invest in and build integrated models of community mental health delivered in and around primary care in order that there is an inclusive community-based offer. A cornerstone of this is to improve the lives of people with serious mental health (SMI) conditions and ensure they access all aspects of these new and inclusive models. The aim is to develop seamless pathways so that mental health provision is wrapped around the person rather than the person having to access multiple services. This idea of no wrong door means that people with SMI and others with complex mental health issues, will be able to access support at the earliest opportunity and therefore embed prevention and early intervention around mental health at the level of primary care. The aim is to reduce further need for specialist, secondary mental health provision while also improving the physical health of people with SMI and address the wider determinants of health as part of this holistic view of factors that impact on mental and emotional health.

Engagement as part of the development of our commissioning intentions will feed into the overall themes arising locally and support our decision making in respect of future actions. We will continuously cross reference the themes which arise from partners, stakeholders and patient and public engagement to update and reflect on the intelligence we have to date.

3.14 Website

Our [website](#) provides up-to-date information about the work of the CCG and plans for the future. We use the site to promote all our activities, including:

- News and health information aimed at the public, including information around the local and national COVID-19 vaccination programme.
- Governing Body meetings
- Commissioning Primary Medical Services Committee meeting
- Local and regional health campaign information.
- Information on local health services
- Event information

In August 2021 we launched a refreshed website. We have maintained a 'good' accessibility score on the [Silktide Index](#) since this went live.

The CCG website was built specifically to meet statutory accessibility standards and to be compatible with a number of screen reading programmes to aid people with visual impairments. The CCG also uses the [Reachdeck Toolbar](#), which further Improves the accessibility, readability and reach of the CCG's online content, as well as offering comprehensive content translation into many languages.

During the period 1 April 2021 to 31 March 2022 the CCG's website received 214,183 page views from 177,127 unique visitors.

This is an increase from the previous period (1 April 2020 to 31 March 2021), which saw 192,956 page views from 161,014 unique visitors.

From the period 1 April 2021 - 31 March 2022, the most visited pages on www.calderdaleccg.nhs.uk were:

Page	Page views	Unique page views
Home page	38,688	31,047
Find a walk-in COVID-19 vaccination clinic	32,171	26,194
COVID-19 and your fertility	12,767	11,997
How will I get your COVID-19 vaccine	4,845	4,443
News article: Halifax's Piece Hall primed for second vaccination session	3,040	2,834
News article: Halifax's Piece Hall to host COVID-19 vaccination clinic	2,648	2,410
COVID-19 vaccination: frequently asked questions	1,568	1,284
Key documents (resources) page	1,551	1,032
Contact Us	1,545	1,367
What's in the COVID-19 vaccines?	1,481	1,160

3.15 Media

We use newspaper, radio and broadcast to help us engage with our local population and keep them informed about our work. Over the year, the topics we have covered include:

- Changes in the way GP practices and health services are working during the pandemic
- COVID-19 vaccine public awareness messages and information, including the promotion of walk-in vaccination clinics across Calderdale's localities.
- Promotion of self-care tips during Self-Care Week 2021
- Promotion of the Together We Can campaign, encouraging people to use local health and care services correctly and responsibly.
- Updates on regional health and care campaigns from the West Yorkshire Health and Care Partnership
- Opportunities for people to get involved, what people told us and what we are doing
- Local GPs urging people to get their flu jab

Over the year our work has featured in:

- Local and regional newspapers and online- Halifax Courier, Huddersfield Examiner, Telegraph and Argus, Yorkshire Post
- National newspapers and online news- Guardian, iNews, The Sunday Telegraph, The Sun on Sunday, Sunday People, The Observer, Sunday Express, Sunday Mirror
- Radio- Global radio and Planet radio news bulletins, Phoenix Radio
- Broadcast- Channel 4 news, ITV news and Calendar and BBC news and Look North
- The top stories that reached the most people are:
- Walk-in vaccination clinic in circus big top, Halifax, July 2021
- Walk-in vaccination clinic in Halifax's oldest nightclub The Acapulco, August 2021
- Together We Can, October 2021, January 2022, April 2022



1: Dr Lisa Pickles gives the first COVID-19 vaccine



2: Dr Geetha Chandrasekaran being interviewed by Channel 4 News outside the Covid-19 vaccination walk-in clinic at the circus.

3.16 Social Media

We use social media to engage and inform people of the work we do as well as letting our followers know about other local and national events, campaigns or opportunities that may interest them. Our social media accounts also provide a way for people to raise issues with us directly.

Twitter activity: 1/4/2021 – 31/3/2022

- During 2021/22 Calderdale CCG gained 385 additional followers (4714 followers on 1 April 2021 compared with 5,099 on 31 March 2022)
- The @calderdaleccg Twitter account was mentioned more than 1,155 times by other accounts. This includes @mentions, replies, and old-style (RT) retweets
- The CCG's twitter posts were retweeted by other accounts 2,002 times during this period.
- The CCG's twitter posts were 'liked' by other accounts 2,301 times during this period.
- The CCG's twitter posts received 151 direct responses from other accounts during this period.

The most popular Twitter post from NHS Calderdale CCG during 2021/22 was the following, which made 24,309 individual impressions while promoting a COVID-19 vaccination clinic at Halifax's Acapulco nightclub:

3:Photo showing most popular Twitter post from NHS Calderdale CCG during 2021/22 promoting a COVID-19 vaccination clinic at Halifax's Acapulco nightclub



All the CCG's best performing Twitter content revolved around the local COVID-19 vaccination programme, but there were a number of other successful campaigns throughout the year; most notably the #TogetherWeCan campaign.

Facebook activity: 1/4/2021 – 31/3/2022

Facebook is another of the main ways in which the CCG communicates directly with local people daily. In general, the CCG's posts on this platform have historically gained more views and impressions than on Twitter, and more comments and questions are submitted via the CCG's Facebook page.

The CCG also uses Facebook to promote posts through paid activity; the only social media channel used by the CCG which is used in this manner.

- 1,757 posts were shared via Facebook in 2021/22.

- The CCG's page made 1,606,017 impressions over 2021/22. This means that organic or paid content from the CCG's Facebook page, paid-for or organic) appeared on Facebook users' screens 1.6 million times.

Instagram activity: 1/4/2021 – 31/3/2022

While the CCG's Instagram account is less popular than it's Twitter and Facebook accounts, it is still a very useful tool in sharing messages with a demographic that is typically younger than those favouring Twitter and Facebook.

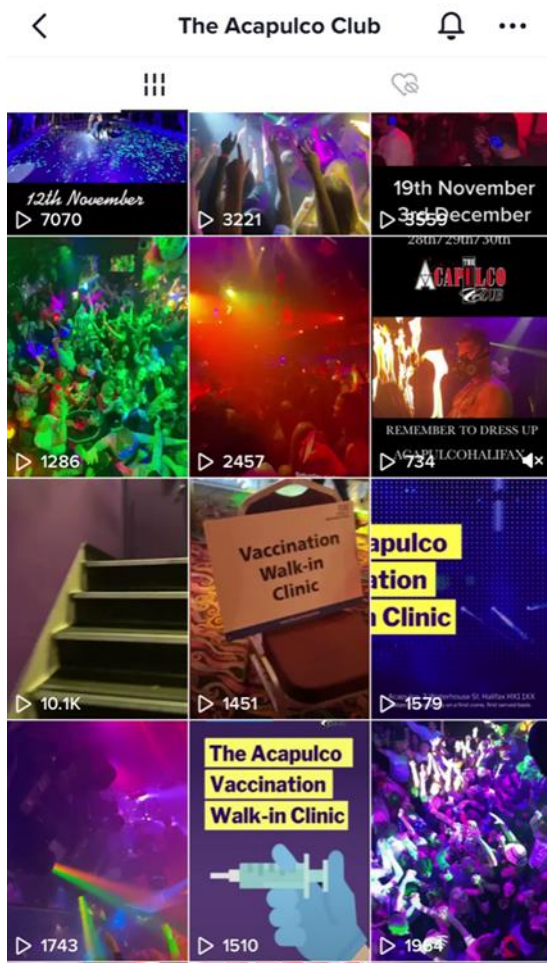
The CCG's Instagram account also carries CCG paid-for ads from Facebook, which is extremely useful in furthering the impact and impressions of the messages.

- 2,043 posts were shared via Instagram in 2021/22
- Calderdale CCG's posts make 45,668 impressions on 42,804 Instagram accounts.
- The CCG's Instagram posts received 481 engagements, including 451 likes.
- Videos posted on the CCG's Instagram account received 2,134 views.

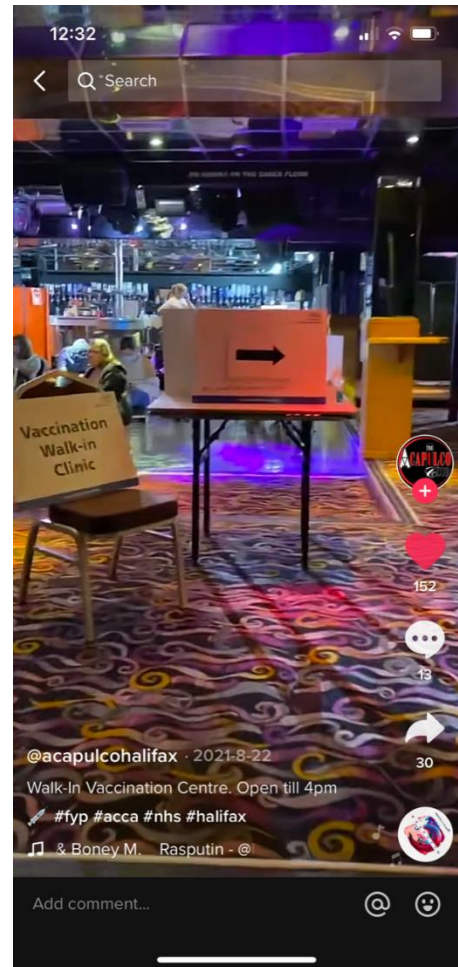
Case study: TikTok

We utilised existing channels to help reach our audience when needed. In the example of the walk-in vaccination clinic at the Acapulco nightclub the club created their own video TikTok content to promote the clinic in the lead up and on the day as they had an establish audience who the clinic was aimed at.

Four videos were played 14,640 times. With 275 engagements such as comments, likes, and shares.



4: Screen shot of Acapulco Club social media page showing number of views per item



5: Screenshot of social media page from Acapulco Club advertising the walk-in vaccine clinic

3.17 Campaigns

We have focused on two key areas during 2021/22: COVID-19 vaccination and addressing system pressures. We have also implemented, and supported campaigns led by the West Yorkshire Health and Care Partnership such as:

- Root Out Racism
- Looking out for our neighbours #SpreadTheKindness
- Keep West Yorkshire Going
- Leaving a gap
- Perinatal mental health

Case study: Together We Can...

The Together We Can campaign aims to raise awareness of the pressure on NHS services by managing public expectations and equipping people with the knowledge they needed to choose the most suitable health service for their needs.

The campaign has been informed using insight we collected in 2020/21 supported by Magpie communications agency. The research helped us to understand the attitudes and behaviours within our communities around A&E usage, attitudes towards self-care and health services in the community, such as primary care.

We used this insight to create a joint campaign with NHS Kirklees Clinical Commissioning Group by our communities, for our communities to allow it to be more engaging and effective. We used a strapline of either Together We Can... Choose Well or Together We Can ... Stay Well depending on who we were trying to reach.

Our target audience was parents of children under 12, people under 40 with minor health conditions, more vulnerable adults and their family or carer, people living within a 3–5-mile radius of Calderdale Royal Hospital and Huddersfield Royal Infirmary.

We started to trial the campaign in August 2021 and official launched in October 2021 in the lead up to winter, when we know services become busier.

Through a combination of a dedicated website, patient information leaflets, outdoor advertising, social media, press and partner engagement we were able to spread the campaign message through the borough.

We worked with health, care, local government and community and voluntary sector system partners across Calderdale and Kirklees to utilise opportunities to share the campaign.

Activity in Calderdale October 2021 – March 2022

- Commercial radio interview with a GP
- Regional news broadcasts with GP and A&E consultant
- 11 outdoor advertising locations, bus stops or billboards in areas near the hospital, supermarkets, schools, nurseries, or parks. Figures from the provider, Clear Channel,

state that the average impact of the advertising activity in Calderdale (in terms of the number of times each site was seen by people) was of 541,515 views per week.

- Newspaper front- and back-page wrap and full-page feature in the Halifax Courier, 6,080 papers circulated.
- Online advertising with Halifax Courier- 80,200 impressions
- We worked with Calderdale Council to send every household in Calderdale (96,000) a 'Winter Wise' booklet.
- Facebook, paid and organic posts reached 17,015 people
- 1,200 leaflets were given out in Calderdale A&E
- 35 GP practice sites displayed material
- 22 public buildings such as libraries, leisure centres and museums displayed material
- 4 groups from the voluntary and community sector; ACE CIC, Disability Partnership Calderdale, St Augustine's, Forum 50 delivered Together We Can campaign messages with their stakeholders. This included website news, bulletins, social media, leaflets, and events.

The campaign was identified as an example of good practice and was adopted as the system pressure campaign for the West Yorkshire Health and Care Partnership in December 2021. This enabled greater reach and additional tactics could be introduced such as real stories, promoted social adverts, radio adverts and further user testing and insight could be collected as the campaign progressed.

As a result of the campaign growing in West Yorkshire and in response to continued user testing the campaign strapline changed to Together, We Can... Protect Each Other and the design of some materials changed.

You can find all materials for the Together We Can Campaign at the following link [Home - NHS - Together We Can \(togetherwe-can.com\)](https://www.togetherwe-can.com)



6: Photo of [Disability Partnership Calderdale](#) event who held a 'Who Wants to be a Millionaire' style themed quiz to share the 'Together We Can Choose Well' messages.

3.18 CCG Staff and GP member practices

Member practices

The CCG's communications team maintains a strong relationship with member GP practice managers by attending the monthly Calderdale Practice Managers' Group (CPMG) meeting, chaired by the Calderdale Local Medical Committee. A report on current and upcoming communication activity pertaining to the CCG member practices, including the rollout of local and national communication campaigns.

By working with and maintaining visibility with Calderdale Member Practices in this way, the communications team can involve practice managers in communications projects and gather information to aid in catering campaign material to the health needs of people registered with Calderdale's GP practices.

Attendance also allows the team to request aid from practice managers to further develop communications activity. For example, practice managers' have sent out requests to staff from member practices to appear in videos to promote the messages of the Together We Can campaign following discussions in the CPMG group. The group has also been used to gather feedback from primary care providers on regional campaigns before launching, such as the Leaving a Gap campaign.

The CCG communications team no-longer manages direct communication with Calderdale's CCG practices. Instead, the team supports the CCG's primary care team in managing communication with member practices via email and dedicated Microsoft Teams channels.

CCG Staff

The CCG has introduced a hybrid working policy which sees colleagues work from home or office locations. The CCG has also been through an office move during the year.

For the first half of the year, we continued with the arrangements introduced at the start of the pandemic, holding weekly 30 minute all staff briefings online called 'Team Talk.' This provides colleagues with an opportunity to hear the latest CCG news from members of the Senior Management Team and share news from their team and check-in with colleagues.

Once a month we have also hold monthly 'Staff Workshops,' holding discussions on topics.

We have seen an average of 70% of colleagues attending these sessions.

As more colleagues are now in the office, we have reduced the frequency of Team Talk to fortnightly to support the natural flow of staff engagement enabled with face-to-face working.

We continue to utilise MS Teams channels to reach staff and have 'News Alerts' where we publish key news about the organisation and our stakeholders. We post an average of 30 news items a month which receive 30% engagement from staff. At the end of each week, we recap the news with a 'Digest' email linking to the stories that have been shared.

The CCG's Staff Forum 'The Voice' has had a key role to play in engaging with staff. This year they have arranged a picnic in the park event in the summer, launched an online feature introducing staff, and a 'cheers from peers' digital board where colleagues could thank each other.



7: Photo of CCG staff picnic in the park event in the summer 2021

4. Engagement and consultation activity

When there are decisions to be made which affect how local health and care services are commissioned, we make sure we talk to people who will be most affected. For those larger pieces of work we make sure the general public are made aware of any proposals so they too have the chance to have their say. We carry out one-off pieces of work as well as involving patients and the public on an on-going basis through the partnership arrangements we have in place with local people and communities.

The report includes all engagement and consultations that has been undertaken and completed during 2021/22, including any that started before 1 April 2021, or that started during the period of this report, but are not yet completed. It also includes details of progress made on previous engagement and consultation activity.

From all the insight we have collected since the CCG was established in 2013, the key themes emerging from what people have told us have remained the same, which are below:

- Co-ordinated services working together to deliver integrated health and social care (from grass roots to community and hospital)
- Continuity of good care and treatment
- GP capacity to be increased
- Improved communication, information and sign posting including NHS 111
- Improved access to services with more flexibility and waiting times reduced
- Increase funding and support for services such as mental health and autism
- More involvement of 'Voluntary and Community Sector' in delivering services
- More work on prevention and support to self-care
- More services closer to home and single point of contact
- The right staff in the right setting and training for staff including customer care and equality

- The theme of 'one size does not fit all' is further strengthened particularly for children and young people, frail older people, diverse populations and mental health.
- Workforce who represent the communities they serve

Whilst the themes above have mostly remained the same, the last two years has seen everyone affected by the coronavirus pandemic. This has had a direct impact on peoples health and has further exposed wider inequalities. Communities have been disproportionately impacted directly and indirectly by COVID-19, such as Black Asian, and minority ethnic groups, disabled people, people living in deprivation and poverty and many more.

A key priority during for the CCG during this time was to focus on Calderdale's most underrepresented people and communities to ensure that we effectively communicated with people so that they were aware what was happening with health and care services, particularly given the pace of change in the way services were being delivered. It was important for us to understand the views and experiences of people living in Calderdale of health and care services and the COVID-19 vaccine to ensure we could meet the needs of those most impacted by the pandemic to ensure health inequalities were not widened even more.

From all the insight gathered it's clear there are many mixed views and concerns about COVID-19 and the vaccines.

Emerging themes from engagement in summer 2021 about health and care service during the pandemic were:

- Quality of care
- Access to services
- Digital access
- Communication between staff and patients

You can download the full report here [The-health-and-care-experiences-of-people-living-in-Calderdale-during-the-Covid-19-outbreak.pdf \(whitebearplatform.com\)](https://whitebearplatform.com/The-health-and-care-experiences-of-people-living-in-Calderdale-during-the-Covid-19-outbreak.pdf)

Emerging themes from engagement with people about the vaccine were:

- Overall, there were more people who said yes, they would be willing to have the vaccine when it was their turn or that they had already had the vaccine, than people who said they were unwilling or unsure about having it. Reasons for this people told us was 'to protect themselves' and others' and 'to end the pandemic and get back to normal'.
- Of the people who said they were unsure about having the vaccine, this was mainly in the early stages of the engagement. Some people had concerns about the safety of the vaccine, as they felt it had been developed too quickly, and wanted to wait before making a decision about getting it. There were concerns around possible side effects or allergic reactions, and some people wanted to wait and see whether others experienced adverse effects from the vaccine before making their own decision. Some people said they wanted more information about the vaccine and presented in a way that they could understand. People wanted information from what they believed were a trusted source or from a 'neutral' source.
- There was also lots of mistrust in the early stages of the engagement with myths and misinformation being circulated. People were suspicious of what ingredients were in the vaccines. But also questions about the objectivity of information provided and organisations who may have other agendas beyond that of the wellbeing of individuals. People said they wanted to do their own research before deciding.
- Some of the barriers that people told us they were experiencing in order for them to have the COVID-19 vaccine were the need for a local vaccination centre that was accessible on foot or by public transport. Other practical barriers for people included travel, work, childcare, and other caring responsibilities. People told us they wanted to be vaccinated in their own community. Other barriers mentioned were health related issues such as concerns regarding allergic reaction to the vaccine, pre-existing health conditions or being ill on the day of the vaccination appointment.
- Recurring themes throughout the engagement were concerns around the long-term effects of the vaccine on fertility, pregnancy and breastfeeding, and menstrual cycles. Some younger people didn't feel the benefits of being vaccinated, they felt it outweighed

the risk of becoming seriously ill with COVID. People also wanted reassurance that the vaccine would protect them against emerging strains e.g., Delta, Omicron etc. People also told us they preferred a particular brand of vaccine.

You can download the full report here [Engagement-and-equality-findings-report-understanding-the-views-and-experiences-of-people-living-in-calderdale-of-the-covid-19-vaccine \(5\).pdf](#)

Taking into account all insight the CCG has received from 2013 to 2022 the themes below remain important to people and communities in Calderdale:

Access to services - whilst some people told us they benefited from services adapting to new virtual ways of working, for example people having video or phone appointments or booking appointments online, video calls to see loved ones in hospital or care homes, accessing their records online. Others told us they felt not having face to face support had a negative impact on them or their loved ones and some felt more isolated as they were digitally excluded. People also told us that when they experienced barriers that they need services to be flexible and provide choice rather than a standard 'one size fits all' approach.

Communication and information – people want improved and effective communication. Clear information given in a way that they understand and providing the right information at the right time in different formats, such as translated materials and access to language support. People also want to have the right support and information to be able to access the services' they need.

Support from services - people also want to have the right support and information to be able to access the services' they need. People told us they valued and relied on support from services that are delivered in their communities such as voluntary and community sector, community health teams.

Continuity and quality of care – people want to feel safe and get the right treatment at the right time. Trained, skilled staff who are caring and compassionate and representative of the communities they serve. People want to feel listened to and be involved in the planning

of their own care or the planning of a loved one / family member. People also want access to support at the earliest opportunity.

Intelligence gathered from all engagement is invaluable to every area of the CCG.

We will continue to gather insight from patients, carers, the public and staff and continue to collaborate through the ICB and Calderdale Cares Partnership locally with partners in planning and delivering action to address health inequalities, better listening to communities, and strengthening local accountability, deepening partnerships with local authorities and the voluntary and community sector.

5. Using insight to support commissioning decisions

Every engagement and consultation delivered throughout the year provides more rich information and intelligence to support service development and design. Prior to embarking on a piece of work to gather views, the CCG gather any existing patient experience and engagement information.

