



**Patient and Public Engagement**  
Annual Statement of Involvement 19/20

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## Acknowledgements

We would like to thank all the individuals and organisations who have taken part in our engagement and consultation activities over the past year 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.

This report gives us the opportunity to share what engagement and consultation activity has taken place over the last year, what people have told us and what's happened as a result of people sharing their experiences and the feedback that they have given.

We've also the take the opportunity to look back over a number of years and reflect on changes that have been made following engagement and consultation.

## Summary of Calderdale CCG engagement 2019/20

Calderdale CCG have a published [Public and Patient Involvement and Experience Strategy](#) which sets out the CCGs approach to involving local people and the legislation the CCG must work to. The duty to involve local people is set out in sections 242 and 244 of the Health and Social Care Act 2012, The NHS Constitution and the Equality Act 2010.

The CCG has involved over 2000 local people over the year in 2019/20 on the following areas:

- Alternative Primary Medical Services (APMS) engagement on the future of two practices
- Equality Delivery System (EDS) and improving access to GP Practices for young people and people who are who are Lesbian, Gay, Bisexual, Transsexual or Questioning (LGBTQ)
- Alternative Primary Medical Services (APMS) consultation on the future of two practices
- Improving Access to Talking Therapies for adults (IAPT) engagement

Reports of all the findings from these pieces of work can be found on our website [https://www.calderdaleccg.nhs.uk/get\\_involved/engagementandconsultation/](https://www.calderdaleccg.nhs.uk/get_involved/engagementandconsultation/)

### **We asked, you told us, we listened:**

We asked young people to tell us about their experiences of using GP services in Calderdale and around support for those who identified as LGBTQ.

Young people told us that practices could make people feel more supported by using more child friendly language and inform of all choices. Young people also said to have more gender awareness of current issues and support and increased support for mental health and autism. We were also told that waiting rooms need to be more inclusive and to have more access to appointments

We worked with our GP practices, who are now taking up training with [‘The Pride in Practice’](#) to empower staff to give excellent care to LGBTQ patients and practices are reviewing the recommendations from the survey for service improvements.

The work we did in Calderdale has also been recognised as best practice and shared with the National Programme Broad for Pride in Practice.

### **Calderdale ‘Involving People’ strategy**

A key priority during 19/20 for the CCG and partners such as the local authority, voluntary community sector and providers has been the development of a new system wide strategy to ‘involving people’ in Calderdale.

The strategy will create opportunities to build on existing approaches and maximise the resources and assets that are available in our communities (people who live there, the organisations and services that have a home within those communities).

We will continue to strengthen the approach to communication and engagement with our population, maximising opportunities for meaningful conversation and co-production.

Organisations across Calderdale see the involvement of local people at the heart of the design, development and implementation of interventions that improve health and wellbeing. This is a critical element of delivery of our Wellbeing Strategy and Calderdale Cares – creating a new relationship with our unique communities (as described in Vision 2024).

Calderdale's 'involving people' strategy will be uploaded to the CCG website later this year.

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 report sets out who has been involved, what people have told us and what has happened as a result. Each section is a summary account with links to the published reports.

## 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. Sections 242 and 244 of the Act place 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<sup>st</sup> April 2019 until 31<sup>st</sup> March 2020 and includes a summary of what people told us, what the outcome was and where you can find further information. It also includes details of any engagement or consultation activities that are currently planned for 2020/21.

## 2. About Us

NHS Calderdale Clinical Commissioning Group (CCG) is the CCG covering 22 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 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 boards are made up of GPs from the local area and at least one registered nurse and one secondary care specialist doctor.

The CCG is made up of local clinicians who are 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.

### **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.

### **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

### **Our finances**

NHS Calderdale CCG is responsible for devolved healthcare budgets of approximately £337 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.

We have a [‘Patient and Public Engagement and Experience Strategy’](#) which sets out our plans and to ensure that we adopt a whole system approach to supporting this work.

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

- putting patients at the heart of everything we do
- focusing on improving those things that really matter to our patients
- empowering and liberating clinicians to innovate, with the freedom to focus on improving healthcare services and,
- The recommendations of the Francis Report.