By working through existing intelligence the CCG can identify key emerging themes and also identify where there are gaps. In addition we can also identify through the Equality Impact Assessment (EQIA) the communities we have already reached and need to reach, in line with our equality duties. The information sources we use are:

- Patient Advice and Liaison (PALS) queries
- Reported Complaints
- Friends and family test
- Service specific experience of care
- Websites such as Patient Opinion and Patient Choices
- National and local surveys
- Findings from any engagement/consultation activity

The information we gather is saved in a format that allows for further interrogation. By looking at what we already know we can draw down information again and use it to support other service areas. The data we hold not only allows us to draw on a wealth of intelligence but further assures our local population that their views are an important source of business intelligence. The CCG also equality monitors all activity ensuring the insight we have can be used to represent the views of a range of protected groups.

Equality

How we involve our communities is a key consideration for any engagement or consultation. We work with equality colleagues who tell us, who we need to involve to ensure services meet the needs of the local population.

As part of a two year action plan informed by the [Equality Delivery System \(EDS\)](#) our aim has been to improve our reach with a particular focus on certain groups or people who are currently under-represented. The CCG continue to build on the work we started in 2017/18.

Our objectives were to:

In 2018 - 2020

- Actively work with LGBTQ networks and encourage a stronger voice for this sector by engaging organisations and networks that can help us to do this.
- Actively involve young people aged between 12-25 years old to understand their experience of their local GP practice.

In 2020 / 2022

- Continue to deliver Engagement champions to our local community and to continually expand on the network of community experts to increase voice and representation.
- Actively work with unpaid carer and BME networks to encourage a stronger voice for these sectors by engaging organisations and networks that can help us to do this.

So far the work has helped us to improve our reach into the identified communities.

As part of the equality objectives action plan for 2020-22 a composite report has been developed to present the findings of the work undertaken to improve the way that NHS Calderdale CCG engages with both unpaid carers, and people from Black, Asian and minority ethnic (BAME) communities. The report describes the background of the work undertaken, a baseline assessment of engagement with both groups, the work undertaken to understand how to improve engagement, and the proposal for how to better engage with these groups going forward

As part of this work the CCG and VAC worked together to understand what the health and care system could do to better engage with carers. When speaking with unpaid carers about how the health and care system could better engage with them, it became evident that the pandemic had a significant impact on them. 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 wanted to also understand the experiences of unpaid carers during the pandemic.

A findings report has been produced with carers input and summarises the engagement, key themes, and recommendations from carers what health and care professionals could do to improve the way they engage with unpaid carers. We returned to several groups to present the findings from this engagement and ensure that the carers involved felt their views and experiences and recommendations had been accurately captured and fairly represented. The report of findings has been shared with and will be reviewed by the Equality Objectives working group who will consider the next steps.

You can find a copy of both reports and more about the equality objectives work on the 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)

As an organisation the equality agenda is critical to our success and is reinforced by our visions and values. We work to understand the communities we serve and make better decisions ensuring the services we plan and buy meet the needs of the population of Calderdale. [Calderdale Public Sector Equality Duty \(PSED\) 2022](#) provides evidence of our compliance and demonstrates our commitment to equality and inclusion.

6. Engagement and consultation activity April 2021 to March 2022

We ask our partners, providers and staff in the CCG to help and support the CCG to produce the Patient and Public Engagement Annual Statement of Involvement each year by gathering information so we can report on all engagement and consultation activity that has taken place across Calderdale. NHS Calderdale CCG is proud to be part of West Yorkshire Health and Care Partnerships some activity described in this report is carried out across the wider region including Bradford District and Craven; Calderdale, Kirklees, Leeds and Wakefield District.

NB. Some of the evidence and further reading in this report links to NHS Calderdale Clinical Commissioning Group (CCG) website. The CCG will be abolished, and responsibilities transferred to the West Yorkshire Integrated Care Board (ICB), expected 1 July 2022. You are advised to download the information you require from the CCG's website before it closes.

NHS Calderdale CCG

COVID-19 Vaccination Engagement

April 2021 – March 2022

NHS Calderdale CCG is the lead organisation coordinating the COVID-19 vaccination programme for Calderdale. The purpose of the engagement was to gather views and experiences from people living in Calderdale about the COVID vaccine. We wanted to give people the opportunity to help influence how we shape the vaccine delivery model in Calderdale and the messages we share; through understanding and learning what the public views are of the COVID vaccine and understanding any concerns. This work is a collaborative approach with our partners including Healthwatch, Calderdale Council, and the voluntary and community sector.

Who did we consult with and what did we ask?

Phase two of this engagement was building on our understanding of what communities were telling us about the vaccine. People had already told us what was worrying them,

including side effects, how the vaccines were tested / are they safe; whether they affect fertility and pregnancy; allergic reactions; how they work; how long they protect us and why young people with no health issues need them. People also told us that work, transport and caring responsibilities might make it difficult for them to get vaccinated.

We wanted to know more about this, but we also recognised that they might also have different worries and barriers to accessing the vaccine and what would help to overcome these worries or any barriers so that we could plan vaccination services better. We wanted to make sure people have the information about the vaccines that they need in ways they understand and can use to make informed decisions.

We did this through engagement which was more targeted to reach different groups of people such as working age adults, younger people (under 40) and children.

A survey was designed for our local voluntary and community groups, social prescribers, and neighbourhood teams etc to enable more detailed conversations. Over 300 conversations were also captured by our Engagement Champions using the survey which asked further probing questions such as.

- How far would you be willing and able to travel to get your vaccine?
- People told us that work, transport and caring responsibilities might make it difficult for them to get vaccinated. If this is the case for you, please tell us more, e.g., what type of work you do:
- Is there anything that would stop you getting your vaccine?

A variety of other methods were also used to capture anecdotal feedback, such as.

- Attending community meetings such as the Accessible Calderdale Disability Access Forum
- Conversations with voluntary and community groups such as Calderdale Carers Project
- Attending place-based street engagement meetings such as Park & Warley COVID co-ordination group
- Feedback from COVID Community Champions

We also developed an anecdotal feedback form for people to capture any conversations, concerns or myths which were being fed back from our communities.

We also continued to collect experience of care from people who had received at least one dose of the vaccine. The purpose of this survey was to highlight which parts of the vaccination process worked well, and what would have worked better to improve the experience for people. The survey was advertised through posters featuring QR codes in vaccination settings. Support was provided for patients at the pop-up clinic at St Augustine's, through language support and a volunteer to complete the survey on the person's behalf on a tablet. Questions included in this survey was:

- How easy was it to travel to the vaccination centre?
- Would you recommend this service/vaccination to your friends and family?
- Did you feel confident and safe at the vaccination centre?

What did they tell you?

We continued to hear themes such as younger people wanted to weigh up the risks of being vaccinated vs not being vaccinated; concerns about the effect of the vaccine on fertility; around side effects; people not understanding the vaccine; how it works or what is in it, people believing the vaccine was developed too quickly to be safe; and some people not believing the vaccine exists.

Other emerging themes that we heard were.

- Carers told us they were worried about the people they care for if they hadn't been offered the vaccine
- Needing to make sure we catered for those who had additional needs and require reasonable adjustments or just need information in a different way
- People told us they wanted to know more but sometimes struggle with how they receive information
- People wanted to be vaccinated in their own communities such as pop ups / walk in clinics
- Younger people told us they wanted one place to go for information and ask questions
- Some people told us they wanted to wait before making a decision about getting the vaccine
- People wanted to get their vaccine, but said work was a barrier to being able to go and get it

- Transport to vaccination appointments, not having their own transport and worried that taxis and public transport may be unsafe

What did you do?

Some of the things we did to address people's concerns are below.

- We provided information about the vaccine and people's concerns in a range of different formats such as easy-read, different languages
- We worked closely with trusted members within our communities such as our engagement champions, covid champions, community leaders who were able to have conversations in our communities and helped provide the right information about the vaccine
- Housebound patients were offered the vaccine in their own homes
- We recognised the importance of unpaid carers and made sure they were a priority to receive the vaccine. Also offering them the vaccine at the same time as the person they care for
- We worked with young people who developed resources to address the concerns that younger people had told us
- We worked with chat health so that school aged children could ask questions or have a discussion about the vaccine with a medical professional via text
- Delivered question and answer sessions for a range of people who had concerns about the vaccine.
- We provided more pop-up vaccination clinics, in-particular to focus on tackling vaccine inequalities to improve the convenience of the vaccine being on people's doorstep and working with trusted local community members.

We also continued to produce insight reports from all the feedback received to inform the delivery of our vaccine programme and to help create our communication messages and respond to people's concerns. We also continued to map the intelligence that we gathered from all activity that took place and developed a video to share with the public.

All insight reports and the video can be found on the CCGs website [Understanding the views and experiences of people living in Calderdale of the COVID Vaccine - NHS Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://www.calderdaleccg.nhs.uk/understanding-the-views-and-experiences-of-people-living-in-calderdale-of-the-covid-19-vaccine)

We continue to collect anecdotal feedback which continues to inform and shape future plans for the vaccine programme.

Where can you find more information about this work?

A report of the findings from the engagement [Engagement-and-equality-findings-report-understanding-the-views-and-experiences-of-people-living-in-calderdale-of-the-covid-19-vaccine \(1\).pdf](#)

If you would like further information on this work, please contact the CCG on CCG.FEEDBACK@calderdale.nhs.uk

NHS Calderdale CCG

Calderdale Open Minds Partnership

April 2021 to March 2022

[Calderdale Open Minds Partnership](#) (OMP) includes local authority, health, education, voluntary and third sector partners, parent carers, children & young people, and other stakeholders.

Together we work as a cooperative to ensure Calderdale's children and young people have access to the support and services they need. The name of this group is based on the name created by young people from the Tough Times campaign, back in 2015.

Calderdale no longer delivers emotional wellbeing and mental health under the old 'tiered' Children and Adolescent Mental Health Service (CAMHS) model, but via the Anna Freud Centre 'Thrive' model. This is a person-centred, whole system approach, where all partners believe responsibility for meeting the emotional wellbeing and mental health needs of needs of children and young people is everyone's business.

Who did you engage or consult on and what did you ask?

The activity being reported on took place between April 21 to March 22, hearing the voices of children and young people, their families, and involving them in how services were delivered was more important than ever during the COVID-19 Pandemic.

Children and young people are integral to the work carried out by the OMP, our relationship with children and young people and their families is paramount in helping to shape the work delivered by partners, attending OMP meetings and showcasing their own work.

What did they tell you?

Individuals and organisations across Calderdale worked with children, young people, and families to ensure they continued to have their voices heard.

Children, young people, and families gave feedback on the services and resources they said they needed to help them be resilient and recover from the impact of COVID-19.

What did you do?

Young people worked with Open Minds Partnership partners to produce new emotional health and wellbeing resources on the Open Minds Calderdale web site

The Tough Times reference group created a poster to promote services available for children and young people, widely promoted widely by partners. Other new resources developed included: how to manage concerns and anxieties about coronavirus and Worry Cards to support students concerned about returning to education after lockdowns.

Calderdale's students, parents, and school staff worked with OMP and Healthy Futures partners to create bespoke return-to-school guides and other new resources for parent carers, such as on anxiety, low mood, anger, routines,

Young people from the Tough Times Reference Group worked with the Open Minds (CAMHS) to develop their 'Silvercloud' service: a digital anxiety guided self-help programme that provides instantly accessible online Cognitive Behavioural Therapy (CBT) informed support for young people and parents/carers.

They also attend quarterly meetings of the Open Minds Partnership, which has focused on issues such as: the impact of the Pandemic and disordered eating. A dedicated web space has been created to support collaboration among members of the Partnership, on the national NHS Futures platform.

Members of the Calderdale Children and Young People's Scrutiny Board were delighted to meet with young people in Autumn 2021, who discussed their experiences during the Pandemic and shared the work they'd produced to support other children and young people in Calderdale.

Where can you find more information about this work?

You can find out more at the following website [Open minds in Calderdale \(openmindscalderdale.org.uk\)](https://openmindscalderdale.org.uk)

You can also see agenda and minutes from the [Children and Young People's Scrutiny Board - Wednesday, 29th September, 2021](#)

NHS Calderdale Clinical Commissioning Group (CCG)

Listening to unpaid carers: the experiences of unpaid carers in Calderdale

July 2021 and January 2022

As part of the CCGs equality objectives (see page 37) the CCG and VAC worked together to understand

- What the health and care system could do to better engage with carers

When speaking with unpaid carers about how the health and care system could better engage with them, it became evident that the pandemic had a significant impact on them. 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 wanted to also understand

- The experiences of unpaid carers during the pandemic

Who did we consult with and what did we ask?

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, a local campaigner who supports parent carers and health and care professionals.

Several groups of carers shared their views, including the following:

- 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.

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.

What did they tell us?

Improving engagement with unpaid carers – the main theme was that carers do not feel that they are listened to. Carers told us they 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
- 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 - key themes are below from what people carers told us during this engagement.

- 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 the additional burdens experienced during the pandemic had a negative impact on their wellbeing, and their families'
- 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.

What did we do?

A findings report was developed summarising this piece of engagement, key themes and recommendations were co-produced with carers on what health and care professionals could do to improve the way they engage with unpaid carers.

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

The report of findings has been shared and will be reviewed by the Equality Objectives working group who will consider next steps. And it has also been shared with NHS Calderdale CCG, and partners to also consider the insight and recommendations.

The report will 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 Calderdale Involving People Network and individuals and groups who shared their views and experiences. And, with people who have previously expressed an interest in the work around unpaid carers.

Where can you find more information about this work?

The report can be found on the CCG website at the link below

<https://www.calderdaleccg.nhs.uk/download/improving-engagement-with-specific-equality-groups-including-black-asian-and-minority-ethnicity-bame-communities-and-unpaid-carers/>

NHS Calderdale Clinical Commissioning Group (CCG)

Equality Delivery System (EDS2)

December 2021

The Equality Delivery System (EDS2) 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 aim of the EDS2 is to embed equality into business practices and foster a culture of transparency and accountability in the CCG. It helps the CCG to 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.

Who did you consult with and what did you ask?

Representatives from the Voluntary, Community and Social Enterprise Sector (VCSE) and public were invited to an event held on 7 December 2021. A virtual half-day event where representatives from the VCSE assessed the performance of local healthcare organisations against the EDS2 criteria.

What did they tell you?

Participants agreed with the CCGs self-assessment and confirmed the grade for the Covid-19 Vaccination Programme at Calderdale CCG as '**Achieving**' overall. This means that the needs of people from most protected groups were considered as part of the Covid-19 Vaccination rollout.

The CCG received the following feedback and comments from those attending in relation to the EDS2 evidence:

- Disabled people have been isolated during the pandemic and those who are digitally excluded have been even more isolated.
- The presentation focused on the positive stuff – it would have been better to have more balance and transparency about what went wrong and how the CCG responded.
- Collaboration and working in partnership are a real strength in Calderdale.
- The voluntary and community sectors have a well-earned place at the table and feel valued and listened to

What did you do?

The feedback from the EDS2 session will be used to build on and strengthen the work we are already doing with partners in the voluntary and community sectors. Each partner organisation will formulate their own action plan, based on the comments and recommendations from participants.

Where can you find more information about this work?

EDS2 reports can be found on the CCG website at the link below

<https://www.calderdaleccg.nhs.uk/equality-and-diversity/>

NHS Calderdale CCG

Homeless People's experiences of using health services and barriers in accessing them

July - October 2021

Who did you engage or consult on and what did you ask?

Between July and October 2021, 75 interviews were carried out by [Groundswell Research](#) with people experiencing homelessness in Calderdale, Kirklees, and Wakefield. The majority of these interviews were conducted by researchers with lived experience of homelessness and were designed to explore experiences of using health services and barriers to accessing them. The research was aimed at creating a better understanding of health inequalities in order to create a local-level action plan for eradicating the barriers identified.

We asked them about their experiences of accessing and using specific health services and about their overall feelings about health care.

Because of COVID restrictions, we planned to carry out all the interviews by phone but, as restrictions eased, it became possible to meet participants face-to-face. In total, about two thirds of the interviews were conducted in person. Interviews generally ranged from about 20 minutes long to well over an hour.

We asked participants to give a rating out of 10 for each of the health services we asked them about. So that we could better understand when issues and barriers were brought on by the unique circumstances of the pandemic and when they were ongoing problems that had already existed, we also asked them to give ratings out of 10 for their experiences from before the pandemic.

Statistical analysis of responses to survey questions was carried out alongside thematic analysis of interview transcripts. Using these two methods together enabled interpretations of statistical data that were informed by explanations and elaborations given by participants in their own words.

What did they tell you?

The key findings from the report are below.

- **Prioritising health:** Financial barriers and the stresses of homelessness often prevented health needs from being met. A lack of access to nutritious food worsened existing health conditions (although this was less so in Calderdale).
- **The effects of the pandemic on relationships with GPs:** The frequent need to change GPs when insecurely housed, coupled with restrictions on face-to-face appointments, made establishing trusting relationships with GPs difficult for many. Those who had maintained long-term relationships with an individual doctor reported the most positive experiences.

- **Patient-led treatment:** Feeling listened to and involved in treatment were highly valued. Many participants felt uninformed about treatment, test results and diagnoses, resulting in feelings of disconnection and disempowerment.
- **Positive relationships with pharmacies:** Consistent relationships with pharmacy staff were sustained throughout the pandemic and were highly praised, particularly for their non-judgemental attitudes and personalised advice.
- **Stigma of drug and alcohol dependencies:** Accident and Emergency units and GPs were often identified as exhibiting discriminatory behaviour towards those with addiction issues.
- **Addiction as a barrier to accessing mental health services:** Participants experiencing drug and alcohol dependency were less likely than others to successfully access mental health services. They felt that GPs and mental health services often misunderstood the relationship between mental health and addiction.
- **GPs and access to mental health services:** Expectations of GPs' role in referring to mental health services were high. These expectations not being met sometimes led to a loss of faith in the NHS and a consequent disengagement from services. In turn, this led to a worsening of physical health conditions.
- **Unmet mental health needs leading to homelessness:** Around half of participants thought that their homelessness could have been prevented if their health needs had been better met beforehand. Women were twice as likely as men to believe this. Unmet mental health needs were almost exclusively discussed.
- **Access to dentistry:** A lack of information about access, and the challenge of remaining registered while homeless, meant that few participants had seen a dentist in the previous year despite a clear need to do so.
- **Praise for specialist homeless services and peer support:** Dedicated health outreach services, especially in homeless day centres, and support from people with

lived experience of homelessness and addiction were positively regarded by those who had experienced them.

What did you do?

The report is yet to be published and there is an action planning session planned for March 2022.

However, the draft report has already influenced the CCG's commissioning arrangements and links with the actions from the "Burnt Bridges?" Safeguarding Adult Review. We plan to share the learning across the health system.

Where can you find more information about this work?

More information and the final report can be found on the [groundswell website](https://groundswell.org.uk) (groundswell.org.uk) and in the links below:

[Health Now West Yorkshire Report: Understanding homeless health inequality in Calderdale, Kirklees and Wakefield](#)

[Dan Bleksley on our new health now report on health inequalities in West Yorkshire](#)

NHS Calderdale CCG

Increasing Access to Physical Health Checks for People on the Severe Mental Illness (SMI) Register

Who did you engage or consult with and what did you ask?

The stakeholders were primarily people in Calderdale with lived experience of mental health conditions/ on the severe mental illness register. The make-up of the core 'design group' has fluctuated slightly over the year but has consisted of working age adults and has predominantly been people from a Black, Asian and minority ethnic backgrounds. The focus of the group was nominally increasing uptake in annual physical health checks for people on the SMI register, though the group has also produced substantial insights into wider access to services, health inequalities, social prescribing, and vaccinations.

The engagement was establishing an ongoing forum conversation, meeting every two weeks with a skilled facilitator from Cloverleaf Advocacy and a representative from the Calderdale Creativity & Health Programme (hosted by SWYPFT), with other invited participants where necessary (including illustrator, video artist etc.). The group has, from the beginning, been positioned as a 'design group' and this has underlined that we were seeking (and achieved) not consultation or involvement, but genuine co-design. Whilst there were items for the agenda and some structured questions, the forum was open for those in the group to lead and steer the sessions and discussions how they wanted. Everybody in the group (and we include facilitators and professional representatives within 'the group') spoke openly and honestly, drawing on personal and lived experience, sharing vulnerabilities, and creating a compassionate space.

We would let the discussion flow naturally, but obviously would direct questions: these would range from quite open ended questions 'what is your experience of letters or correspondence from your GP surgery?', 'what do you know about social prescribing?' to more specific questions about use of language in letters and documents and what a film to raise awareness about physical health checks should look like and who should be in it.

What did they tell you?

What became clear is that not only did our project and connected services benefit from the engagement and co-design, but the group all stated benefits to their confidence, wellbeing, and sense of purpose.

What people told us about the current approach

- People would not know what a health check was – and the current letters didn't tell them
- People would be anxious about a health check if they didn't understand what it was
- If letters appeared intimidating people wouldn't respond, and even if the envelope looked intimidating, that the letter wouldn't be opened

What people told us should be included

- Illustrating the information and invitation letter would make it seem more welcoming and less intimidating

- What illustrations we should have – they selected the artist and produced a brief for the illustrations
- What language we should use and how the invitation letter and new information packs should be written
- Produced new information packs for people on the SMI register around Covid Vaccinations
- About their challenges accessing services and the importance of language use and how perceptions of and responses to people with mental health conditions, or who seemed different significantly affected how they felt about accessing services
- How a health action plan as something they took away from the health check was important – and what that health action plan should include
- Produced top tips for GPs and a list of reasonable adjustments to make access to services easier for people with mental health conditions.
- Suggested film/ video as a good means of communication and then produced the vision and brief for 4 short films
- Produced recommendations around accessibility/ languages for information packs and films.

We asked the group how they felt about the group, about the process and what we have been able to do. One member said that being part of the group had really helped their mental stability and that seeing the results of group through the changes implemented, made them feel like they were making a positive contribution and gave them a good sense of purpose.

“This group gives me the confidence to express my views and experience when contacting GP. It’s good to hear from others as well about their experience. You feel like you have been given value”

“This group has been very helpful. I have learned and picked lots of things and came to know through this group my rights in regard to health and made me aware of the help and support like a social prescriber, which as a sufferer of post-traumatic stress disorder and obsessive-compulsive disorder and disability. I never heard of a social prescriber, it really motivated me to speak and felt heard for the very first time.”

What did you do?

- Reported all findings back to services partners such as Calderdale CCG, Primary Care Networks, Local Authority and South West Yorkshire Partnership Foundation Trust
- Replaced existing documentation with new co-produced invitation letters and info packs on SystmOne and EMIS (digital platforms where patients can access their records)
- Produced 'top' tips for GPs
- Commissioned an artist/ illustrator as selected by the group to make envelopes/ letters appear more inviting/ less intimidating
- Commissioned film artists to respond to the brief prepared by the group
- Rolled out an interim health action plan approach and implemented a process to co-produce a new health action plan

Where you can find out more info about this work?

The work is ongoing, a final report will then be developed.

Calderdale Council**Children and Young People's Emotional Health & Wellbeing Parents and Carers Survey****February 2021 – October 2021****Who did you engage or consult with and what did you ask?**

The 2021 parents and carers survey about their children's emotional health and wellbeing gathered 1,078 feelings, views, and thoughts over a 6-week period. It was launched on the 1st of February 2021, which was also the first day of Children's Mental Health Awareness Week 2021. The survey asked parents and carers to share their experiences and views anonymously on their children's emotional health and wellbeing and the local support services that their child may have used.

The survey was distributed in a variety of ways to reach as many parents and carers as possible, which included the use of social media platforms such as Facebook, electronic bulletins such as the schools messaging service and the monthly Emotional Health and Wellbeing 5 Key Updates. Schools and voluntary and community sector services such as Family Voice Calderdale played a vital role in sharing the online link with parents and carers they are in contact with. Whilst this survey was live, Calderdale were in a local lockdown with schools and services communicating with parents and carers via their online means.

In total the survey asked 13 questions around knowledge and understanding of emotional health and wellbeing, have they accessed services which provide emotional health and wellbeing support and where to find information and advice or where to go to get help and support. Parents and carers whose child hadn't used a support service, answered 9 questions. To help collate the answers the questions asked were closed, so parents and carers could answer by placing a tick in the tick-box that was most relevant to them and their child/young person. The survey also allowed parents and carers to select more than one option on some of the questions and skip ones that were not applicable. There was also an option to 'tell us more information' if they wanted to.

What did they tell you?

The survey results indicate that the majority of parents and carers feel either comfortable, or very comfortable talking to their child about emotional health and wellbeing. However, there were a small number that said they felt uncomfortable, or very uncomfortable.

Children and young people said that they are most likely to go to a parent or carer when they need help or someone to talk to about their mental health.

Parents and carers said they would feel more comfortable and gain more knowledge and understanding on children's emotional health and wellbeing if they had access to age-appropriate tips. And that they would like clear signposting where to find support for their children.

The majority of parents and carers who took part in this survey said they would look online for support for their child's emotional health and wellbeing, followed by a GP or teacher.

What did you do?

The report has been shared with parents and carers, schools, service providers in Calderdale, and the Open Minds Partnership and will be posted on the Open Minds Calderdale website in the parents and carers section. And the following recommendations have been made.

- For the Open Minds Partnership to launch a publicity campaign to promote the Open Minds Calderdale website. This website provides advice, information, support and signposting on local and national emotional health and wellbeing services that help children, young people and families who are going through a difficult time.
- For the Open Minds Partnership to look and respond to the comments made by parents and carers who identified that their child faced a barrier in accessing services due to their special educational need and/or disability.
- For the Open Minds Partnership to establish a small task and finish group to look at key themes and develop an action plan to address the areas raised by parents and carers.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in October 2021. This report can be found on open minds website: www.openmindscalderdale.org.uk in the parents and carers section.

Calderdale Council (in partnership the Calderdale CCG)

Older peoples care home engagement

November 2021 – February 2022

The overall aim for this piece of engagement work was to ensure that people from Calderdale's older people's community had an opportunity to participate in a meaningful way on Calderdale's older people's care home model that comes into effect on the 1st of October 2022. This model will be designed around the needs of older people aged 65+ who live in a Calderdale residential or nursing home which provides safe and personalised care, promotes choice, dignity, control, and quality of life for all residents.

Who did you engage or consult with and what did you ask?

We wanted to hear from people who live, work, are a relative/friend or are a health and social care professional, connected to an older people's care home to help influence how care home provision and services are shaped through learning and listening to their views and experiences, so we understand what really matters to them the following themes

- Safe
- Effective
- Caring
- Responsive
- Well-led

Four individual surveys were co-produced with experts by experience. This included 5 relatives of individuals who currently live in a care home, an experienced Social Worker, and 2 members of recently retired Care Home staff with years of experience in local care homes across Calderdale.

Due to restrictions around the ways, we were able to work during this period of the pandemic, we had a limited scope to engage with people using face-to-face methods. Although we used a range of methods to collect feedback, we recognise and acknowledge the challenges and barriers of reaching people and every effort was made to ensure we engaged with all our communities and ensured a wide range of representative views.

Clear communication channels were formed through simple, accessible messages using a variety of approaches. These approaches included: emails, phone calls, social media posts for the use of multi social media channels, publicity for service bulletins and newsletters, and attendance from the Commissioning Engagement Officer to online team meetings and Care Home Managers forums. An offer to hold separate digital or face to face focus groups for all four targeted audiences was also given but wasn't taken up during the period of time when the engagement was live.

What did they tell you?

Residents told us:

- 100% of residents feel safe
- 82% feel happy where they live
- 94% get their support and care needs met
- 53% spend their time doing things they enjoy
- 65% feel involved in decisions about their life

Relatives and friends told us:

- 89% feel their relative/friend is safe
- 82% feel their relative/friend is happy where they live
- 90% feel their relative/friends support, and care needs are met
- 58% feel their relative/friend spends time doing the things that they enjoy
- 63% feel their relative/friend is involved in decisions about their life

Care home staff told us:

- 92% feel supported by their management
- 88% feel they contribute to decisions in work

- 92% have job satisfaction
- 94% feel they encourage residents to spend time doing what they enjoy
- 100% feel they go the extra mile to make the residents feel worthy and important

Health and social care staff told us:

- 31% felt that in the main residents are encouraged to be active and keep moving
- 94% felt that they have a good relationship with the manager
- 81% felt that in the main residents' individual needs are met
- 31% feel that in the main residents are encouraged to spend time doing what they enjoy
- 69% feel that in the main residents are involved in decisions being made about their own life as much they can be

What did you do?

The report has been shared with the Care Homes Commissioning Workstream and Care Homes Programme Board and distributed across all Calderdale older people's care homes and Health and Social Care staff.

Key findings have been considered and improvements made where required to the older people's care homes service specification. This will be part of the terms and conditions of the contract that care home providers must meet in the future.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in February 2022. You can find more information at the following link

<https://www.calderdale.gov.uk/v2/residents/health-and-social-care/residential-and-nursing-care/older-peoples-care-homes-consultation>

Calderdale and Huddersfield Foundation Trust (CHFT)

Rainbow Child Development Unit

Summer 2021 - Ongoing

Calderdale and Huddersfield NHS Foundation Trust is in the process of going through reconfiguration to improve the services provided to patients.

To support the build of a new Emergency Department, the Rainbow Child Development Centre project team was established to scope and develop options for the service to relocate from Calderdale Hospital.

The project team identified the options for accommodation available to the service and completed an options appraisal. This is where each option is assessed against certain criteria to make sure the accommodation meets the service needs. The criteria we assessed against was:

- Able to deliver the full scope of the Child Development Service from a Community based facility.
- Improves the patient experience by enhancing the model of care to provide space for Specialist Nursing and Community Therapy team to be co-located in this shared accommodation.
- Improves the accessibility for families and the environment for colleagues and families
- Enables the continued delivery of services while identifying an estate option available in the required timescales, enabling the delivery of the defined scope of services in a timely way to meet the requirements of the service
- Is affordable

Following the options appraisal presented to the Trust Board, a building has been located in Elland (Clock House). Work has yet to commence on the inside of the building to make it fit for the service and for the needs of patients and families. The expected move date is between summer and autumn 2022.

Who did you consult with and what did you ask?

The Rainbow Child Development Centre project team recognised engaging as many stakeholders as possible was key to locating the next best location for the service. The key stakeholders identified were local children and families who access the service, as well as staff members who work within the service and across the directorate.

Various methods are being used to engage patients:

- Social media – a Facebook page has been established and it supported by the Trust lead for communication
- Face-to-face engagement – children and families are being approached when attending the current service and some children and families have supported with onsite visits to the new building
- A letter was sent to all families currently under the service explaining the move and inviting children and families to put forward their views and ideas
- A survey asking children and families for view and ideas

We have been asking children and their families about:

- How they feel about the service moving to Elland
- Their ideas and what is important to them about the design of the building
- Any queries, questions or concerns they have about the move

What did they tell you?

Some of the themes of what people told us are below.

- The children and young people informed the team they did not want too many grey colours but did not want the unit to be colourful, with too many colours. Alterations were made to the design to accommodate this and strike a balance between colours
- The need for good car parking and access that supports children and young people with disabilities (e.g., access which supports vehicle height). Dedicated disabled car parking spaces are required (there are 5 dedicated spaces at the front of the building)
- To make the environment feel homely and peaceful

- Close transport links and services
- In terms of service adaptations, the children and young people engaged would like group sessions to improve support amongst peers
- The children and young people engaged would like the potential to access other services in the same building (a 'one stop shop')
- There was focus on ensuring we get the transition process from children and young people's services to adult services right, particularly for those with disabilities

What did you do?

- We are ensuring the interior is colourful to the right extent and suitable for all age groups from 0-16
- Ensuring we have adequate parking for people with disabilities. There is an option to explore further parking with the landlord should it be required
- The new accommodation has close transport links from both Calderdale and Huddersfield with a bus stop outside the building.
- Other services will be co-located in the same building including Specialist Nursing and Community Therapy.
- Group sessions were in place but ceased during the pandemic and will restart once the service has moved to the new accommodation
- Service users have visited the site to help develop the transition process from children and young people's services to adult services right, particularly for those with disabilities

Where can you find more information about this work?

- CHFT Transformation Programme Board and Kirklees Local Authority Health and Adult Social Care Scrutiny Panel have received presentations about the work and meetings took place in July 2021. Papers are not available in the public domain.
- You can find out more about the Rainbow Child Development Centre by contacting the Clinical Nurse Manager, Katie Booth, at Katie.Booth@cht.nhs.uk or liking the Facebook page www.facebook.com/CHFTRainbow/

South West Yorkshire Partnership Foundation Trust (SWYPFT)

Reset and recovery

January to March 2022

As the Trust start to think about recovering services impacted by the pandemic a Trust wide survey to capture views across all service areas in Barnsley, Calderdale, Kirklees, and Wakefield has taken place.

The Trust is starting to use the best of the past and the learning from Covid 19 to continuously improve our services safely. This approach includes service user, carer, communities and staff involvement and a Trust wide approach to capture feedback.

The Trust want to continue to provide effective service and enable staff to work effectively using learning from previous ways of working and different ways of working during the covid19 pandemic.

Who did you consult with and what did you ask?

The Trust have rolled out an involvement approach to capture the voice and views of service users, carers, and families as well as staff. The approach includes an online and paper survey – including easy read version and translation/accessible formats on request. The approach is supported by a conversation or focus groups approach which includes key lines of enquiry on four key aspects of our Trust. These are:

- Working effectively – work force only
- Delivering services that are effective – people who use services only
- Estates and the built environment
- Digital

In addition to these lines of enquiry equality monitoring information is also gathered to help make sure those responding are representative of protected characteristics and the local population we serve. The Trust are working closely with Voluntary and community sector colleagues (VCS) and Healthwatch in each local area to capture feedback.

What did they tell you?

The survey and capturing feedback will close on 31st March 2022 but the insight and data has already been used and reviewed to support the Trust move forward with a number of key areas of work. The feedback we have received to date represents 600 views with equally as many staff and service users sharing insight and intelligence. This is what we know so far:

Staff have told us:

- That services have managed to identify solutions to support people who use services
- We need to consider future use of our estates to ensure services improve and can continue if restrictions remain
- That digital was a good solution for some, but that face to face remained the key way to contact people who use services
- That home working or a blended approach to working, is working well for most staff
- That the pandemic has had a negative impact on some staff and how they work
- That staff are now used to the technology they are using but there are still some gaps in equipment i.e., having access to a printer

People who use services have told us:

- That over half of those responding have still found it easy, very easy or that there has been no change to getting an appointment.
- That well over half those responding stated we did not contact them as frequently as we had before
- That the care people received had been impacted by the pandemic in terms of making a difference and helping people reach their goals
- People highlighted what still worked well as:
 - Caring staff, listening and compassionate, professional
 - Service local to home
 - Being seen regularly
 - Helpful information during the pandemic and good sign posting
 - Still supported me despite challenges
 - Flexible appointments

- Being treated as an individual
- People highlighted the improvements as:
 - Access to therapy
 - More group support
 - Improvements in communication
 - Not being listened to and more regular contact
 - Support for carers
 - Seeing the same person – consistency and staffing levels
 - Aftercare following discharge
 - More face-to-face contact

What did you do?

The feedback from the engagement has already been used to support improvements in the Trust. These improvements include:

- Informing the development of a future Trust estate strategy
- Informing the hybrid working approach for staff
- Informing individual services who are progressing to recover services
- Informing the Trust digital internal audit

The feedback will continue to be used by the Trust to inform service restoration and improvements throughout the forthcoming year at both a service and strategic level. Equality monitoring of responses will ensure that we consider the voice and views of our diverse population and any specific equality considerations will be pulled out.

Where can you find more information about this work?

An engagement report will be available in Spring and published on the Trust website:

<https://www.southwestyorkshire.nhs.uk/getinvolved>

South West Yorkshire Partnership NHS Trust (SWYPFT)
Equality Delivery System 2 (EDS2)
January 2022

As part of our responsibility to ensure we maintain our legal obligations for equality, the Trust completes an annual process called the 'Equality Delivery System 2' or 'EDS2' to assess how well we are doing in maintaining our equality duties.

The Trust has an annual responsibility to deliver EDS2 through a process of involvement which captures the voice and views of both staff, people who use services and stakeholders on how well we are doing in meeting our equality duty.

The Equality Delivery System (EDS) was commissioned by the national Equality and Diversity Council in 2010 and launched in July 2011. A refreshed EDS known as EDS2 was made available in November 2013.

The main purpose of the EDS2 was to:

- Help local NHS organisations, in discussion with local partners including local populations, to review and improve their performance for people with characteristics protected by the Equality Act 2010.
- Help provide better working environments, free of discrimination, for those who work in the NHS.
- Assist NHS organisations to deliver on the Public Sector Equality Duty (PSED)

EDS2 requires the Trust to engage with both its staff and key stakeholders to identify an overall grading based on a set of indicators. The theme for people who use our services and key stakeholders for 2021/2022 was focussed on how well the Trust ensured the 'provision and restoration of mental health services during the pandemic' for all protected groups. The process for involving staff includes asking a consistent set of questions each year that can be used to identify our progress, these are not reported in this summary.

Who did you consult with and what did you ask?

Two digital involvement workshops with Trust service users, carers, staff, and external stakeholders including Healthwatch for each "place" were run in January 2022. These had

been delayed due to Covid and should have taken place prior to April 2021 to support the forthcoming year.

The theme for 2021/2022 EDS2 was the 'The provision and restoration of mental health services during the pandemic'. Panel members were recruited for the workshops from:

- People who use our services including carers, friends, and families
- Members and governors
- Trust volunteers
- Third sector organisations– using our community mapping of over 200+
- Recovery colleges, Spirit in Mind and Creative Mind
- Healthwatch

Prior to the workshops a desktop review of all the insight and data captured over the past 18 months was broken down into key themes for each of the protected groups, including carers.

This insight from partners such as Healthwatch, complaints, compliments, friends and family feedback, NHS Choices and Care Opinion provided further information and insight as to how well we had done over the past year. This information alongside examples of work the Trust had done over the year was then recorded and presented on slides, this included:

- Using the findings from the Trust 'reset and recovery service user survey' which asked questions relating to how effective services were during this period, including digital access and estates.
- Pulling together examples of work for each protected group demonstrating the work that had taken place to address inequalities and differential impacts for protected groups during this time.

Workshops members were invited to listen to the Trust's evidence and score our progress using an EDS2 grading framework and provide comment. For those unable to attend the digital workshops, the same information was shared directly, and participants were asked to grade using a format that was inclusive such as postal or verbal. The scores from all approaches were combined to create an overall final grading.

What did they tell you?

The feedback from those people who use services and stakeholders is set out below:

Goal 1: From those responding we asked people to tell us how well they thought we had done to achieve better health outcomes during the pandemic. 77% of those who attended the two workshops graded the Trust on this question as Excelling/Achieving.

Goal 2: The Trust then asked how well people think we did to improve patient experience of services during the pandemic. 67% of those who attended the workshop graded the Trust at Excelling and Achieving grade.

The Trust then asked people to provide an overall grade for both Goals 1 and 2 overall. From all those attending 80% stated the Trust were Achieving/Excelling

What did we do?

As EDS2 is a combined score of all goals including staff, a panel of members representing the Trust Equality, Inclusion and Involvement Committee (EIIC) were pulled together to hear the evidence from both the staff survey and workshops.

An agreed overall grading based on a Trust self-assessment of all the evidence resulted in an overall grade of '**Achieving**'. This means that the Trust has achieved in its duty to support people from **most** protected groups during the pandemic.

A report of findings on the evidence gathered during 2021/2022 to support EDS2 and examples of case studies and stories has been compiled and submitted as evidence to NHSE England/Improvement and is available on the Trust website.

Any areas for improvement identified throughout this process have now been included in the Trust wide action plan for equality. This will ensure that any learning on further improvements will be addressed.

Where can you find more information about this work?

To find out more about EDS2 and the evidence gathered, including stories is now available on the Trust website. Go to: [How well are we doing? - South West Yorkshire Partnership NHS Foundation Trust](#)

South West Yorkshire Partnership Foundation Trust (SWYPFT)

Choose well for mental health – a guide for adults

November – December 2021

The Trust launched and created a new guide and campaign to help people in Barnsley, Calderdale, Kirklees and Wakefield to ‘choose well’ when looking after their mental health and wellbeing.

Information and support around mental health and wellbeing can sometimes be difficult to find, conflicting or even out of date; often leading to people being unsure about where to go for help, or what information they can trust. We created the ‘choose well for mental health’ guide to pull information together into one trusted place to help with these challenges.

Based on the national NHS ‘choose well’ campaign – which historically focuses on physical health – the guide showcases examples of how a person may be feeling alongside support available in these different circumstances.

The Trust is one of the first Trusts nationally to develop a ‘choose well’ guide which focuses solely on mental health and wellbeing.

Who did you consult with and what did you ask?

The guide was produced collaboratively with a broad range of stakeholders including:

- People with a lived experience of mental health
- Families and carers
- Trust staff including clinicians
- Voluntary and community sector
- Local authorities and COVID-19 response hubs
- Acute hospitals

- Police
- Housing associations
- Fire and rescue
- Clinical commissioning groups (CCG)
- MPs

To begin creating the guide, the Trust communications team worked with Trust and other local clinicians such as GPs and A&E staff, to map out what mental health and wellbeing services were available and the different thresholds/concerns for each service. This was a lengthy process which saw us join different clinical groups to present the guide and make sure it was clinically accurate.

We then worked with our equality and engagement team to set up a virtual focus group with patients, carers, families and VCSE representatives to run through the draft guide.

Questions asked during the group included:

- What you think of the language and wording in the guide?
- Is the information clear and easy to understand?
- Is there anything missing from the guide or anything you could think of to improve it?

Equality monitoring information was also gathered to help make sure the focus group was representative of protected characteristics and the local population we serve.

What did they tell you?

As the guide was developed with a broad range of stakeholders and because a number of conversations took place the key areas for consideration from these conversations are set out below. People told us:

- That the guide needed to be a one stop guide to support
- The guide needed to be visual, clear, and easy to understand
- Plain language needed to be used
- That the information needed to be in different formats
- That service explanations needed to describe entry points
- People needed to know what they could expect from each service
- The information needed to fit with the regional, national, and local picture

We received invaluable feedback from the group, which saw us change the language used in the guide alongside making additions to the guide such as a tear out crisis page to help people plan for a mental health crisis or emergency.

Specific quotes from patients/service users involved in the group included:

- “Thank you for taking such care over the leaflet and making it work for us, it means a lot that the Trust are putting their money where their mouth is in getting this leaflet right.”
- “I think it is a really helpful, positive leaflet that I would definitely use and would pass on to fellow service users.”

What did you do?

The updated guide was created and then launched across print and digital channels, and a toolkit featuring a news article, social media assets and the guide was shared with partner and community organisations to help them share the guide with people they work with. Our chief executive also wrote out to local MPs to share the guide and toolkit.

To date the guide has been embraced by partners such as South Yorkshire Police for example who rolled this out to community police officers in Barnsley. Key feedback from partners has included:

- “Thank you so much for the information and it will be incredibly useful for all our staff delivering to vulnerable people within our communities” – West Yorkshire Fire and Rescue
- “This will be a massive step forward and a real help for those who are unwell and those who care for them. It will not only help them identify problems early but then point them in the right direction” – Kirklees VCSE
- “This is an excellent document, very clear, easy to read and understand” – Wakefield CCG.

The guide has also been produced in easy read and Urdu – as identified through equality monitoring and further translated or accessible versions can be provided on request.

Where can you find more information about this work?

An engagement report was not developed for this piece of work but the guide, and more information about this, can be found on the Trust website:

www.southwestyorkshire.nhs.uk/choosewell

South West Yorkshire Partnership Foundation Trust (SWYPFT)

Bretton Centre development, Fieldhead Hospital, Wakefield.

October 2021 – January 2022

The Bretton Centre is a male low secure mental health unit. It sits within the Fieldhead site, which provides a wider range of mental health, learning disability and community services.

At SWYPFT we are improving our accommodation so that we can ensure the privacy and dignity for people who use our services. The refurbishment of the Bretton Centre wards will include installing en-suite facilities in the bedrooms and improvements to the wider ward accommodation.

By improving facilities, it will provide a positive environment so our patients can recover in modern and comfortable surroundings. The changes to the ward areas will also ensure the Trust improve the safeguarding approach to patients and staff.