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 healthcare in Calderdale meets the needs of our population. By listening to patients, and learning from their experience of health 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 the Annual Report for Involvement 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 your views, these are highlighted below.

#### **Patient and Public Engagement and Experience (PPE&E) Steering Group**

The purpose of the Patient Experience and Patient and Public Engagement Steering Group is to shape, steer and advise on any engagement and consultation activity.

#### **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.

### **Calderdale Health Forum**

Calderdale Health Forum has been set up by the CCG as a forum to gather together representatives from each of the member practices' patient reference groups (PRGs). Throughout the year we discuss engagement topics at the Health Forum meetings, this gives the group an opportunity to discuss in detail some of the main pieces of work and understand the priorities of the CCG and provide feedback on these. The Network meets on a bi-monthly basis, but members are also informed of engagement opportunities on an on-going basis. We engage with the network as part of our decision making process.

### **Engagement Champions**

Engagement Champions is an asset based approach to engagement and involves training members of the voluntary and community sector as engagement leads. 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. 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](#).

### **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.

### **Calderdale CCG website**

Calderdale CCG has a [website](#) which provides information to the public including a section called 'Get Involved'. As a CCG we fully use our website to inform of our plans to engage, raise awareness of any consultation activity and also provide opportunities to become involved. This website is updated on a regular basis so we can regularly report on the outcomes of all consultations and what we have done as a result of our engagement activity.

### **Patient Advice and Liaison Service (PALS)**

PALS helps the NHS to improve services by listening to what matters to patients and their families and making changes when appropriate. PALS provide the following functions to the population of Calderdale:

- Providing the public with information about the NHS including complaints procedures, and helping with any other health-related enquiry
- Helping resolve concerns or problems and providing information for those using the NHS, outside support groups and improving the NHS by listening to concerns, suggestions and experiences

- Providing an early warning system for NHS trusts and monitoring bodies by identifying problems or gaps in services and reporting them

### **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.

### **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.

### **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.

### **Service redesign activities**

Throughout the year we actively promote any activities for people to become involved.

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 patient and public engagement to update and reflect on the intelligence we have to date.

## 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 and 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 2019/20, including any that started before 1 April 2019, or that started during the period of this report, but are not yet completed. It also includes details of engagement and consultations planned for 2020/21 and details of progress made on previous submissions of engagement and consultation that took place between 2016/18.

From all the work we have completed this year and in 5 previous years these are our **key emerging themes**:

- 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
- Improve 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 on prevention and support to self-care
- More services closer to home and single point of contact
- 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 elderly, diverse populations and mental health.
- Workforce who represent the communities they serve

## 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
- Websites such as Patient Opinion and Patient Choices
- National and local surveys
- Findings from any engagement/consultation activity
- Calderdale Health Forum

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.

From our vast data source we have been able to provide a number of composite reports which have underpinned our understanding of our local population. This approach has also resulted in the development of smaller insight reports which have been used to support service areas such as:

- The development of a prospectus which describes a 'Community model' for healthcare services in Calderdale
- A review of 'Older People' services to support a system Care Quality Commission (CQC) inspection
- Hospital services, including redesign of Outpatient Services
- An understanding of what people have told us in each of the identified 5 localities of Calderdale to support 'Calderdale Cares' and locality working

To support the delivery of the NHS Long Term Plan we have also produced a [digitisation and personalisation engagement and consultation mapping](#) report for West Yorkshire and Harrogate Health and Care Partnership. The report demonstrates how a number of organisations across West Yorkshire and Harrogate (WY&H) have started conversations at a local level regarding digitisation (digital technology) and personalisation (making care personal) and provides a baseline for any future engagement work needed at a local and WY&H level.

## **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:

- 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.
- 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 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. The work is documented within the report under EDS.

## 6. Engagement and consultation activity April 2019 to March 2020

We ask our partners, providers and staff in the CCG to help and support the CCG to produce the Patient & 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 Children and Young People's experience at their local GP practice April to June 2019

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

The purpose of the engagement was to involve young people aged between 12-25 years old to understand their experience of their local GP practice. The engagement was co-delivered by Calderdale Clinical Commissioning Group (CCG), Barnardo's Positive Identities Service (BPI) and Voluntary Action Calderdale (VAC).