The unit will continue to face into the Fieldhead site and the unit's fence line will not change, ensuring it will have the same overall footprint within the Fieldhead site. The completed works should not affect the local area as SWYPFT are not expanding or changing the skyline of the Fieldhead site. However, it is recognised that the planned building works will cause disruption for both service users, visitors, staff, and neighbours during the preparation for, build period and after as the service resumes.

Who did you consult with and what did you ask?

A planning application for this scheme was submitted in October 2021 and approved in January 2022. The work is due to start later in 2022 and will last approximately 15 months. The work will be carried out during working hours, Monday to Friday.

The Local Authority planning team asked for any comments to be formally taken into consideration as part of the planning application process. In addition, SWYPFT has been working with local MPs and neighbours who live in the surrounding area to inform about the plans and identify any issues. The people engaged have been:

- Service users and carers
- Trust staff

- Neighbours who live in the surrounding area

A letter was sent to everyone to set out the proposed development and information on what to expect and how people can provide their views and feedback. It also included an invite link to an online meeting and hyperlink to a website page which contained further details on the development and progress.

What did they tell you?

The Trust developed an involvement and communications plan to identify key stakeholders and ensure that the Trust could gather feedback. From the involvement that has taken place so far, people have told us:

- For patients they told staff the type of environment they would expect to see, including décor and facilities.
- Stakeholders appreciated that we had taken the time to share information and provide feedback at an early stage in the process
- All stakeholders understood the reason for improving estates and agreed that the facilities needed to be improved
- Stakeholders asked that the Trust work with considerate contractors, due to the sensitive nature of services and those who will take into account access and distribution during the build and that the area is kept clean and tidy
- Stakeholders want developments with minimum disruption
- Neighbours raised issues about premises and their existing view which is heavily screened by a mature tree line
- Neighbours also had concerns about noise/vibration/dust during the build and they requested that there was no noise during certain hours or at weekends
- Neighbours wanted clarification on the roof uplift dimension
- Neighbours wonder what happens over the big fence and people did fear that the Trust would bring bedrooms closer to their houses

Following the website event, the presentation was shared with all those who had attended, and a follow up survey circulated.

What did you do?

Staff, patients, carers, and families have all been engaged on the new developments and the Trust have already held two online meetings, launched an online survey, and sent out letters to neighbours/MPs about the proposed development to give opportunity for feedback.

Further work is ongoing to engage and involve carers and service users in the design, during the development and to keep them informed. Any impacts that may occur such as changes to visiting, a move to temporary accommodation whilst the development progresses will be worked through using a mix of written and verbal updates. A further letter to carers and another online meeting is to be issued soon.

Where can you find more information about this work?

More information about this work and a plan and artist's impression of the development can be found on SWYPFT website at [Planned building work at the Bretton Centre - South West Yorkshire Partnership NHS Foundation Trust](#)

South West Yorkshire Partnership Foundation Trust (SWYPFT)

Forensic inpatients Discovery Interviews

November 2021

The Trust have been testing out a range of methods and approaches that may be best suited to different groups or audiences. Discovery interviews ensure that a person is provided with an opportunity to narrate their own story using a series of prompts. The Trust pilot was to test out this methodology with patients who had recent experience of being detained under the mental health act 1983 (amended 2007).

The project aim was to test out using a discovery interview approach, to capture the experience of patients who had been detained and who were currently in Trust inpatient areas. The service area focus for testing out the pilot was on forensic services and aimed to capture a more in-depth understanding of the patient journey. In addition, the Trust wanted to capture a diverse sample of people's stories to provide a wider understanding of experience.

Who did you consult with and what did you ask?

The interviews were aimed at:

- In-Patients currently receiving care and treatment on our medium and low secure wards (Newton Lodge/Bretton Centre)
- In-Patients currently receiving care and treatment on our learning disabilities ward (Newhaven)
- A carers perspective of a loved one who was an in-patient who had received care and treatment at our mental health ward in Barnsley (Kendray Hospital)

Once service users were identified to be interviewed, the engagement team had to gain copies of consent to record their voice and ask for equality monitoring data to be collected. The team then arranged a suitable date/time for the interviews with the staff on the wards.

We arranged for the interviews to take place on the wards in a private area, so that the person could talk freely and privately. A staff member from the ward was also present so that the person felt comfortable knowing someone was in the room that they knew. The prompts for this piece of work were:

- Experience of admission
- Experience of being detained in hospital
- Experience of day-to-day activities on the ward
- Share views and thoughts on care and treatment
- Hopes for the future

The service user interviews were carried out in person in the units and the laptop voice recorder function was used for recording sound and the media file was saved. For the carer's interview a mobile phone placed on speaker and the voice recorder of the laptop was used to capture the interview. All interviews were recorded and typed up in full to analyse and compile the report of findings.

What did they tell you?

From the interviews which took place those interviewed told us that:

- The assessment process can be daunting – can this be broken into sections, especially for patients who have Autistic Spectrum Disorder (ASD)/Autism

- A welcome/induction pack shared on admission should be referred back to during the stay as there was too much information to take in when unwell at admission point
- Clear explanation of restrictions that can be put in place is needed
- Clear explanation of different types of leave requests and how they are granted
- The need to understand range of activities on offer and where service users can influence new activities
- More support to tackle 'bullying' on wards
- Exposure to other mental health conditions and behaviours did have an impact
- Medications side effects and impact on patients could be better explained (e.g., increased appetite, weight gain, sedation, drooling, speech affected)
- Staffing: not enough staff to support physical needs of service users
- Staffing: concern about lack of regular staff for support and relationships
- Staffing: lack of staff has impact on supporting leave entitlements
- When medications were stopped in community, service users reported becoming unwell with behaviour escalated, some led to criminal activity and arrests by the police

What did you do?

The findings have been written into a report which was presented at the Mental Health Committee on 8 March 2022. The next steps will be determined by the committee and the findings will help to improve services and influence the process and future inpatient stays. We will also provide copies of a 'you told us, we listened' approach to wards to add into their own inpatient feedback mechanisms.

An opportunity has arisen to also develop an animation to share on the Trust website to communicate to other service users, families, carers, key stakeholders, and the public "What to expect when you are detained under the Mental Health Act".

In addition, the WY&H Forensics involvement team are interested in learning from the approach and may use this as a tool going forward. As approaches become embedded people who use services gain more confidence in the approach and participate. The aim would be to generate that interest.

Where can you find more information about this work?

The 'Discovery Interview' approach will also be documented, and tools will be made available on the team intranet page so that staff can use the approach in other Trust settings, including community teams. An engagement report will be available and published on the Trust website: www.southwestyorkshire.nhs.uk/getinvolved

South West Yorkshire Partnership NHS Trust (SWYPFT)

All inpatient services, Pastoral Care

The Pastoral and Spiritual Care service offers a person-centred approach to supporting people at all times but especially when dealing with difficult and challenging circumstances by encouraging them to work with their own value and belief system to find hope, healing, and spiritual wellbeing. It provides a range of services for service users, carers, and staff, from all backgrounds, across each of the trust's localities.

During the pandemic, and because of Government guidelines to appropriately manage infection, prevention and control, the Trust 'Pastoral Care Team' were unable to maintain their usual visits to patients situated on inpatient wards. The service offers individual one to one support which requires face to face contact.

To address the lack of contact during this period, the service engaged patients and staff to identify solutions to ensure Pastoral and Spiritual Care could be provided and support continued throughout the pandemic.

Who did you consult with and what did you ask?

The service spoke to a range of patients, staff, and carers to identify solutions. This included reaching patients via ward community meetings and through a range of focus groups. The involvement explored the opportunity to:

- Develop the concept of a virtual chaplain
- Set up a pastoral care talk line
- Provide access to virtual meditation sessions
- Produce the 'Mountain Hare' publication for those of faith/non-faith

The pastoral service received a very positive response from patients, carers and staff and it was agreed that all four initiatives would be a great solution. In addition, the engagement provided further insight into how these initiatives could work in practice.

What did they tell you?

The engagement ensured that each of the four initiatives could be delivered in the inpatient setting. Each initiative was co-developed in a timely manner as an immediate response to COVID-19 restrictions from Pastoral and Spiritual Care. This then ensured a continuation of pastoral and spiritual care. By identifying and co-designing new solutions the service was best able to continue to provide a source of support for those who stated they had become isolated or felt anxious due to the pandemic.

In addition, 'The Mountain Hare' was co-created from feedback that suggested a light-hearted magazine containing individual stories, spiritual extracts, seasonal information, humour, and the contact details of Chaplaincy services would be helpful. The intention of the Mountain Hare was to maintain a link with those who told us they did not have internet access or stated they felt uncomfortable holding a conversation by telephone or video. The magazine was distributed monthly across the Trust.

Access for patients to Chaplains were via the Trust wide initiative to put in place tablets on each ward. These tablets were co-designed with patients following a successful pilot which captured feedback on the benefits. The rebranded name of 'CHATPad', meant that each tablet could be used for digital telephone/video calls using Zoom. This meant people's religious, spiritual, and pastoral care needs were met throughout the pandemic, which was a key part of the feedback received by people in services.

The Pastoral care team talk line has also since become an integrated part of the teams working offer. Offering a direct contact line when face to face was no longer an option. Virtual meditation sessions were also instated and continue to be delivered over a weekly basis and are now open to both staff and patients. All of these were based on the feedback from both staff and patients.

What did you do?

Following on from this work a Spirit in Mind group has now been fully established with representation made up of patients, carers, and staff with an interest in meeting to:

- Continually review the current 'Pastoral and Spiritual' care pathway for patients accessing Trust services.
- Work with Faith leaders and give feedback on any improvements to the Mental health diagnosis and treatment relating to patients Pastoral and Spiritual care needs.
- Arrange an awareness event held in March 2022 to raise the profile of the service, the benefits, and the offer.

Where can you find more information about this work?

If you'd like more information on the work to support the Pastoral and Spiritual Care needs of our Patients, Carers and Staff then please visit. [Home - South West Yorkshire Partnership NHS Foundation Trust](#)

South West Yorkshire Partnership Foundation Trust (SWYPFT)

All services - Commitment to carers

April 2021 - Ongoing

It is estimated that carers save the UK around £132 billion a year and the benefits they bring to the NHS cannot be underestimated. It is likely that every one of us will have caring responsibilities at some time in our lives, with the challenges faced by carers taking many forms. Many carers juggle their caring responsibilities with work, study, and family commitments.

The Trust, therefore, invested in several resources and support for both staff and for those who use our services funding the development of a carer's passport and a thriving staff carers network.

The Trust employs over 4,500 staff, some of whom are currently balancing caring responsibilities with long working hours. With the impact of covid-19 carers of people who use our services are amongst those whose responsibilities have increased.

Following a successful application to 'Charitable Funds' the Trust recruited a part time carers project management officer (CPMO) until the end of 2022. The (CPMO) role is to ensure the Trust's commitment is upheld, the needs of family, friends, and carers are appropriately addressed by embedding and accelerating all the new and innovative approaches across the organisation.

Who did you consult with and what did you ask?

The CPMO formed partnerships with a wealth of carer organisations and links with the following groups for feedback:

- Staff carers network
- Equality and Involvement Committee
- Carers Network meeting
- Trust network group WYH unpaid carers
- Young carers steering group

Feedback was gained on the following questions:

- What would make carers feel valued?
- Where are the gaps?
- What would support recruitment?
- How can we be smarter in the delivery of the voluntary support carers provide?
- What would support carers in their work life to make this a great place to work?
- How can we accelerate the embedding of the staff passport?

What did they tell you?

Common themes from the feedback received:

- The completion and delivery of a staff carers awareness training package is integral to progress the embedding of the carer's passports; this package to be fully coproduced by staff carers, unpaid carers, the champions, and carers leads with involvement or support from carer support agencies. It was highlighted that the package is to be face to face (or now online via Microsoft Teams) rather than e-learning. It was felt it would also be useful

if the training was delivered to a service - this could be tailored towards their needs (just the relevant documentation etc)

- The carers passports paid and unpaid are a useful resource, however, before they can be appropriately embedded, the systems to measure their data are required to be updated and simplified.
- To enable us to move forward with recruitment of carers champions across the Trust a framework and descriptor is required.
- The staff carers network needs to become more visible and representative at Committee level. For its members to have a voice in policies and planning and make the Trust a great place to work and for staff carers to feel valued.

What did you do?

Some examples below.

- The CPMO worked with the Staff Carers Network (SCN) to provide its members with regular meetings and updates.
- Carers champions workshops were set up by the CPMO to continue to increase awareness of carers and to improve the support to the carer's champions.
- The SCN is part of staff induction and virtual recruitment events, and an animated newsletter was developed
- The CPMO worked with members of the SCN to set up a working task group to look at the way we record staff carer passports and data onto employee staff record; to allow for self-identification and to be recognised as a protective characteristic.
- The CPMO formed a working task group in January 2022 to accelerate the development of the staff carers awareness training package.
- The monitoring of the organisations progress against the commitments set out in the family, friends, and carers charter
- The involvement of 'family, friends and carers' in the development of any strategies or plans
- Following consultation with Carers UK an application form for benchmark was completed and submitted at Accomplished level 2 in February 2022. This was a successful application, and the Trust became a carer confident organisation on the 18th of March 2022.

Where can you find more information about this work?

If you would like more information on the work, you can visit the following website pages:

[Carers' passport - South West Yorkshire Partnership NHS Foundation Trust](#)

[Carers support - South West Yorkshire Partnership NHS Foundation Trust](#)

[Carer Confident employer list](#)

Or you can email direct to:

- The Carers Project Management Officer (CPMO) Gillian.cowell1@swyt.nhs.uk
- The carers champions carerschampions@swyt.nhs.uk
- The staff carers network SCN@swyt.nhs.uk

Calderdale Voluntary and Community (CVAC)
Engagement Champions – Winter Messaging
January to March 2022

This year the CCG asked VAC for the support of the Engagement Champions to communicate important winter messages including COVID-19 messaging to target groups across Calderdale. The foundation for messages is based on the Together We Can campaign. The campaign encourages people to choose well and to opt for convenient self-care, where safe to do so.

Who did you consult with and what did you ask?

Engagement Champions were asked to design and deliver creative ways of ensuring the winter messages reached specific communities. NHS Calderdale CCG provided printed and electronic Together We Can materials. Leaflets were also available in community languages. Individual Engagement Champions were responsible for communicating the messaging to the groups they interact with in a way that works for that group.

Engagement Champions used existing channels of support to help identify, contact, and improve the reach of the target groups below from across Calderdale:

- Parents of children under 12 years, particularly those aged 0 – 5 years
- People aged under 40 with minor health conditions
- More vulnerable adults and their families/carers/friends. Particularly those with long-term conditions or underlying health problems such as chronic obstructive pulmonary disease (COPD).
- All equality groups including carers, asylum seekers and social economic groups

What did they tell you?

Winter Messaging is a health campaign, delivering the key Together We Can messaging to targets groups across Calderdale. Anecdotal feedback received from Engagement Champions that people told them after taking part in any Winter Messaging activities or conversations with the ECs they would go online and check it out and / or follow social media. Some reported that they had seen the branding in other locations such as the electronic board at Asda and on a screen in a doctor's surgery.

What did you do?

Between January 2022 and end of March 2022, Engagement Champions carried out winter messaging initiatives with their communities by using creative ways of ensuring the Together We Can messages reached the target communities in Calderdale.

Work included leaflets in a number of community languages going out in care packs to members of the community along with messages delivered on social media platforms. Website banners and links have been used to highlight the campaign alongside regular group newsletters. To engage people face-to-face, a Winter Messaging 'Who wants to be a Millionaire' game was devised which can be viewed here <https://youtu.be/IEZ2AQmzrvC>

Where can you find more information about this work?

Information about the Together We Can campaign can be found on the CCG website

[Home - NHS - Together We Can \(togetherwe-can.com\)](https://www.nhs.uk/TogetherWeCan/)

You can read the findings report at the link below

<https://www.cvac.org.uk/wp-content/uploads/2022/05/REPORT-ON-NHS-WINTER-MESSAGING-IN-CALDERDALE-2021-22-003.pdf>

Calderdale Voluntary and Community (CVAC)

Engagement Champions COVID Vaccine Engagement June and July 2021

Who did you consult with and what did you ask?

In June and July this year, NHS Calderdale CCG asked VAC for the support of the Engagement Champions to understand people's views around COVID vaccine hesitancy, including what is stopping them from having the vaccine. Engagement Champions had open conversations about the vaccine and listened to people's views and recorded them on the survey form.

Supported conversations were held with people from the groups that the Engagement Champions normally support and these included communities in Calderdale that had been identified as having a higher rate of vaccine hesitancy.

What did they tell you?

Emerging key themes are below

- A significant number of respondents had received the vaccine. Of those that hadn't, most cited that this was due to personal opinion.
- Vaccines were received at a wide range of locations.
- Over 90% of the people that had received the vaccine told us that it was 'Very Easy' or 'Easy' to travel to the vaccination centre.
- Of those who had received the vaccine they found the booking process to be 'Easy' or 'Neither Easy or Difficult', with the majority happy with the time they had to wait at the vaccination centre.
- All respondents to the survey, who had received the vaccine, felt safe at the vaccination centre, and would recommend the vaccine to their friends and family.

All Engagement Champions survey responses were fed into the overall CCG survey analysis.

What did you do?

Engagement Champions carried out supported conversations using the survey as the basis for the conversations and collected in-depth qualitative information on the reasons for COVID vaccine hesitancy. They also provided links to trusted information or talked through the information to enable those hesitant about having the vaccine to help support people to make informed decisions about being vaccinated against COVID-19, and to ensure that accurate information was accessible to everyone in Calderdale.

Where can you find more information about this work?

More information about this work can be found on the CCG website [Understanding the views and experiences of people living in Calderdale of the COVID Vaccine - NHS Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://www.calderdaleccg.nhs.uk/understanding-the-views-and-experiences-of-people-living-in-calderdale-of-the-covid-vaccine)

Healthwatch

Delays to routine and planned care during the Covid-19 outbreak

June – September 2021

During 2020 Healthwatch collected health and care experiences of people living in Calderdale during the COVID-19 outbreak. Comments relating to delays to care was one of the key themes that emerged.

Who did you consult with and what did you ask?

We asked the residents of people living in Calderdale 12 questions about their experiences on delays to care during the Covid-19 pandemic. Several engagement tools were used to obtain the feedback including an online survey, snapshot questions on social media, case studies, social media engagement, and outreach via community groups. There were 84 responses to the survey which ran between June and September 2021.

The findings report looks at people's experiences in the following areas:

- Seeking medical help for health problems.
- Life impact of delays to routine care.
- Support while waiting for care.
- NHS treatments or procedures further away from home.
- Remote appointments via telephone or video.
- Pandemic healthcare changes.
- Improving health and wellbeing.

What did they tell you?

Key findings are below.

Life impact: 47% (41 people) told us delays to their care had a negative impact on their mental and physical health.

Support while waiting for care: People relied on family and friends (39%, 33 people) and/or medical professionals (39%, 33 people) while they experienced delays to routine

care. People told us clear communication about how they would access or receive continuity of care would also have improved their experience and lessened the negative life impact.

Seeking medical help for their health problems during Covid-19: Only 15 people (18%) stated they were made aware that there would be a delay to their care or treatment during the pandemic (between April and August 2021). 69 people (82%) said that they would seek help for a serious or worsening condition.

NHS treatments or procedures further away from home: 39% of people (33 people) said they would be willing to travel further away from home for NHS treatment; 37% (31 people) said they did not want to; 24% of respondents (20 people) said they might be prepared to do this.

Remote appointments: People felt that telephone and/or video appointments are suitable for triage or minor ailments and if medical professionals have access to notes and history. Some people said they had concerns about the quality of care they get and felt that appointments over the telephone/video felt rushed or impersonal.

Pandemic healthcare changes: Access to services was listed as the priority of people, with others listing improving services and improving communication as the things they would change. People liked the quietness of waiting rooms and praised the phlebotomy service for improving during the pandemic.

Improving health and wellbeing: Many of the comments in this section related to pain management, pain affecting health and wellbeing and impacting on sleep. People told us an improved way to contact consultants; making online booking easier and allowing greater advanced bookings would have improved their experiences.

What did you do?

We know that delays to care and cancellations are likely to be with us for a long time so our recommendations are based around the best way to plan for this and how services could provide good quality information and support for people who are waiting for care or

treatment. Report of findings and recommendations have been shared with all relevant NHS service providers such as hospitals, GPs and social care providers and commissioning organisations.

Where can you find more information about this work?

Healthwatch's individual report of findings can be found on their website,

<https://www.healthwatchcalderdale.co.uk/>

Healthwatch

The experiences of people accessing medication during COVID-19

October 2021

During 2020 Healthwatch collected health and care experiences of people living in Calderdale during the COVID-19 outbreak. Comments relating to medication, specifically with regards to reviews, changes, and reliance on others to obtain medication were raised by a significant number of people.

Who did you consult with and what did you ask?

Several engagement tools were used to obtain feedback including surveys left in pharmacies, online survey, direct conversations with young people and snap chat and speaking to those working in pharmacies. We looked at people's experiences in three areas, below:

- Changes to medication – 17 responses were received in relation to changes to medication
- Medication reviews – 24 responses were received about medication reviews
- Relying on others to obtain medication

What did they tell you?

Overall feedback identified four main themes.

Continuity of Care – overall people felt generally dissatisfied about the changes to their medication and that access to a medical professional or an appointment with a health worker would have improved their experience of a medication review

Communication between health worker and patient – people said communication was key to the way in which people felt their experiences of medication changes could be improved such as improved use of technology,

Cancellation / Delays – delays to obtaining routine prescriptions, difficulties in accessing services to get usual medication, medication being changed without consultation with the patient

Support - Patients felt well supported by pharmacies during the pandemic. The support given and received was welcomed. Having to rely on others for support was not seen negatively.

What did you do?

Report of findings and recommendations have been shared with all relevant NHS service providers such as pharmacies and GPs and commissioning organisations.

Where can you find more information about this work?

Healthwatch's individual report of findings can be found on their website,

www.healthwatchcalderdale.co.uk/

St. Augustine's Centre

Engagement with residents of the Wool Merchants Hotel

March 2022

[St Augustine's Centre](#) offer specialist advice on immigration and asylum support, and one to one support with welfare, housing, health, and access to wider services. They provide hot meals, English language classes, training, cultural, social and wellbeing activities, trips, and volunteering opportunities. And offer spaces for reflection and a befriending and integration service. As a core member of the Valley of Sanctuary, St Augustine's want to share stories and build awareness about the experience for those fleeing war and persecution, advocating, and campaigning locally and nationally.

Who did you consult with and what did you ask?

NHS Calderdale CCG commissioned St. Augustine's Centre to engage with adults who are living in the Wool Merchants Hotel, a contingency accommodation site for people who are currently seeking asylum in the UK. The engagement took place in March 2022 and gathered the views and experiences from individuals and families living in the hotel.

Knowledge and experience that has been developed through serving the community of refugees and people seeking asylum for over 20 years to inform the questions and the methods of gathering data, the engagement took place through 15 semi-structured interviews with a range of people living in the hotel who had agreed to share their experience. Open-ended questions were asked around their current experience of living at the hotel, what was most important to them when they arrived in the hotel and what would have improved their experience or made it easier when they arrived. There were also some questions around primary care services, such as in initial health checks, along with questions about which services they had accessed in Calderdale generally. Finally, people were asked about the use of translators in services, their knowledge of UK systems and if they had anything else to share with us.

What did they tell you?

The interviews produced mostly qualitative responses. Four areas of common themes that was as the upmost importance to people were:

- Safety – Feeling safe in the hotel was important to everyone with the majority of people saying they felt safe living in the hotel and had felt safe since arriving. However, three single females said they didn't feel safe due to factors such as living in mixed accommodation, feeling trapped/jailed, feeling other people were judging them or that they would tell others in their home country where they were.
- Interpreters – Having access to interpreters was also very important to people. Some people said some services didn't provide an interpreter and that they didn't know they were entitled to one. Those that had access to an interpreter emphasised the need for them to be well trained
- Gaining knowledge of how systems work in the UK – such as having information available to understand more about health, housing, and schools.

What did you do?

A report of findings was produced in April 2022 and has recently been shared with NHS CCGG along with a set of recommendations for consideration.

The CCG will consider the insight that has been gathered from the views and experiences of the individuals and families interviewed along with their ideas as to how this type of accommodation could be improved in the future.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in April 2022 and can be found on the CCG website at the link below [St Augustine's March 2022 Engagement with Residents of the Wool Merchants Hotel - NHS Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://calderdaleccg.nhs.uk/st-augustines-march-2022-engagement-with-residents-of-the-wool-merchants-hotel-nhs-calderdale-clinical-commissioning-group-ccg)

West Yorkshire Health and Care Partnership, an Integrated Care System

Ongoing engagement mechanisms

As one of the country's leading integrated care systems (ICSs) West Yorkshire Health and Care Partnership are now enhancing their work due to forthcoming [legislative changes](#), subject to parliamentary approval. By July 2022, Calderdale will be part of the integrated care system, formalising on a statutory basis the successful health and care partnership of six years based on working together. We are very proud to be part of the Partnership winning the [Health Service Journal Award for Integrated Care System of the Year, 2021](#).

The Partnership is made up of the NHS, councils, hospices, Healthwatch, the voluntary community social enterprise sector.

Due to the upcoming legislative change West Yorkshire Health and Care Partnership commissioned an [independent review of its involvement](#) mechanisms and strategy. A full report is available on our website

[Documents, links & further reading :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](#)

One of the recommendations from the independent review was to assess the usefulness of setting up a "Citizen's Panel" for West Yorkshire Health and Care Partnership. The Partnership has commissioned Healthwatch colleagues in West Yorkshire to work with the people of West Yorkshire to develop and recruit to an appropriate model that adds value to the way we work both at a West Yorkshire and local place-based level.

There are two specific sections on our website where information can be found about involvement:

- [Get Involved](#) pages have information about our involvement mechanisms and opportunities and
- [Engagement and consultation](#) pages have reports of current and past involvement initiatives.

West Yorkshire Health and Care Partnership, an Integrated Care System

Integrated Care Board Draft constitution involvement report

November 2021 - February 2022

In line West Yorkshire Health and Care (WYH&C) Partnership's agreed approach to stakeholder involvement, a draft constitution was published on 8 November 2021 and presented it to the WYH&C Partnership Board in December 2021.

The involvement period ended on 14 January 2022. The Partnership principles of subsidiarity mean that the Integrated Care Board (ICB) will primarily discharge its duties through delegation to ICB place committees (Bradford and Crave, Calderdale, Kirklees, Leeds, and Wakefield), alongside work that is delivered at West Yorkshire level. Most decisions will be made at place level, in support of local Health and Wellbeing Board priorities.

Involvement on the constitution produced over 30 responses from partners, external stakeholders, and members of the public. In addition, they presented their proposals to a number of place and West Yorkshire level forums including Health and Wellbeing Boards, health overview and scrutiny committees, partner boards and governing bodies, patient and public reference groups and partnership collaborative forums.

The feedback on the draft constitution was constructive and covered a wide range of areas

More information can be found on the Partnerships website [Integrated Care Board constitution :: West Yorkshire Health & Care Partnership \(wypartnership.co.uk\)](#). You can read the full [ICB constitution report on responses to involvement](#). The draft [Partnership Board Paper](#) was presented on 1 March 2022 at the Partnership Board meeting.

West Yorkshire Health and Care Partnership, an Integrated Care System

Zero tolerance “leaving a gap”

November 2021

In November 2021, a series of engagement interviews were undertaken with people who had recently had an experience with primary care e.g., GP surgeries, pharmacists etc. Further to this, they were patients that recognised that they were becoming increasingly frustrated with primary care services.

The aim of these engagement interviews was to identify patient frustrations with primary care, and to understand what could alleviate these frustrations and reduce the amount of abuse that primary care staff were facing. As part of this, colleagues also stress-tested potential propositions that could help to shape and optimise engagement and impact of future communication campaigns relating to the abuse of primary care staff.

Colleagues recruited to ensure that they had a good mix of people in terms of health complaint, ethnicity, and Local Authority within West Yorkshire. All of whom had stated they'd had a recent experience with primary care and feeling frustrated, angry, or upset during the experience. Due to the individual nature of each person and their experiences, the engagement interviews were carried out as an individual discussion via an in-depth interview lasting up one hour using Zoom.

This campaign is due to launch in March 2022. The [findings from the engagement](#) can be found on the Partnership website. Engagement also took place with colleagues from primary care to design the campaign.

West Yorkshire Health and Care Partnership, an Integrated System

Healthwatch engagement

December 2021

The purpose of this involvement is to ensure that the West Yorkshire Health and Care Partnership Board is sighted on the views of people by summarising the key messages from the insight work carried out by local Healthwatch organisations. The aim of the work,

and the report, is to help ensure that future Partnership Board agendas are influenced by what is important to local people. It was proposed that the local Healthwatch summary report be presented to the West Yorkshire Health and Care Partnership Board every six months.

[Feedback contained in this paper is available on the Partnership website.](#)

The Partnership are committed to West Yorkshire Healthwatch colleagues continuing to use their independence to ensure that leaders, decision-makers, and providers are held to account, and to ensure that the health and care services delivered across the district are of the quality that people deserve.

West Yorkshire Health and Care Partnership, an Integrated System

Looking out for each other campaign

September 2021

A brand-new #SpreadTheKindness campaign launched across West Yorkshire and Harrogate on 13 September. This was an exciting new phase of the 'Looking out for our neighbours' community campaign that prior to the COVID-19 pandemic inspired over 49,000 people to get involved by making a positive difference to their neighbours' lives through acts of kindness.

The West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) #SpreadTheKindness campaign aims to reach young people aged 15-24 years living, in education or working across the area. WY&H HCP worked with young people to make the idea become a reality.

The mental health and wellbeing of young people has never been so important. The impact of the pandemic on young people's lives is what inspired this campaign as it sets to inspire kindness.

WY&H HCP are encouraging organisations or support services working alongside young people to be a supporter and download a digital resource pack

at: ourneighbours.org.uk/eachother

This brand-new phase four of the campaign was renamed 'Looking out for each other' broadening the original concept of 'Looking out for our neighbours' by the young people that came together to co-produce it and make it meaningful to them and their peers.

West Yorkshire Health and Care Partnership, an Integrated Care System

Responding to climate change emergency – inspiring and enabling change

July 2021

West Yorkshire Health and Care Partnership is developing a vision for how it can become a global leader in responding to the climate emergency. The Partnership commissioned an insight report to inform its vision and to help it understand how to engage both people in making the fundamental changes that meeting a net zero target will require.

Who did you consult with and what did you ask?

A mixed method approach was developed involving both qualitative and quantitative research elements. The first stage was a series of 12 deliberative workshops. Participants attended two deliberative workshops. In the first, participants discussed their current perceptions and behaviours on tackling climate change, and they were given information about the climate emergency and current approaches to tackle it, and they discussed possible ways in which the Partnership could become a global leader in tackling climate change.

What did they tell you?

After the workshop they were given a task to interview a friend, colleague or family member about the topic and the ideas. This innovative technique allowed us to gain greater insight into their response to the information they receive, and how social norms affect the messages. In the second workshop they reported on their interview, how the person responded, and how the interview had affected their own views.

The findings from the workshops were explored with the Climate Change Team in the Partnership and a set of draft ideas and campaign messages were identified. They then

tested these with a wider group of people in an online survey with 413 respondents. The third stage was a series of seven workshops that produced a final set of messages and a campaign strategy that had been created in partnership.

What did you do?

In February 2022 the Partnership commissioned a campaign using the insight from this involvement to raise awareness of their climate change ambition with colleagues across West Yorkshire and promote change.

Where can you find more information about this work?

The full report is available on the Partnership [climate change webpage](#).

West Yorkshire Health and Care Partnership, an Integrated Care System

Planned care citizen panel

June - September 2021

Our Planned Care Citizens' Panel was introduced in partnership with Healthwatch to support communications around elective recovery in West Yorkshire and Harrogate. The panel of volunteers from across the area, all patients on the waiting list for elective care, was in place from June to September 2021.

More information is available on the [Planned Care Citizens' Panel page](#).

West Yorkshire Health and Care Partnership, an Integrated Care System

Anti-racism movement

April 2021

West Yorkshire HCP with Magpie continued to coproduce their anti-racism movement with colleagues and communities across the Partnership. The [initial insight report from the focus group meetings held early April 2021 can be viewed here](#).

Over 50 colleagues from minority ethnic communities talked about messages and visual identity for the movement and their views on racism. All comments are anonymous. A

movement was designed and then tested further before the Partnership and the West Yorkshire Violence Reduction Unit alongside 500 organisations and community allies launched the area's anti-racism movement on 23 August 2021. The report combines both academic and a practical approach in creating this report.

You can find out more on the Partnership website [West Yorkshire and Harrogate Health and Care Partnership launch anti-racism movement :: West Yorkshire Health & Care Partnership \(wyhppartnership.co.uk\)](https://www.wyhppartnership.co.uk)

West Yorkshire Health and Care Partnership, an Integrated Care System Involvement mapping report 2021/22

This engagement and consultation mapping report presents the findings from all relevant involvement which has taken place during April 2021 to the end of March 2022, across Bradford district and Craven, Calderdale, Kirklees, Leeds, and Wakefield District. The past year has been another exceptional one for the NHS and care organisations and especially our communities due to the Coronavirus pandemic and a period of change for commissioning colleagues due to upcoming legislation. The purpose of the mapping report is to refresh the previous engagement and consultation mapping exercise that took place in May 2021 and previous years. This supports the work of Partnership priority programmes and each of the places mentioned above when planning involvement and changes to services. [WYHCP Engagement Mapping Report May 2022 002.pdf \(wyhppartnership.co.uk\)](https://www.wyhppartnership.co.uk)

West Yorkshire Health and Care Partnership, an Integrated Care System Involvement Timeline 2022/23

Every year the Partnership asks its priority Programmes to inform us about plans to involve stakeholders in their work for the following year. This is not an exact science, sometimes involvement is needed at short notice that has not been planned. Once again, this year we have asked programme colleagues to share their plans for involvement in 2022-23. [Engagement and consultation :: West Yorkshire Health & Care Partnership \(wyhppartnership.co.uk\)](https://www.wyhppartnership.co.uk)

7. Progress update on previous engagement and / or consultation activity

We recognise that it can take several months or even years before any outcomes or changes can be reported on from any engagement and/or consultation activity that takes place. With this in mind we have asked our partners if they can provide an update or progress of any previous submissions of engagement and/or consultation activity.

You can find more information about previous activity on the CCG website [Findings reports of engagement and consultation activity - NHS Calderdale Clinical Commissioning Group \(CCG\) \(calderdaleccg.nhs.uk\)](https://www.calderdaleccg.nhs.uk/Findings-reports-of-engagement-and-consultation-activity)

NHS Calderdale Clinical Commissioning Group (CCG)

COVID-19 Vaccination Engagement

During phase one, people had already told us what was worrying them, including side effects, how the vaccines were tested / are they safe; whether they affect fertility and pregnancy; allergic reactions; how they work; how long they protect us and why young people with no health issues need them. People also told us that work, transport and caring responsibilities might make it difficult for them to get vaccinated. During this phase most older people had now been vaccinated.

Phase two of the engagement activity we wanted to build on our understanding of what our communities were telling us about the vaccine from phase one. You can read more about this work in the main body of the report under section 6.

All feedback has been used to further inform and shape the current model for the vaccine and inform consistent and accurate information on the vaccination programme moving into phase two of the programme.

Equality Delivery System (EDS)

EDS2 events are delivered annually and provide us with an opportunity to have a conversation with our local stakeholders about how they think we are performing in relation to equality and inclusion and what we can do to improve. We have used the feedback from previous years to develop our Equality Objectives and amplify the voices of our diverse

local populations. The EDS2 work has also provided a platform to improve engagement with local people and communities and involve them in the decisions we make about health and care services.

West Yorkshire Health and Care Partnership, an Integrated Care System

Assessment and Treatment Unit

As a result of previous engagement and work across partners a business case was agreed to have two Assessment and Treatment Units, one in Wakefield and another in Bradford. Further engagement took place to give a name to the Bradford unit to ensure people using the service felt it was a West Yorkshire facility.

Green Social Prescribing

In the 2020 survey, more than 92% of people who responded said that they were interested in accessing nature-based activities such as yoga, walking groups and community food growing projects. We therefore in 2021 funded ten green social prescribing projects, which help connect people to nature to improve their mental and physical health. The projects vary from “pocket parks” to state-of-the-art urban food growing farms — and involve hospitals, GPs, local authorities, community groups and mental health charities. The projects were selected in anticipation of them having a long-term impact in their communities, inspiring others to follow suit, creating a step change in the region, so that investment in greenspace is seen as both a fundamental public health and climate change intervention. You can find out more on our [climate change webpages](#).

Complex Rehabilitation

The aim of the Complex Rehabilitation project was to understand the needs and experiences of people from West Yorkshire who are currently placed in long term complex rehabilitation hospital placements out of their local area. This was previously known as Locked Rehabilitation.

Of the 70 men and 33 women who were inpatients in 22 independent hospitals and one NHS unit, it was found that people had different mental rehabilitation needs. Four broad groups emerged:

- Men with a diagnosis of Psychosis / Serious Mental Illness (SMI) – 56%
- Women with a diagnosis of Psychosis / SMI – 8%
- Women with a diagnosis of Personality Disorder – 23%
- Others, including men with Personality Disorder, people with organic disorders, Acquired Brain Injury – 13%.

Often, people experienced longer hospital stays, being further away from home and dislocated from their local community, and issues with alcohol and substance misuse. A small group had very long-term needs and very long lengths of stay with no discharge plans in place. We also learned that there was significant variation in rehabilitation models and outcomes locally and nationally. These results mirror national reports. Full reports available on the Partnership website:

- [Service User engagement](#)
- [Carer engagement](#)

These themes from the engagement emerged and are being used to inform our improvement work

Young carers cookbook

Through previous engagement activities young carers have voiced the need for resources they can access to support their health and wellbeing. The unpaid carers team is delighted to be working in collaboration with the award-winning Hebden Bridge based [Verd De Gris](#) creative arts company to produce a resource together. Two creative workshops took place via Zoom in May to share young carers thoughts, ideas, and creations under their guidance. The finished resource based on food, cookery, and caring aims to be a unique bespoke product created by young carers for young carers. 11 young carers including primary and secondary school age from across the Partnership are taking part. [Engagement to create a cookbook can be found on the Partnership website.](#)

Healthwatch

You can read about updates on previous work that Healthwatch has done such as Befriending vulnerable people, health and care experiences of people living in Calderdale during the Covid-19 outbreak and access to NHS Dentistry. This can be found on Calderdale Healthwatch website <https://www.healthwatchcalderdale.co.uk/>

8. Planned work for 2022-23

[The Health and Care Bill](#), which sets out plans to put integrated care systems on a statutory footing, empowering them to better join up health and care services, improve people's health and wellbeing, whilst reducing health inequalities. The [Health and Care Act 2022](#) has now completed the parliamentary process and received Royal Assent. This is a welcome and important step on the journey towards the establishment of statutory integrated care systems which comes into effect on 1 July 2022.

We will support the future direction of travel and implementation of the West Yorkshire Integrated Care System.

We will also continue to provide advice, support, and guidance to all our partners and providers in Calderdale such as primary care, hospital and community care on any activity as requested, to inform future service developments or changes.

9. Contact details for NHS Calderdale CCG

If you are interested in finding out more about getting involved in the work of NHS Calderdale CCG or would like to share your views on local health services, please contact us via the following contact details.

Address:

NHS Calderdale Clinical Commissioning Group

2nd Floor

Westgate House

Westgate

Halifax

HX1 1PW

Email: CCG.FEEDBACK@calderdale.nhs.uk

Please note that this email address should NOT be used if your message contains patient/personal information.

Facebook: NHS Calderdale CCG

Twitter: @calderdaleccg

Website: www.calderdaleccg.nhs.uk

Care Opinion

Care Opinion is an independent website about your experiences of UK health services, good or bad. They pass your stories to the right people to make a difference.

You can share your views and experiences of the healthcare you have received locally by visiting the [Patient Opinion Website](http://patientopinion.org.uk) (patientopinion.org.uk)

Appendix 1

Legal duties for CCGs in relation to Patient and Public Engagement

Section 14P - Duty to promote NHS Constitution

(1) Each clinical commissioning group must, in the exercise of its functions—

(a) Act with a view to securing that health services are provided in a way which promotes the NHS Constitution

Section 14U - Duty to promote involvement of each patient

(1) Each clinical commissioning group must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to:

(a) The prevention or diagnosis of illness in the patients, or

(b) Their care or treatment.

Section 14Z2 - Public involvement and consultation by clinical commissioning groups

(1) This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions (“commissioning arrangements”).

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways):

(a) In the planning of the commissioning arrangements by the group,

(b) In the development and consideration of proposals by the group 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

(c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

NHS Constitution (Refreshed March 2013)

The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

A copy of the refreshed [NHS Constitution and supporting handbook](https://www.gov.uk/government/publications/the-nhs-constitution-for-england) can be accessed via the gov.uk website ([gov.uk/government/publications/the-nhs-constitution-for-england](https://www.gov.uk/government/publications/the-nhs-constitution-for-england))

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients, and the public. Principle Four focuses around patient engagement and involvement and is emphasised through the Patient's Rights Section.

Principle Four

The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families, and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients, and staff, welcome it and use it to improve its services

Patient Rights - Involvement in your healthcare and in the NHS:

You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits:

- To provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge).
- To work in partnership with you, your family, carers, and representatives (pledge).
- To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge); and
- To encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).

Name of Meeting	Calderdale CCG Governing Body	Meeting Date	23 June 2022
Title of Report	Joint Safeguarding Children and Adults Annual Report	Agenda Item No.	8
Report Author	Clare Robinson: Head of Nursing and Safeguarding Louise Fletcher Designated Nurse Safeguarding Children and Children Looked After Luke Turnbull Designated Nurse Safeguarding Adults	Public / Private Item	Public
Clinical Lead	Dr Stephen Cleasby, GP Governing Body Chair	Responsible Officer	Penny Woodhead, Chief Quality and Nursing Officer

Executive Summary

This annual report provides a review in the form of a presentation, of the Safeguarding Adults and Safeguarding Children's work undertaken within and on behalf of Calderdale CCG from April 2021 to March 2022.

An overview of the pertinent legislation is provided along with assurance being demonstrated that the CCG has discharged its statutory and legislative responsibilities for Safeguarding Children and Adults at Risk of abuse or neglect.

The report details the some of the impact and achievements of the team for the reporting period and the work priorities for 2021/ 22.

Overall, the report provides assurance that the CCGs are engaged and supporting work to Safeguard Adults at risk of abuse and neglect and Safeguarding Children that forms part of its responsibilities.

Previous Considerations

Name of meeting	None	Meeting Date	
Name of meeting		Meeting Date	

Recommendations

The Governing Body is asked to;

1. **RECEIVE** the report
2. **NOTE** its contents
3. **CONFIRM** that it is assured that the CCG is fulfilling its responsibilities as a statutory partner in safeguarding work and activity

Decision ☐

Assurance ☒

Discussion ☒

Other:

Implications

Quality and Safety implications (including whether a quality impact assessment has been completed)

Included within the report

Engagement and Equality Implications (including whether an equality impact assessment has been completed), and health inequalities considerations

The report provides assurance of the engagement with local partners for safeguarding work and activity
An Equality Impact assessment has not been completed

Resources / Financial Implications (including Staffing/Workforce considerations)

None identified

Sustainability Implications

None identified

Has a Data Protection Impact Assessment (DPIA) been completed?

Yes ☐

No ☐

N/A ☒

Strategic Objectives (which of the CCG objectives does this relate to?)

- Achieving the agreed strategic direction for Calderdale
- Improving quality
- Improving value
- Improving governance

Risk (include risk number and a brief description of the risk)

Legal / CCG Constitutional Implications	No current legal or constitutional implications	Conflicts of Interest (include detail of any identified / potential conflicts)	None
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1. Introduction

- 1.1 This report provides a presentation that summarises the safeguarding work and activity undertaken by the Shared CCG Safeguarding Service on behalf of NHS Calderdale Clinical Commissioning Group from 1st April 2021 to the 31st March 2022.
- 1.2 As an NHS organisation and principal commissioner of local health services, the CCG has specific responsibilities and duties in respect of safeguarding children (including looked after children) and adults at risk of abuse in Calderdale

2. Detail

- 2.1 The purpose of this annual joint report is to assure the Governing Body and members of the public that the CCG is fulfilling its statutory and legislated duties in relation to safeguarding and children looked after in Calderdale, takes account of and provides information about the work of team in fulfilling those duties and responsibilities.