By gathering views, young people told us what else we need to do to ensure that the CCG can provide information to GP practices to ensure that young people are supported in the right way.

#### What did they tell you?

The CCG received a total of 225 responses to the survey and the key findings from the engagement are listed below:

- 62.9% responded that they would 'Discuss it with a family member', 37.1% 'Ring the GP practice' or 31.2% 'Google it' if they were worried about their health.
- 32.3% visited the GP practice 'In the last month' and 30.9% 'In the last 6 months'.
- 74.8% of parent/carers booked the GP appointment.
- 87.3% responded that 'Telephone' was the preferred method used to book appointments.
- 75.9% attend the GP practice with their 'Parent/carer' and 21.8% 'go on their own'.
- 68.3% stated they have never been offered an appointment at the GP practice without a family member.
- In terms of access to the GP practice, the main areas of concern were difficulty in getting appointments, access due to mobility and anxiety around going alone, taking in information and speaking to staff.
- For the last appointment, 65.1% 'Went to see a GP', 17.5% 'Saw nurse/nurse practitioner' and 10.8% stated they 'Saw someone but didn't know what their role was'.
- 45% rated their overall experience as 'Good' and 28.4% as 'Ok'.
- 54.6% stated it was important for the Doctor to use their birth name.

The four main areas that could make people feel more supported are:

- Communication – To use more child friendly language and inform of all choices.
- Appointments – To have a more flexible, easy to use booking system for appointments with quicker access and shorter waits to be seen.
- Gender Support – For practice to have more gender awareness of current issues and appropriate support, use pronouns, plus demonstrate inclusiveness in waiting area.



- Service – To increase support for mental health and autism. Have continuity of care and trust. Be more supportive and treat equally. To have increased funding for more services.

A number of responses stated sometimes, or that they talked to mum, and others stated they had difficulty understanding the different languages and use of medical terminology. Other comments included having a lack of information on the illness/it was complicated/not clear on what condition was.

- 67.2% felt that the Doctor or health professional understood their needs and 22.6% stated they were 'Not sure'.
- 63.6% felt they could ask the Doctor or other health professionals questions and 19.3% stated 'Not Sure'.
- 24.5% were worried that the Doctor or other health professional would discuss their personal issues with the family/carer and 60.1% did not think this was the case.

### **What did you do?**

The report of findings will be shared with the Primary Care Equality Steering Group and Patient and Public Engagement Steering Group.

Feedback has been provided to those respondents who have requested it.

The CCG has shared the report of findings with GP practices to ensure that young people and those identifying as LGBTQ are supported in the right way. The information will be used to identify any service improvements and access to GP practices by individual practices.

### **Where can you find more information about this work?**

Please find below link to the CCG website which contains the report of findings, videos and infographic in relation to the engagement work.

<https://www.calderdaleccg.nhs.uk/children-and-young-peoples-experience-of-their-local-gp-practice/>

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

The Right Care, Right Time, Right Place (RCRTRP) programme has benefitted from the contribution of stakeholders in the engagement, consultation and post consultation stage. On 15 February 2019 an overarching Engagement, Equality and Communication plan was presented to the Joint Health Scrutiny Committee. This set out an approach to continue engaging local people, staff and partner organisations as the proposals for hospital and community health services are developed into detailed plans. One of the initial actions was the scheduling of a Stakeholder Event. This event took place at Brighouse Civic Centre on Tuesday 11<sup>th</sup> June 2019.

The aim of the event was to continue this dialogue and provide an update of the planned changes to hospital and community health services across Calderdale and Greater Huddersfield, and to find out how people wanted to be engaged and involved in the development and design of services.