3. Implications

3.1 Quality & Safety Implications

- 3.1.1 The report provides evidence of safeguarding work and activity being embedded in commissioned providers

3.2 Engagement & Equality Implications

- 3.2.1 The report provides assurance of the engagement with local partners for safeguarding work and activity however, an equality Impact assessment has not been completed as not required

3.3 Resources / Finance Implications

- 3.3.1 There are no finance implications as part of this report, however there is recognition that future work including the new Liberty Protection Safeguards legislation which is forecast to be implemented in the coming year, will likely have both resource and financial implications for the CCG

3.4 Data Protection Impact Assessment

- 3.4.1 There are no concerns about data impact as a result of this report

3.5 Risk

- 3.5.1 There are no current risks highlighted within this report. However when the new Liberty Protection Safeguards legislation which is forecast to be implemented in 2024, will likely have risk implications in terms of delivering the requirements/sufficient resources.

3.6 Legal / CCG Constitutional Implications

- 3.6.1 There are no legal or CCG Constitutional implications

3.7 Conflicts of Interest

- 3.7.1 There are no conflicts of interest.

4. Recommendations

It is recommended that the Governing Body:-

1. Receive the report.
2. Note its contents
3. Confirms that it is assured that the CCG is fulfilling its responsibilities as a statutory partner in safeguarding work and activity

5. Appendices

Appendix 1: The CCG Safeguarding Annual report Presentation 2021-2022

Appendix 2: The CCG Safeguarding Annual report Accessible version

Safeguarding Adults & Children Annual Report

April 2021 – March 2022

Report authors:

Clare Robinson: Head of Nursing & Safeguarding

Louise Fletcher: Designated Nurse Safeguarding Children, Children Looked After and Care Leavers

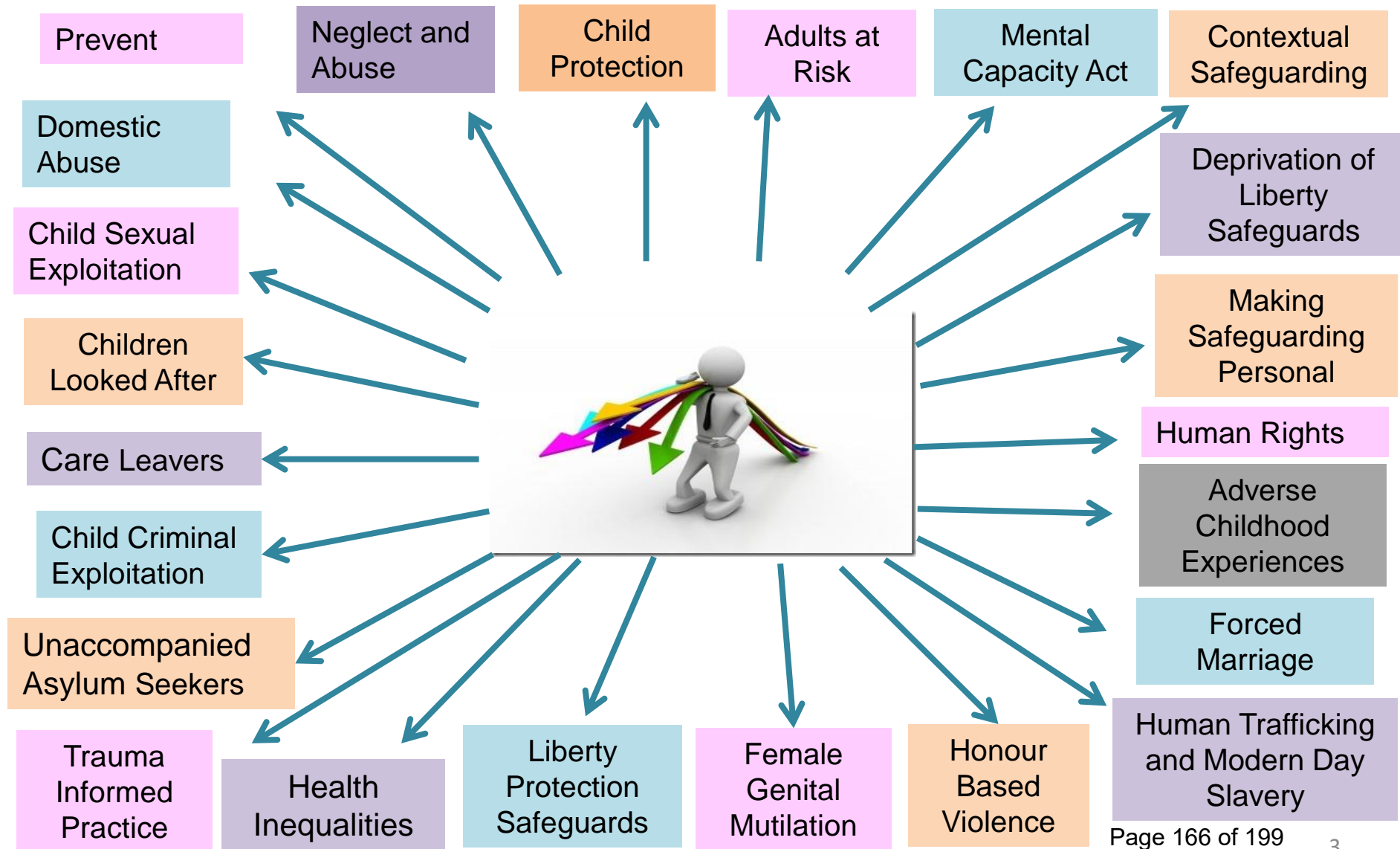
Luke Turnbull: Designated Nurse Safeguarding Adults, Domestic Abuse Lead and Mental Capacity Act Lead

Gwen Clyde-Evans: Deputy Designated for Safeguarding Children and Adults, Prevent Lead

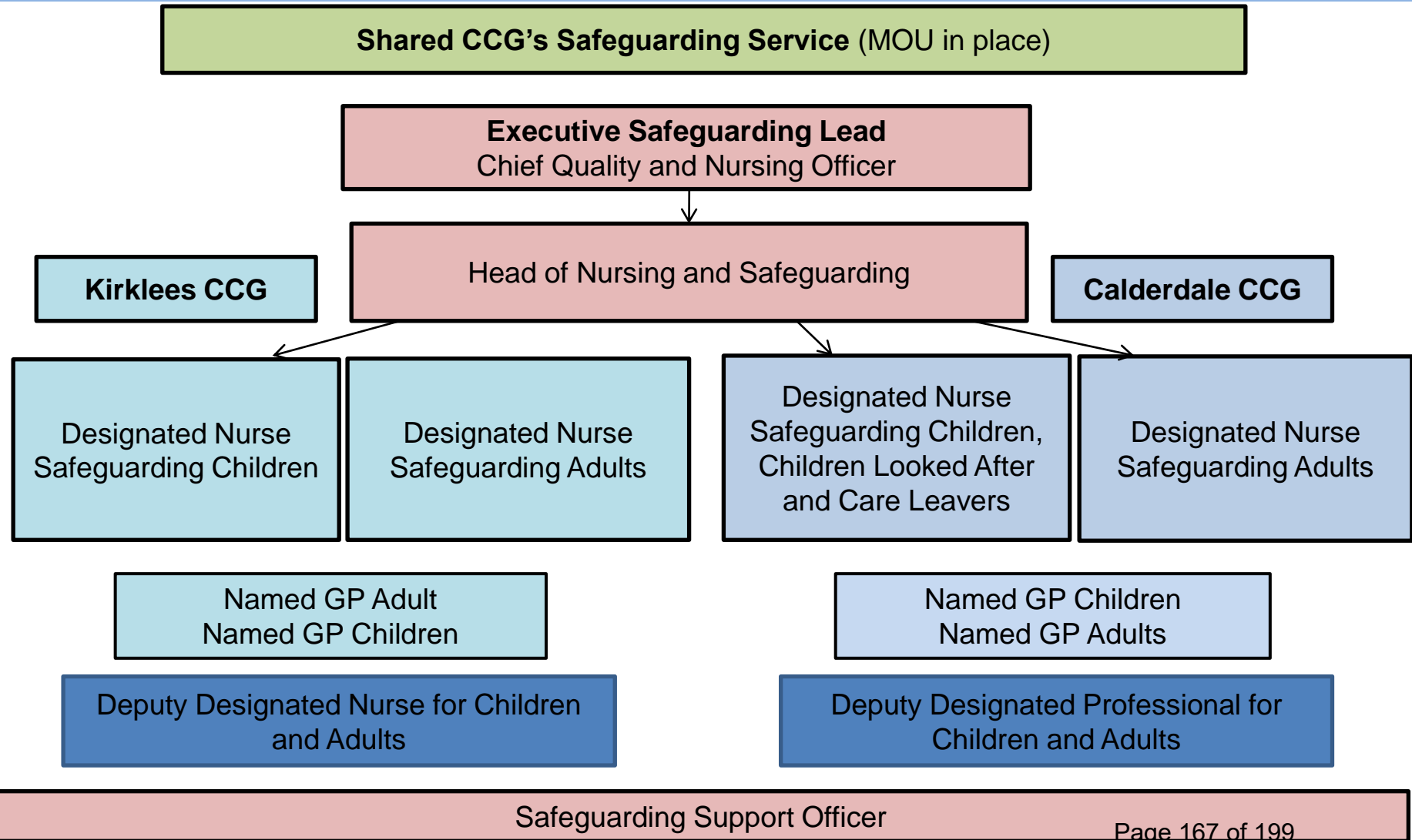
This Annual Report

Provides an overview of the work undertaken by the CCG shared Safeguarding Team in the last year to demonstrate and provide assurance to the Governing Body, that the CCG has discharged its statutory and legislative responsibilities for Safeguarding Children and Adults at Risk of abuse or neglect

Scope of Safeguarding



CCG responsibilities: A clear line of accountability for safeguarding, reflected in the CCG governance arrangements i.e. a named executive lead to take overall leadership responsibility & employs or secures the expertise of Designated Professionals to provide health leadership and expertise across local area



NHS England Safeguarding Accountability and Assurance Framework 2019

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CCG responsible for securing the expertise of Designated Professionals on behalf of Health system which includes:

Designated Doctor - Safeguarding Children

Calderdale : Commissioned from Calderdale and Huddersfield Foundation Trust (CHFT)

Designated Paediatrician - Sudden Unexpected deaths in Childhood (SUDIC)

Calderdale : Commissioned from CHFT

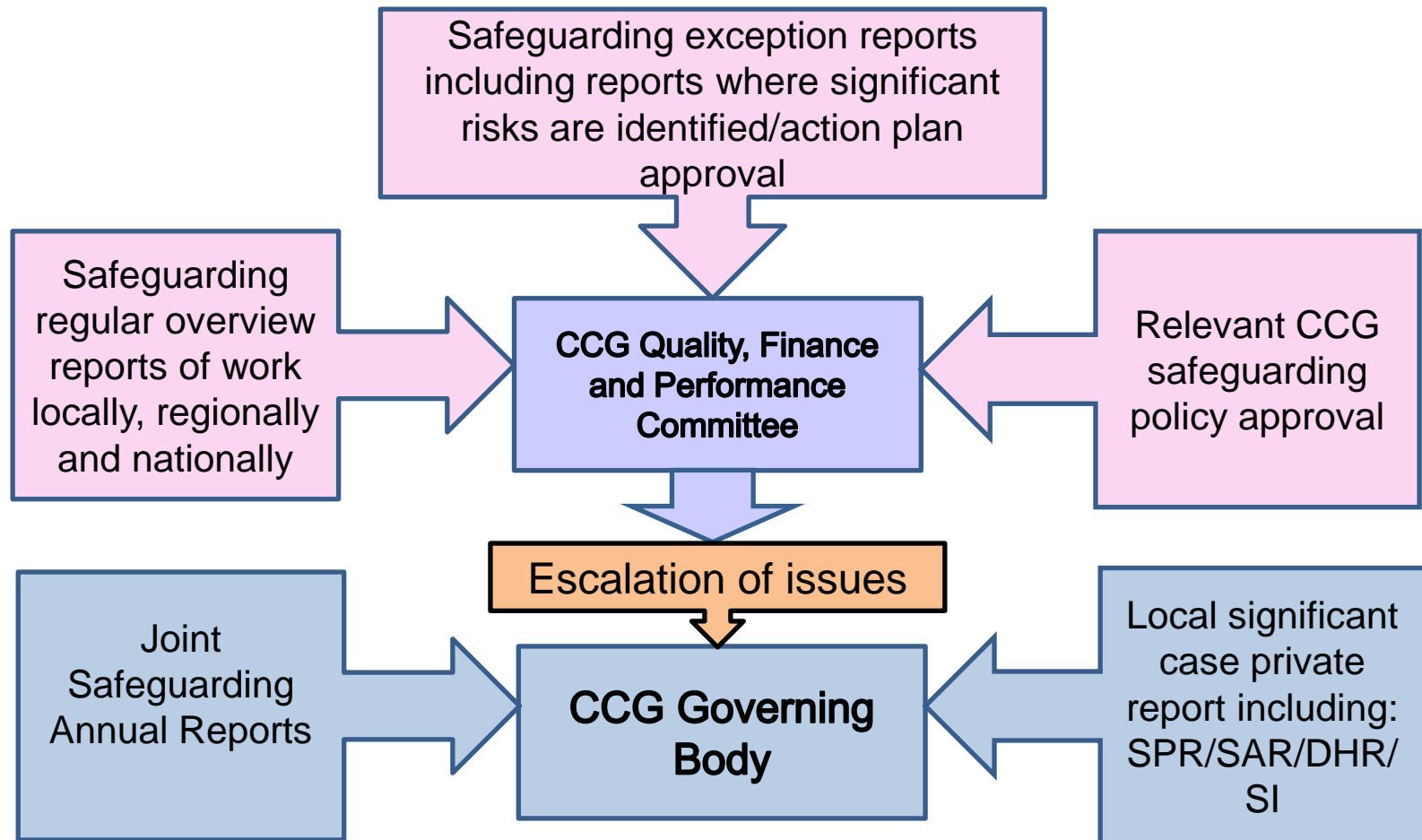
Designated Nurse – Children, Children Looked After and Care Leavers

Calderdale CCG

Designated Doctor – Children Looked After

Calderdale: Commissioned from CHFT

CCG Governance arrangements for reporting Safeguarding:



CCG responsibilities:

¹⁷⁰ Safeguarding policies and processes in place demonstrating the CCG commitment to this agenda, including training, safe recruitment practices and arrangements for dealing with allegations against people who work with children and adults as appropriate

The Safeguarding Team have updated the CCG Safeguarding Policies to ensure they remain adherent to current legislation and support CCG staff:

Approved by Quality, Finance and Performance Committee :



All reviewed, review date in brackets.

CCG Safeguarding Children and Adult Policy (March 2022, delayed due to ICS transition)

CCG Domestic Abuse Policy (June 2024)

CCG PREVENT Policy (June 2024)

CCG MCA policy (2022 awaiting Liberty Protection Safeguards)

Recruitment and other Policies are also in place:



CCG Recruitment and Selection Policy (April 2022)

CCG Whistleblowing (Freedom to Speak Up) Policy (April 2022)

CCG Disciplinary Policy (April 2022)

CCG responsibilities:

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Be able to demonstrate that CCG staff are trained appropriately to be able to recognise and report safeguarding issues at a level that is appropriate to their role

The team have produced a reference guidance for all CCG and practice staff to identify the correct level of safeguarding training each person requires, available on the CCG Intranet site

The guidance is based on:

Intercollegiate document – Adult:

<https://www.rcn.org.uk/professional-development/publications/pub-007069>



Intercollegiate document – Children

<https://www.rcpch.ac.uk/resources/safeguarding-children-young-people-roles-competencies-healthcare-staf>



Safeguarding Children and Young People: Roles and Competencies for Healthcare Staff



Intercollegiate document – Children Looked After

<https://www.rcn.org.uk/professional-development/publications/rcn-looked-after-children-roles-and-competencies-of-healthcare-staff-uk-pub-009486>

¹⁷² CCG Staff Safeguarding Training Compliance 2021/2022

	Safeguarding Children	Safeguarding Adults
CCG Staff Members	92.39%	92.39%
Governing Body Members	80%	80%

Children Looked After (CLA) in Calderdale:

<http://www.legislation.gov.uk/ukpga/1989/41/contents>

Designated Nurse for Children Looked After and
Care Leavers Calderdale CCG

**Designated Doctor Children
Looked After** (commissioned
from CHFT)



Children Looked After (CLA) Clinical Team
(Commissioned from CHFT)



Governance and CCG Oversight:

Joint performance monitoring with CCG Designated Nurse & Local Authority
Regular reporting to CHFT Safeguarding Committee (attended by Designated Nurse's)
Named Nurse for CLA has Regular 1:1 meetings with CCG Designated Nurse
Regular reporting of data to CCG Quality Committee
Annual Looked After Children report shared with CCG Quality Finance and
Performance Committee
Regular attendance at Local Authority Corporate Parenting Board

Children Looked After: KPI's 2021/2022

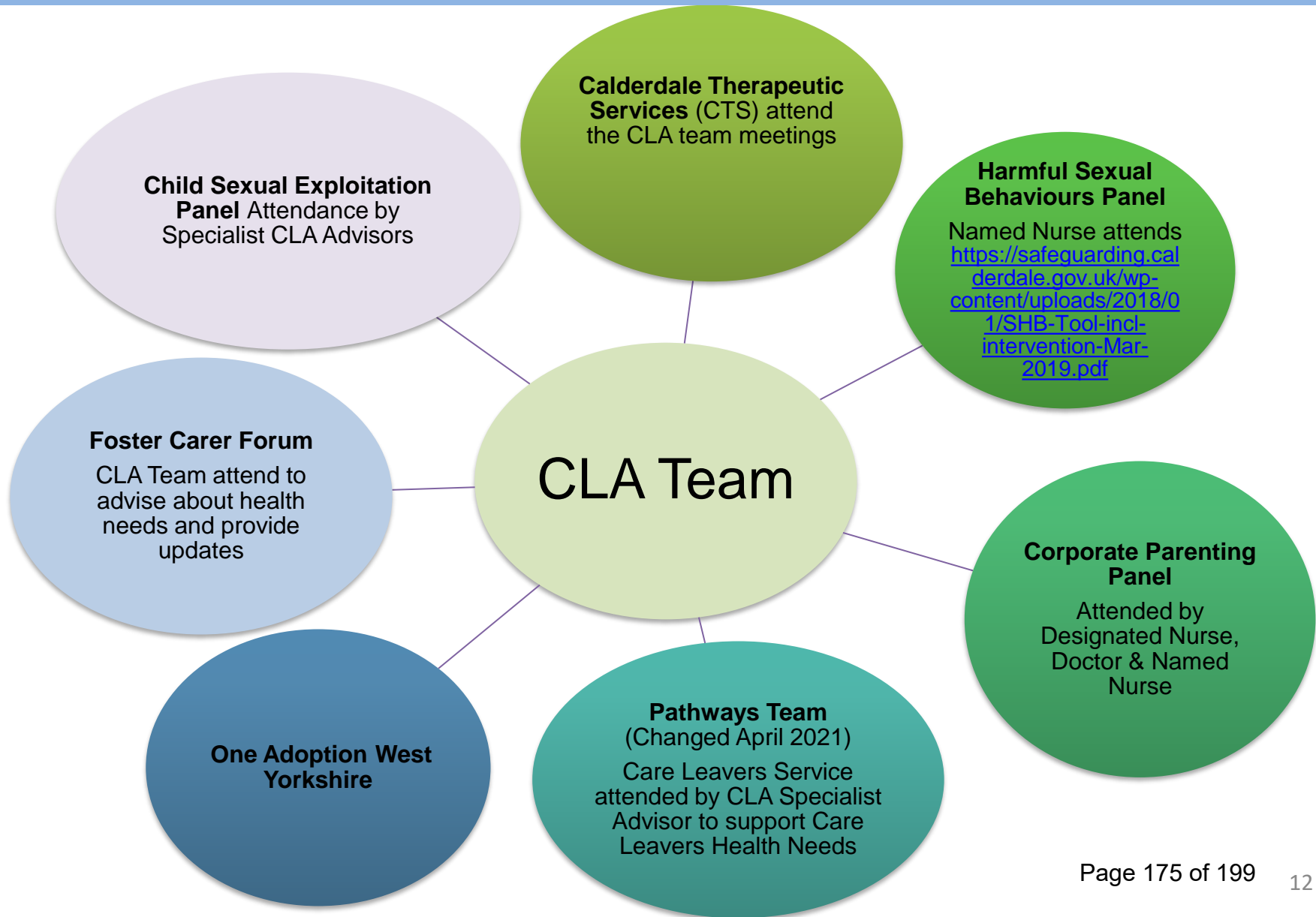
Initial Health Assessments 86% within timescales

Review Health Assessments 92% within timescale

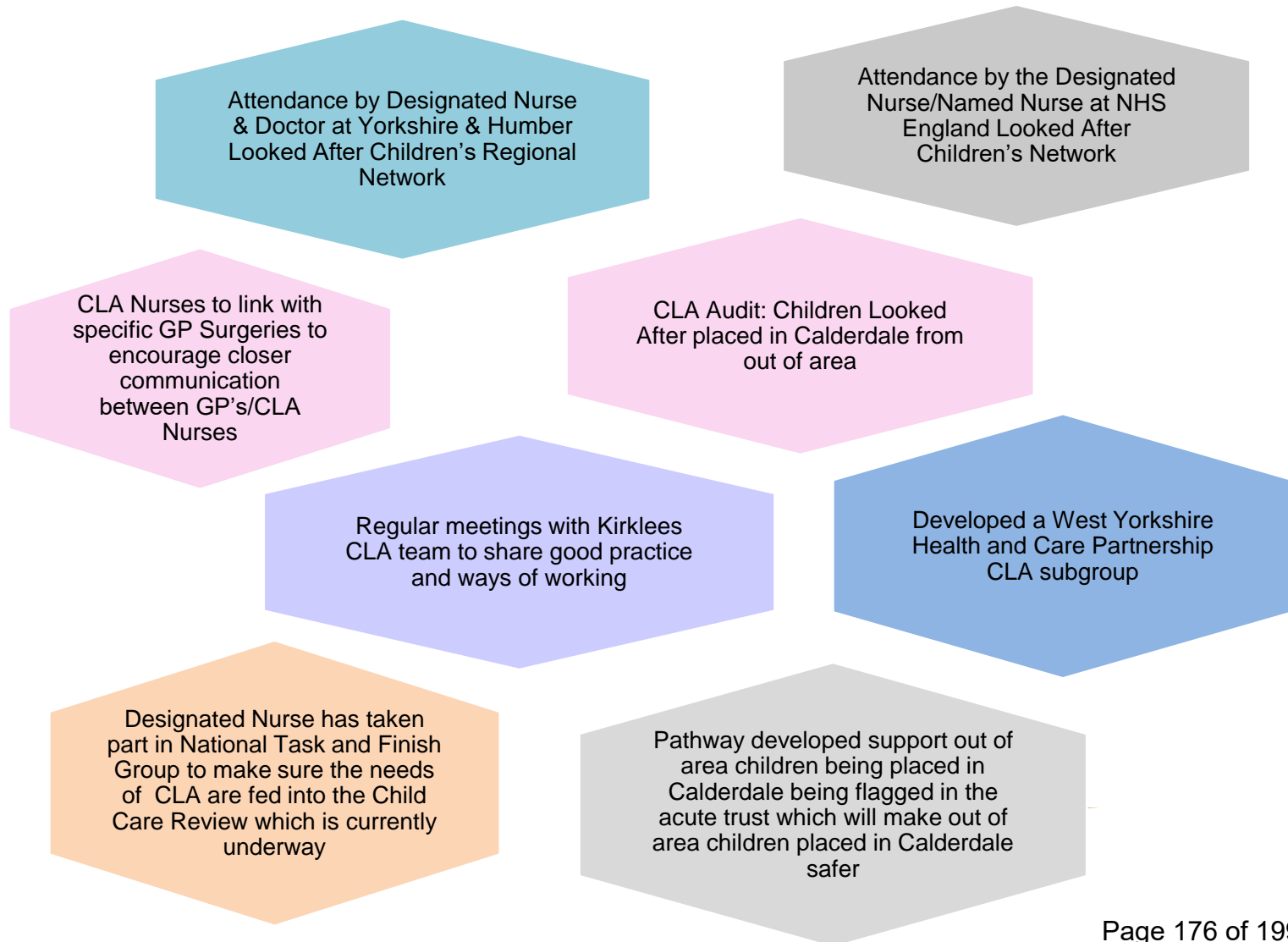
CLA registered with a dentist 85%

CLA up to date with immunisations 93%

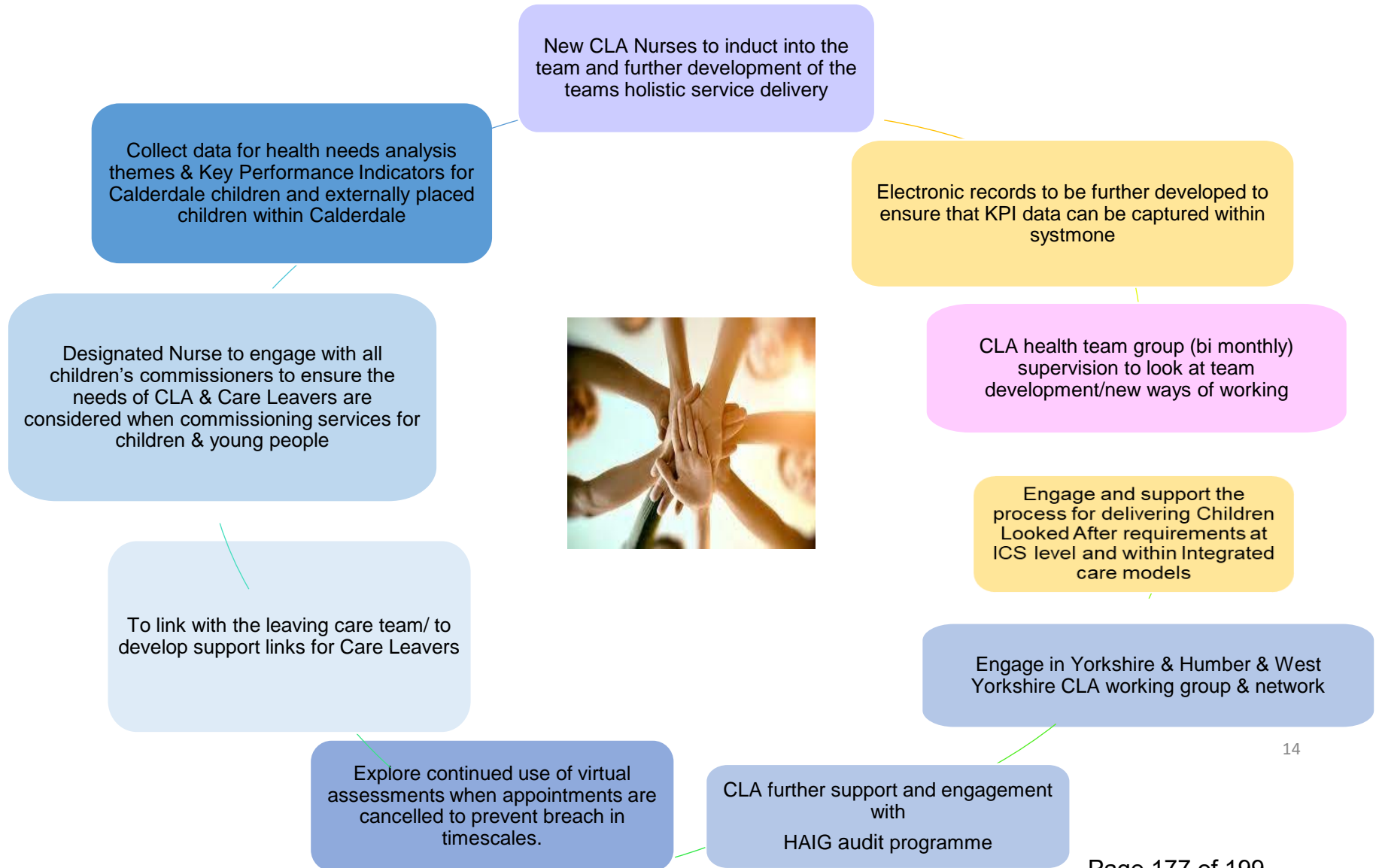
175 Children Looked After (CLA) Team Partnership Working:



Examples of wider engagement work conducted by CLA Team



The CLA Health Team Objectives for 2022-2023



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Was Not Brought: [7 min briefing Was Not Brought .pdf](#)

Forced Genital Mutilation: [7 min briefing - FGM Feb 2022.pdf](#)

7 minute briefings provided by the team to support Staff and GP knowledge and learning from cases (both Children and adults)

Domestic Abuse: 7 min briefing DA 2021.pdf

1. What is Domestic Abuse (DA)?
The behaviour of a person ('A') towards another person ('B') is 'domestic abuse' if:
(a) A and B are each aged 16 or over and are personally connected to each other, and
(b) the behaviour is abusive.
The behaviour is 'abusive' if it consists of any of the following:
(i) physical or sexual abuse;
(ii) violent or threatening behaviour;
(iii) controlling or coercive behaviour;
(iv) economic abuse;
(v) psychological, emotional or other abuse.
and it does not matter whether the behaviour consists of a single incident or a course of conduct (DA 2021).

2. Prevalence
Domestic abuse occurs irrespective of gender social class, racial, ethnic, cultural, religious or sexual relationships or country. It affects 1 in 4 women and 1 in 6 men. In 2020 an estimated 2.3 million people experienced domestic abuse. The estimated cost to public services is £3.1 billion a year.
In West Yorkshire 2020/21, 57.5% of domestic incidents were recorded as a violent crime and 44.1% as a sexual crime. The highest rates are present at 25% of domestic incidents reported by police.

3. Possible indicators of abuse in primary care (NICE)
New onset PTSD, anxiety, self-harm or substance misuse, unexplained chronic pain, gastrointestinal symptoms, gynaecological reproductive and/or genitourinary symptoms, injury with implausible explanation, repeated health consultations with no clear diagnosis, suicidal thoughts. See NICE for info.

4. Asking the question:
Before asking about DA offer confidentiality and ensure it is safe e.g. if a virtual consultation, ensure who is present. Ask the patient if they feel safe at home? Do you feel safe at home? If you could ask a more direct question relating to the clinical presentation.
Guidance on recording domestic abuse in the electronic medical record (PCP47).

5. Risk Assessment
Automatic high risk indicators:
- Sexual assault
- Assault in pregnancy
- Assault with weapon
- Assault resulting in a fracture
If three permits complete a DASH risk assessment OR if social support agencies to arrange for needed to be made if consent is sought. (consent can be overruled in high risk cases).
Always document, if relevant, quote the patient and advise on recording domestic abuse in the electronic medical record (PCP47).

6. New DA Act 2021 aims to
- Improve the national response to DA e.g. court, police powers
- Introduce a statutory disclosure scheme and protection order procedure to keep perpetrators away and victims safe
- extend definition of coercion and control crimes to include post-separation abuse and tighter laws around revenge porn and non-fatal strangulation
See National Domestic Abuse Act

7. Safeguarding: 7 Minute Briefing
Domestic Abuse
July 2021

Useful local contacts
Calderdale: Domestic Abuse Health Service (business hours) 01422 337287
Leaving Date website 01422 337339
Directory of support services
Arden: Domestic Abuse Health Service (business hours) 01484 308300
Leaving Date website 01484 308300
Directory of support services

7. Further reading
Burnt Bridges report
Kings Fund on Trauma Informed Care
PCP47 The Power of Relationships, what is relationship-based care and why is it important?
West Yorkshire and Harrogate Health and Care Partnership Trauma and Adversity Resources

8. What did we learn?
These 5 men had striking things in common: they presented with multiple complex needs (homelessness, addiction, offending behaviour, and mental ill-health). There was also evidence of significant trauma both physical and psychological, including unrecognised brain injuries. This impacted on their ability to cope, to feel secure and to regulate emotions and behaviour and on interpersonal relationships. This, in turn, had a significant impact on help-seeking and engagement with services.

Burnt Bridges: BURNT BRIDGES 7 minute briefing GPs.pdf

Poverty and the Impact on Safeguarding: poverty.pdf

1. What is poverty?
"Poverty is less about shortage of income and more about the inability of people on low incomes to participate actively in society."
Ferragina et al, 2013
Poverty should be understood as an inability, or lack of capability, to achieve and to flourish within society.
Recent statistics suggest that 23% of children in Calderdale live in poverty and 26% in Kirklees. (DWP & HMRC, 2019).

2. Why it matters:
Poverty brings intolerable levels of stress for families, relationships and children. It is necessary to recognise the limitations poverty places on individuals' families, or communities' ability to participate in society. Poverty has adverse effects on all areas of people's lives including on physical and mental health, educational attainment, quality of life, on notions of freedom, well-being and self-worth.

3. The prevalence:
Poverty increases the risk of suffering abuse and neglect both in children and adults. Children in the most deprived decile are around 13 times more likely to be on a Child Protection Plan than a child in the least deprived decile. Chronic illness and disability further increase the risk of self-neglect, both of which are associated with poverty.

4. Recognising the impact:
The high levels of stress present in communities in poverty can inhibit their ability to plan for the future, adopt safe parenting practices, and develop their own or their children's wellbeing.
Social exclusion, isolation, physical disabilities, substance misuse, mental health issues, stress, dependency and previous experiences of abuse have all been shown to increase the risk of abuse & neglect.

5. Supporting a positive future:
Power imbalance between society and the individual that this causes in deprived communities can cause service users to distrust professionals. There is a danger that this may lead to health professionals not seeking support in abusive situations for fear of the intervention that will follow. This can be mitigated by taking the time to build trusted relationships, empowering people to make their own safeguarding decisions and showing empathy and understanding.

6. Recognising what to do:
The belief that those in poverty are to blame for their own circumstances and the prejudice this creates is evident even among professionals working with the most vulnerable (Kumar-Nevo, 2016).
Use supervision/reflective discussions to understand and address any unconscious bias.
Understand the impact of poverty from the person's perspective.

7. Conclusion:
It is vital that we 'root' our practice in the voices and experiences of those who are struggling to live, love and care in conditions which make it difficult to do so with dignity and respect. Featherstone et al, 2019.
Poverty may affect any person at some point in their life. Assessments should be individualised to reflect how poverty affects the person's physical or mental health and the responses required.

8. What did we learn?
Close working with a friend / family member or professional who has built up trust with the individual can help improve access to services.

9. Safeguarding: 7 minute briefing
Poverty, inequality and the impacts on safeguarding

Useful local contacts
Calderdale: Domestic Abuse Health Service (business hours) 01422 337287
Leaving Date website 01422 337339
Directory of support services
Arden: Domestic Abuse Health Service (business hours) 01484 308300
Leaving Date website 01484 308300
Directory of support services

CCG responsibilities:

Have in place a lead for Mental Capacity Act (MCA) that is supported by the relevant policies and training

CCG Mental Capacity Act Lead: Designated Nurse Safeguarding Adults

Liberty Protection Safeguards
Policy and guidance development

Lead LPS Local Implementation Network

Regional and national fora & ICS lead

Supervision

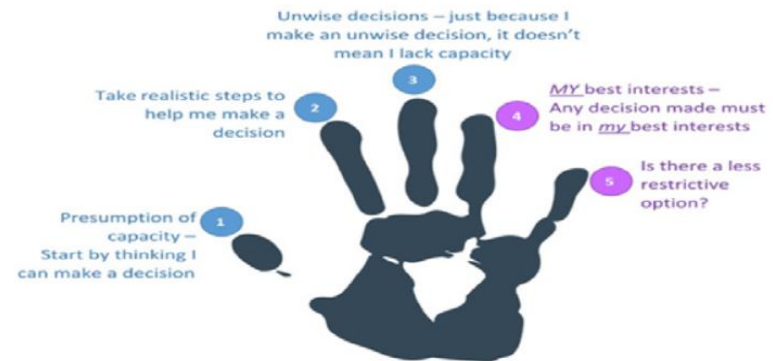
Advice to GPs, Continuing Health Care (CHC), providers, commissioners

Written guidance and support to GP practices on Covid vaccination including taking a case to the Court of Protection

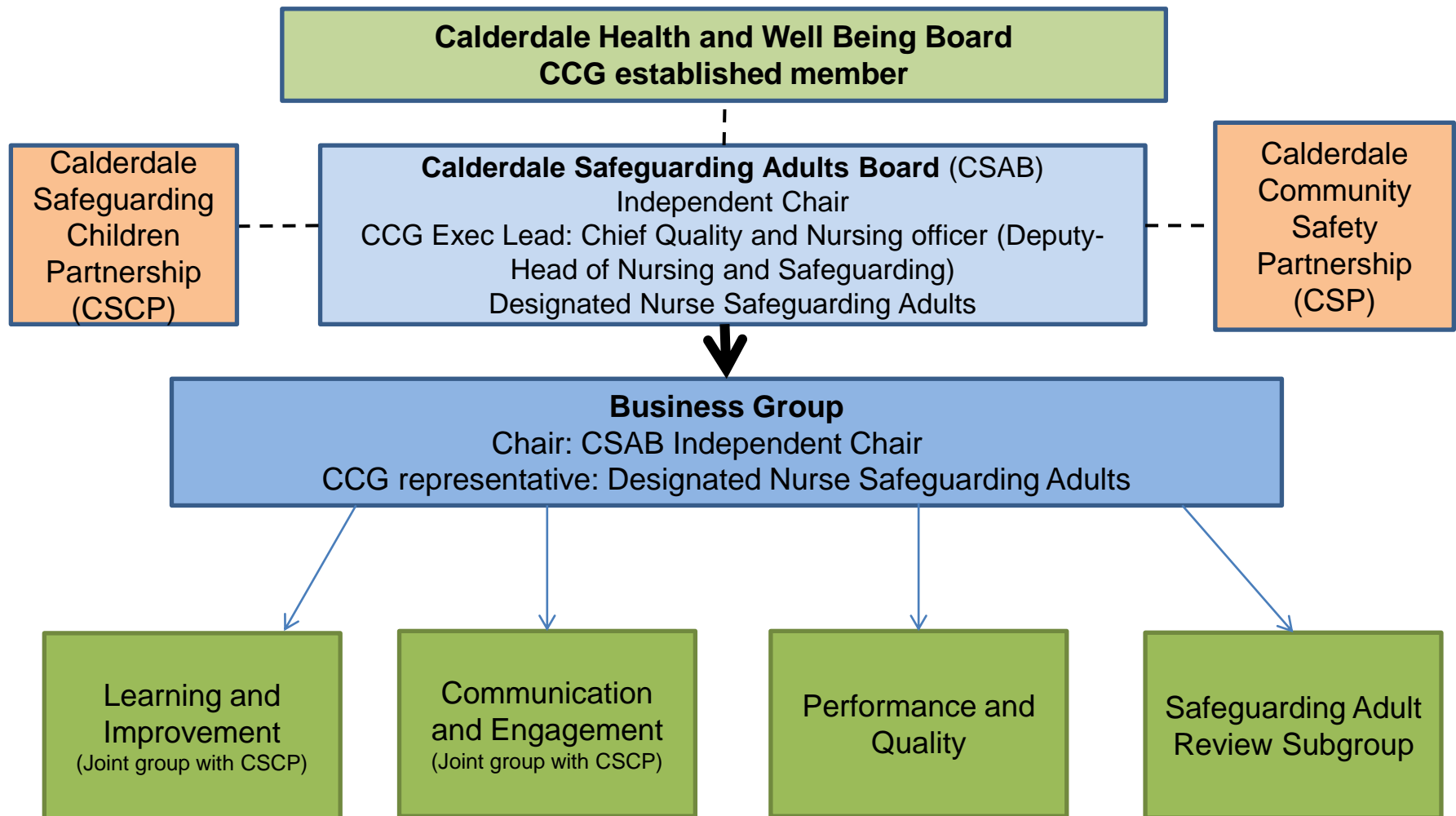
Provider assurance

Local interpretation of case law

CHC Deprivation of Liberty assessments



Calderdale Safeguarding Adults Board (CSAB)

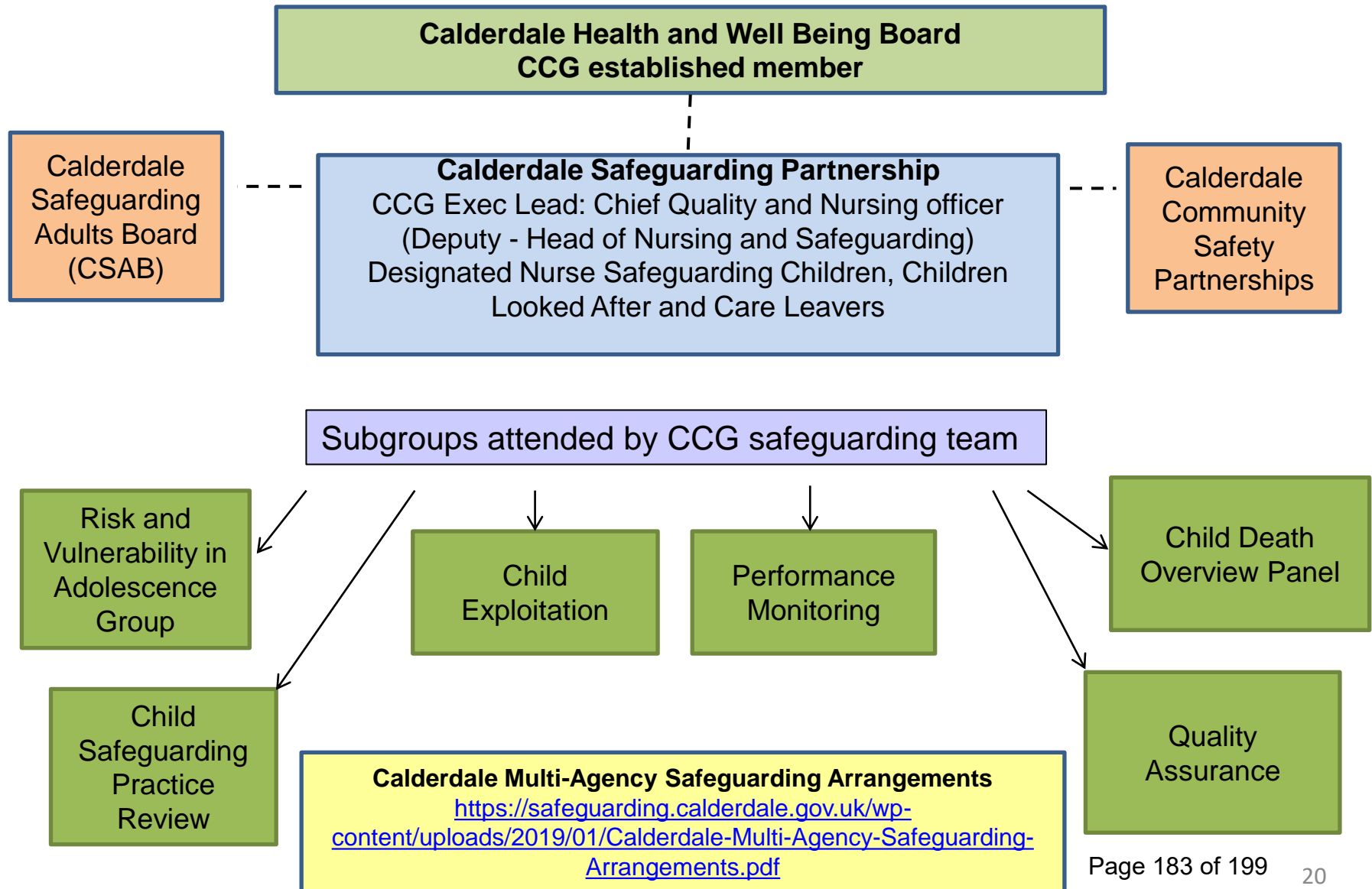


182 The CCG (adults) have contributed to/ led on:

- Chair of Performance and Quality Subgroup Group which has significantly revised data / intelligence including ethnicity and IMD data. This sub group was reviewed as part of a LGA Peer Review: “.... *performance reporting seems to be going well. The SAB should be proud of this. The Board have full trust in the Chair and the group to provide a detailed exception report*”.

- 2 Safeguarding Adult Reviews – the learning will be embedded
- Continued to deliver on recommendations from the Burnt Bridges SAR (2020) including improving access to healthcare services for people facing Multiple Disadvantage and Trauma Informed practice
- Led on a multi-agency review of the Falls Protocol
- Multi-Agency Safeguarding Hub (MASH) feasibility project

- Assurance on health response to Covid pandemic including dissemination of key safeguarding messages
- Delivered multi-agency safeguarding training programme on safeguarding supervision and self-neglect
- Ensuring safeguarding and the links with inequalities is well understood at CSAB and is at heart of strategic plans
- Revised Multi-agency safeguarding policies and procedures



18 The CCG (children's) have contributed to/ led on:

- Calderdale Safeguarding Children's Partnership Annual Report
- Safeguarding Children's Practice Reviews (SPR), chair subgroup, ensuring learning from SPR's is embedded.
- West Yorkshire Adversity, Trauma & Resilience Strategy Group – to influence areas including trauma informed practice and the trauma navigator pilot.
- Devised guidance for GPs and health providers on safeguarding documentation in the clinical records

- Safeguarding Provider Assurance through position statement mechanism and attendance at Provider Safeguarding Committees.
- 'Every Sleep a Safe Sleep' campaign instigated across West Yorkshire and at place to support in assessing risk and reducing Sudden Unexpected Infant Death
- Continued steer with the Calderdale's Health Assurance and Improvement Group (HAIG) including multi-agency audits

- Led on an audit into GP safeguarding documentation and engagement into Links meetings with Health visiting.
- Continued oversight of GP Practice meetings engagement in collaboration with CCG PHEYS (Public Health and Early Years Service) and Midwifery services.
- Led on an audit 'Children Looked After placed in Calderdale from out of area' establishing the impact on the use of health services in Calderdale and to identify any gaps in provision
- CQC CLAS Inspection readiness group- supporting provider organisations.

<https://safeguarding.calderdale.gov.uk/the-organisations/safeguarding-children-partnership/>

Calderdale Health Assurance & Improvement Group (HAIG) Reporting into CSCP

The Calderdale Health Assurance and Improvement Group (HAIG) provides strategic oversight, assurance, improvement and the scrutiny of safeguarding children arrangements across the local health sector in Calderdale.

To achieve a consistent and responsive approach to meeting the needs of children specifically those who require safeguarding interventions and support the CCG and CSCP in fulfilling their statutory duties.

It also provides a mechanism for reporting headline news to the CCG Exec lead to support key information sharing at the CSCP Exec group.

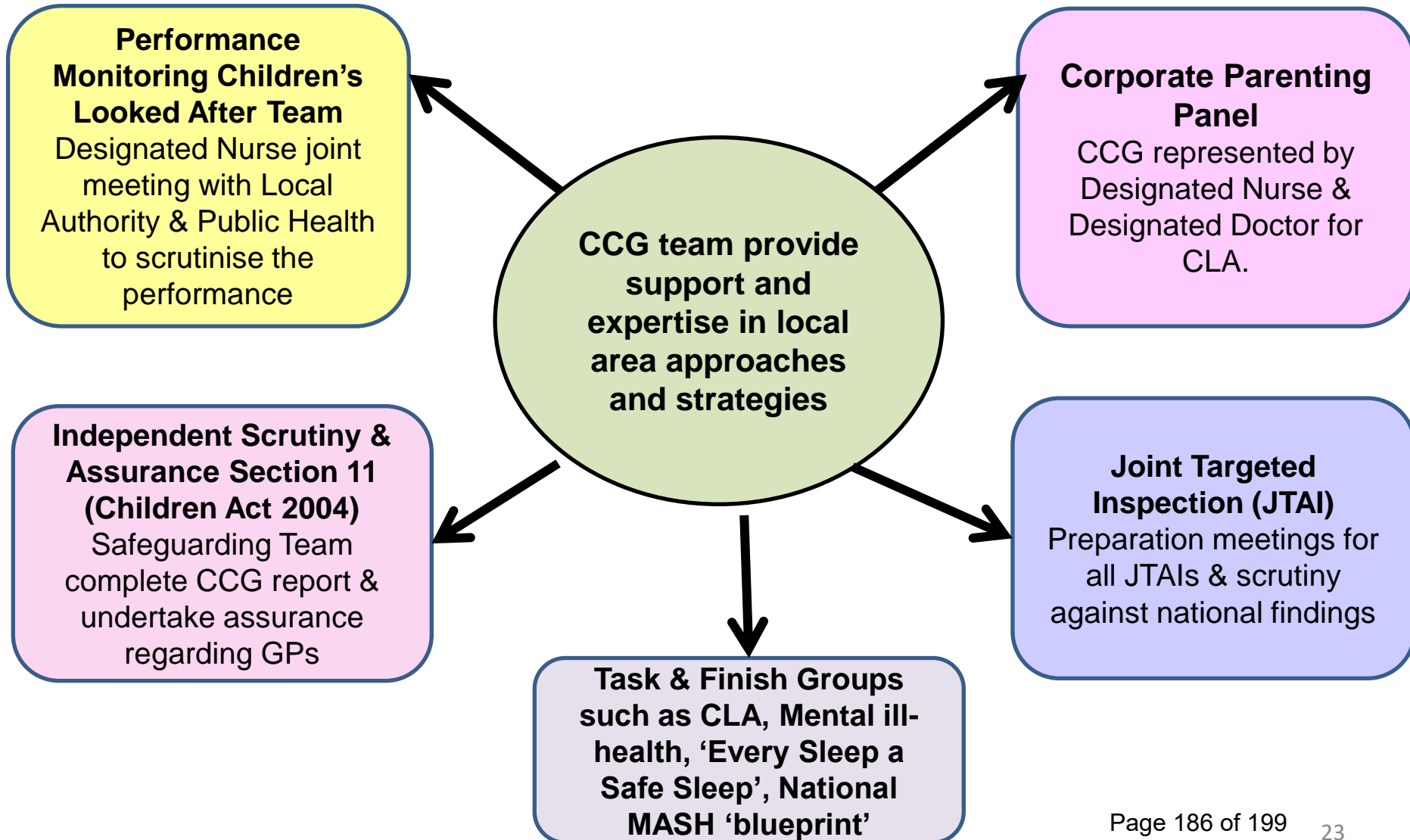


Membership comprises of all health providers including Public Health commissioned services, Child and Adolescent Mental health Services (CAMHS), Calderdale Sexual Health (CASH), Yorkshire Ambulance Services (YAS) Calderdale Safeguarding Children Partnership (CSCP)



Standing agenda items include thematic review programme, being CQC CLAS inspection ready, review of Calderdale Safeguarding Practice reviews and headline news from each provider organisation. The HAIG has also embedded the use of the '3 key work priority' report from each health provider. This has proved a positive way to support wider communication across local health providers and share learning / key developments and has been very well received by the Calderdale Safeguarding Children Partnership

¹⁸⁶Other Safeguarding Children's Partnership work



Example of Safeguarding Children's Partnership Work

Sudden Unexpected Death in Infancy Risk Minimisation Tool

Locala
Health & Wellbeing



West Yorkshire
Health and Care Partnership



West Yorkshire
Health and Care Partnership

Every sleep a safe sleep

Multiagency risk minimisation guidance

This document has been co-produced in partnership with Calderdale Safeguarding Children's Partnership, Locala Health and Wellbeing and partners across West Yorkshire and Health Care Partnership.

CCG engaged in other work at a local level

Violence Reduction Unit – Violent Crime and Safer Streets Steering Group

Team members attends the subgroup and contributes to the agenda around reducing violence in Calderdale. Contributions have been around the Spiking reduction initiative over the Christmas period and the development of Community links work between the Emergency Departments and community services for individuals aged 11-25 who may be engaging in gangs and knife crime.

Crown Prosecution Scrutiny Panel (CPS) – Domestic Abuse

The CCG is part of the quarterly audit facilitated by CPS regarding cases involving adult and children victims and perpetrators. The scrutiny of cases based on various topical issues e.g. refusal to give evidence, court summons, declining case based on evidence. Calderdale CCG provides the only health input to the regional multi-agency panel.

Calderdale Domestic Abuse (DA) – Safelives Review

Designated Nurse's for Safeguarding Adults and Children represent the CCG at the DA Strategic Board and an instrumental role in the Safelives Review of Calderdale commissioned by Public Health.

Calderdale Domestic Abuse (DA) – Multi-Agency Audit

Team members have led on a multi-agency audit on the quality of MARAC (Multi-Agency Risk Assessment Conference) cases heard providing a report with recommendations to the DA Strategic Board.



Safeguarding Week 2021

This year it was an entirely virtual week of pre-recorded films, webinars, live events and links for professionals and the public. The event evaluated positively with good attendance and engagement. A member of the CCG safeguarding team made a contribution to sessions each day which was themed for example, delivered a 3 hour multi-agency training session on Self-Neglect.

Monday - Safeguarding is everyone's business (includes launch event, partnership working etc)

Tuesday – Mental Health and substance misuse of children, parents and adults (including stress of carers)

Wednesday - Domestic Abuse including hidden abuse e.g. older people, LGBT community, Coercion and Control, Reducing Parental Conflict, Victims Story, Refuge, Domestic Abuse Hub

Thursday - Trauma informed practice (including Transitions) focusing on Adolescents, ACES (Adverse Childhood Experience), Poverty, Health Inequalities and Access to Community Services)

Friday -Online Safety, Exploitation, Scams, Radicalisation

CCG engaged in other work at local and regional level

Prevent

The Prevent lead is key part of prevent delivery planning groups across Calderdale and Kirklees as well as being Prevent lead representative for WY ICS. The role is responsible for reviewing NHSE data submissions and gaining assurance from providers around the fulfilment of their prevent duty. Part of this is to link in with Prevent Leads, disseminate information and support with embedding prevent delivery plans in their practice.

WY CONTEST Board and Regional Prevent meetings

The Prevent Lead represents health partners at the multi-agency meeting CONTEST Board and Regional Prevent Champion meetings.

Every Sleep a Safe Sleep

The CCG has engaged in a Task and Finish Group to review the Safer Sleep response following the recommendations of a Thematic Review 'Out of routine a review of sudden unexpected death in infancy (SUDI) in families considered at risk of harm' and is supporting in the production of Safer Sleep multi-agency training, safer sleep risk minimisation tool and Safer sleep practice Guidance.

Calderdale Modern Day Slavery

A member of the Safeguarding Team represent health partners at WY multi-agency strategic meetings. The Calderdale [Flowchart for Modern Day Slavery NRM Referral](#)

Health Alliance

Members of the team chair Health Alliance meetings for Named safeguarding adults Professionals for CCG commissioned main providers –to support, share learning and take a 'do once and share' principle

CCG engaged in other work at local and regional level

Health Inequalities / Adversity, Trauma and Resilience (ATR)

Led and coordinated health input to ATR programme

Partnership working in WY ATR programme

Input into CMBC housing strategy

Ensured ATR aspects included in contracts /service specification

Set up CCG Multiple Disadvantage / Burnt Bridges action review group

Support #HealthNow peer research "[Understanding homeless health inequality in Calderdale, Kirklees and Wakefield](#)"

Delivered foundation level trauma informed training for all GP practice staff. Developed Trauma Enquiry Pilot in primary care.

Developing CCG commissioning principles / standards for providers to reduce health inequalities.

Hospital Trauma Navigator Pilot

Team members have contributed to the development of a new pilot of a Trauma Navigator service working from both Emergency Departments at CHFT. Navigators will be supporting individuals of all ages who present with trauma/effects of trauma and guide them through to the correct community services where required.

Making Every Adult Matter (MEAM)

Calderdale has been working under the national MEAM programme for 2 years. This provides opportunities for national networking and support for projects to improve the lives for people living with multiple disadvantage. Locally this is the strategic partnership board. The Designated Nurse for Adult Safeguarding is the strategic lead for health in Calderdale.

Statutory work on behalf of the CCG and Calderdale status

Safeguarding Children Practice Reviews (SPRs) http://www.legislation.gov.uk/uksi/2018/789/contents/made	<p>These reviews are for Serious Child Safeguarding Cases e.g.</p> <ul style="list-style-type: none"> - Abuse or neglect is known or suspected; and - The child/young person has died or been seriously harmed. <p>Serious harm includes (but is not limited to) serious and/or long-term impairment of mental health or emotional, intellectual, emotional, social or behavioural development. This should also cover impairment of physical health.</p>	<p>The Designated Nurse Safeguarding Children is the Chair of the CSCP SPR Sub Group and attends all individual case reviews to provide health expertise and oversight.</p> <p>A member of the CCG Safeguarding Team completes any required General Practice Individual Management Reports for cases and disseminates key relevant learning across local health footprint</p>	<p><u>Calderdale:</u></p> <p>The safeguarding team have provided safeguarding expert support in 1 SPR for the period of this report</p>
Safeguarding Adults Review (SAR) (Section 44 of the Care Act 2014) http://www.legislation.gov.uk/ukpga/2014/23/part/1/crossheading/safeguarding-adults-at-risk-of-abuse-or-neglect)	<p>Held when an adult at risk of abuse dies or has experienced serious neglect or abuse, and there is concern about the way agencies worked together to support the individual.</p> <p>The purpose is to learn the lessons about how professionals and organisations work together.</p>	<p>The Designated Nurse Safeguarding Adults is a panellist on all SARs to provide health expertise and coordination. The panel's role is to support and challenge the analysis of the findings and ensure appropriate recommendations are made and implemented.</p> <p>A member of the CCG Safeguarding Team completes any required General Practice Individual Management Reports for cases and disseminates key relevant learning across local health footprint</p>	<p><u>Calderdale:</u></p> <p>The safeguarding team have provided safeguarding expert support in 2 SARs for the period of this report</p>

Statutory work on behalf of the CCG and Calderdale status

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<p>Independent Investigations</p> <p>https://www.england.nhs.uk/publications/reviews-and-reports/invest-reports/</p>	<p>NHS England responsible for commissioning investigations into homicides that are committed by patients being treated for mental illness</p>	<p>Head of Nursing and Safeguarding or Designated Nurses represent CCG's at panel meetings for local cases</p>
<p>Domestic Homicide Review (DHR)</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/575232/HO-Domestic-Homicide-Review-Analysis-161206.pdf</p>	<p>A DHR means a review of the circumstances in which the death of a person aged 16 or over has, or appears to have, resulted from violence, abuse or neglect by:-</p> <p>A person to whom he/she was related or with whom he/she was or had been in an intimate personal relationship</p> <p>Or</p> <p>A member of the same household as himself/herself.</p> <p>Held with a view to identifying the lessons to be learnt from the death.</p>	<p>Designated Nurses attend the Case Panels to provide health expertise and oversight.</p> <p>A member of the CCG Safeguarding Team completes any required General Practice Individual Management Reports for cases and disseminates key relevant learning across local health footprint</p> <p>The safeguarding team have provided safeguarding expert support in 2 DHR for the period of this report</p>
<p>Child Death Overview Panel (CDOP)</p> <p>https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779401/Working_Together_to_Safeguard_Children.pdf</p>	<p>Responsible for reviewing information on all unexpected child deaths. They record preventable child deaths and make recommendations to ensure that similar deaths are prevented in the future</p>	<p>Designated Nurse Safeguarding Children attend all local CDOP meetings to provide expertise</p>

194 Delivering CCG Assurance that safeguarding is embedded in CCG and Commissioned Services

- Monitor CCG compliance with safeguarding training
- Approved Safeguarding Policies are in place and staff can access
- Attendance at provider Safeguarding Committees (includes monitoring of training compliance and CQC action plans / CQC position statements)
- Monitor *Prevent* returns to NHSE
- Providers attending Health Assurance and Improvement Group – and engaged in work
- The team have led and supported the development of ICS Health Safeguarding Standards and Mental Capacity Act Standards for all main health providers and General Practice in CCG Safeguarding Policy. The standards will be utilised across the West Yorkshire Partnership both for seeking assurance and for commissioning services etc. The team plan to implement the standards from April 2022 in Calderdale
- Safeguarding requirements articulated in CCG contracts and Service Specifications

Safeguarding and the ICS



Chaired by the CCG Head of Nursing and Safeguarding:
The WY&H Partnership (ICS) Designated Nurses/Professionals Network (IDPN) formed in 2019 and have continued to meet on a monthly basis with the aim of working together and supporting the principle of 'do once and share'

This year we have :
Developed an ICS Safeguarding Model that identifies how the Designated Nurses/Professionals will continue to work at place in order to maintain professional relationships and knowledge of local areas, but also how they will support an overall ICS approach. This has been welcomed by Chief Nurses.
Individual members have aligned themselves to ICS Programmes and developed relationships with programme leads, NHSE regional groups and others on behalf of the whole ICS. The IDPN has agreed a set of priorities preparing for and following transfer to the ICB

This year we have:
Finalised the ICS Safeguarding and MCA Standards that will support commissioning work and assurance work which have been adopted by CCG and shared with the contracting team
Developed General Practice combined Safeguarding and MCA Standards.

196 Examples of the team supportive work this year

Provision of Safeguarding training support:

- Continued to develop the GP Safeguarding Leads meetings (facilitated by the Named GPs on a quarterly annual basis) to include bespoke training sessions for Safeguarding Leads to provide up to date information, provide group supervision and support them in their safeguarding roles in practices
- Bespoke safeguarding training developed and delivered to all Calderdale GP practice staff (over 150 in attendance) on “Burnt Bridges?”, MCA, MAST (Multi-Agency Safeguarding Team), WNB (Was Not Brought) and Domestic Abuse.
- Regular 7 minute briefings provided on key topical areas (see slides 14/15 for further information and links)

Provision of expert safeguarding advice and support:

Advice calls:


Multiple telephone calls seeking advice and guidance for safeguarding complex cases were responded to by the team (all calls are responded to). These calls were from General Practitioners or Practice Staff, Dentists, Named Professionals and Safeguarding Leads in commissioned provider organisations, Designated Doctors and Designated Nurses in other organisations. The calls will often require more than one contact and follow-up support and advice is given.


Supervision:


All members of the team provide safeguarding supervision for other specialist safeguarding professionals in other CCGs, health providers in Calderdale and across the WY&H ICS.


Completed Strategic Objectives for 2021 – 2022

197

- 
- Post Covid 19 recovery including review and assessment of team effectiveness during the pandemic and potential post-Covid surge
 - Focus on the intrinsic links between health inequalities, living in poverty and the experience of trauma and adversity for children, young people and adults who require safeguarding interventions.
 - Continue to actively support the Adult & Children's Safeguarding Partnership arrangements in Calderdale, particularly to develop a trauma responsive system

- 
- Support the implementation of recommendations and action from the Burnt Bridges safeguarding adult review
 - Continue to develop the Safeguarding Children's Health Assurance and Improvement Group and outcomes focused data set and thematic reviews

- 
- Continue to engage and drive the process for delivering Safeguarding requirements at ICS level by being an active voice in the develop safeguarding structures and model in the new health landscape



Continue to promote ICON programme Phase 1 (Health Partners) & Phase 2 (Wider Partnership)
Prepare for and support the implementation of the new Liberty Protections Safeguards including updating the CCG Mental Capacity Act policy
Develop a Prevent action plan to include development of a champion network and improved training availability for CCG and primary care networks

198 Strategic Objectives for 2022 – 2023

- To support the establishment of new Governance and reporting arrangements in new local place based arrangements (Calderdale) in ICB
- Continue to support the IDPN and new ICS Chief Nurse in working collaboratively to ensure Safeguarding responsibilities are embedded in all aspects of ICS work, and Safeguarding Professionals are engaged in Safeguarding work at regional and national level.

- Continue to be inspection ready for CQC Clas (Child Safeguarding and Looked After Children Inspection)
- Analyse the new NHSE Safeguarding Accountability and Assurance Framework (forecast for later in the year) and assess the Commissioners/Calderdale Place is able to demonstrate embedding of responsibilities.

- Following implementation of the ICS Safeguarding Standards, undertake a review/analysis process and work with providers to seek assurance/address gaps
- Continue to promote 'Every Sleep a Safe Sleep' and influence a National role out.
- Support the changes to Daily Risk Assessment Meetings / Multi –Agency Risk Assessment Conference (DRAM/MARAC) in Domestic Abuse structures; evaluate and adapt health contribution and CCG oversight.
- Deliver a Trauma Enquiry Pilot in GP practices

- Continue to promote ICON programme Phase 1 (Health Partners) & Phase 2 (Wider Partnership)
- Continue to prepare for and support the implementation of the new Liberty Protections Safeguards and revised MCA Code of Practice including contribution to the national consultation process and updating the CCG Mental Capacity Act policy

Key legislation that underpins Safeguarding work

Children:

The Children Act 1989, the Children and Adoption Act 2002 and the Children Act 2004:

<https://www.legislation.gov.uk/ukpga/1989/41/contents> http://www.legislation.gov.uk/ukpga/2004/31/pdfs/ukpga_20040031_en.pdf

The Children and Social Work Act 2017 (section 3):

<http://www.legislation.gov.uk/ukpga/2017/16/contents/enacted>

Working Together to Safeguard Children (2018) updated Dec 2020

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/729914/Working_Together_to_Safeguard_Children-2018.pdf

Safeguarding Children and Young People: Roles and Competencies for Healthcare staff. The Intercollegiate Document 2019

<https://www.safeguardingassociatesforexcellence.co.uk/wp-content/uploads/2019/01/2019-Intercollegiate-document.pdf>

Looked after Children: Roles and competencies of healthcare staff Dec 2020

<https://www.rcpch.ac.uk/resources/looked-after-children-lac>

Adults:

The Care Act 2014

<http://www.legislation.gov.uk/ukpga/2014/23/contents/enacted>

<https://www.legislation.gov.uk/ukpga/2006/47/contents>

The Mental Capacity Act

<https://www.legislation.gov.uk/ukpga/2005/9/contents>

NHS England Safeguarding and accountability and Assurance Framework

<https://www.england.nhs.uk/wp-content/uploads/2015/07/safeguarding-children-young-people-adults-at-risk-saaf-1.pdf>

Adult Safeguarding: Roles and Competencies for Health Care Staff 2018

<https://www.rcn.org.uk/professional-development/publications/pub-007069>

Domestic Abuse Act 2021

<https://www.legislation.gov.uk/ukpga/2021/17/contents/enacted>