The input and insight gathered from the stakeholder event would be used to produce a detailed action plan for engagement, which would ensure we involve the right people, in the right conversations and provide information and communication using the right media and format. Those who attended the event were from:

- Patient Reference Groups
- Healthwatch
- Kirklees Council and Calderdale MBC
- Third sector organisations
- MPs and local councillors
- Local health providers
- GP Federations
- Parish and Town Councils
- NHS England and NHS Improvement
- Political interest groups
- Unions
- Patient and carer representatives recruited through the pre-consultation engagement activity

A Stakeholder event had interactive zones which provided information and allowed participants to talk to staff about each zone and what needs to be achieved. The zones were:

- Built environment – hospital design
- Digital technology – use of technology to improve access
- Involving Children and Young People
- Travel and transport parking – bus, shuttle bus, roads and transport
- Development of clinical services

In addition there were two displays for Community model – Kirklees and Community model – Calderdale

Key questions asked at each zone:

- **What** would you like to comment on?

- **Who** should be part of this?
- **When** and **where** should we do this?
- **How** should we do it?

### **What did they tell you?**

#### **Clinical Services**

- Patients are the experts and include disabled people and sensory and cognitive improvement
- "Seeing the same person - getting continuity of care right.
- Primary - community - secondary - digital"
- Different channels for different audiences

#### **Travel & Transport**

- Public transport – expensive, information availability, accessibility and convenience
- Car parking – availability, park and ride, prepare for electric cars
- Integration of transport – shuttlebus, PTS and community transport options

#### **Digital**

- "Say it once/record it one.
- Access to records/information Hospital and Community"
- "Assisted Technology Social Care – Telemedicine"
- "Elderly Access or people who don't have access to technology"
- NHS App!

#### **Children and Young People**

- Involve young people now
- Go to where young people are
- Use different approaches

#### **Hospital Buildings**

- Physical access to our hospital (wheelchair users)
- Users to test drive layouts, access, and signage.
- "come and talk to us"

### **What did you do?**

The evaluation and feedback from the event in June 2019 was used to determine the on-going work that will be undertaken to ensure continued communication and involvement of members of the public, stakeholders and staff in the plans for service reconfiguration in Calderdale and Greater Huddersfield. This on-going work has been described in the Public and Stakeholder Involvement Plan which was presented to the Joint Health Scrutiny Committee on 18 October 2019.

### **Where can you find more information about this work?**

A report of the findings from the engagement process was produced in **June 2019**. This report can be found on this website: <https://www.calderdaleccg.nhs.uk/download/report-of-findings-stakeholder-event-11-june-2019/>

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

The purpose of the pre-consultation engagement was to help us to further engage patients who attend the GP services provided under the APMS contracts in Calderdale. NHS Calderdale CCG needed to review these services as the contracts for each service comes to an end at the end of March 2020. The CCG want to ensure that any future contracted GP services meet the needs of patients and the local population.

The CCG wants to make sure that the patients of these practices get the GP services they need, and that the money spent on these contracts is used to make existing GP services work better for everyone

Pre-consultation engagement took place in July and August 2019 and previous engagement activity on primary medical services that has taken place over the past five years.

The APMS contracts are provided by two service providers. This meant that the CCG had to reach patients of the practices with support of both providers. The pre-consultation engagement wanted to gather the views of:

- Patients of the practice
- Families and carers
- Staff
- Local councillors and MPs
- Other primary care services operating in the same geographical area including pharmacy services and other neighbouring GP practices.

We asked patients to tell us what aspects of the service they receive are important to them and to rate the areas of importance that they value the most. We also asked patients how they normally travel to their GP practice and far they would be prepared to travel. We also asked people to tell us anything else they wanted to share about their practice.

### **What did they tell you?**

The CCG in total received 798 surveys from the pre-consultation engagement. The overall findings and key themes are set out below.

The most important aspects of a good service from all the responses received are:

- Good care and treatment
- Being able to book an appointment
- Location of the surgery

From both practices the majority of patients responding travel by car 53% overall, however there were a significant number of patients who walk to the practice locations 30% overall. People who walk felt they would be most impacted by the changes as this would incur additional cost.

#### Meadow Dale Practice comments:

- Patients told us they had a good experience of the service and valued the GPs and the care and treatment they received
- There were some comments that the reception and parking areas could be improved and some patients had reported a decline in the standard of service over the past few months. Booking appointments also required some improvements

#### Park and Calder Practice comments:

- The appointment system was reported as good and the walk in service and out of hours provision was valued
- Not being able to get through to the practice and locum cover resulting in a lack of continuity were commonly reported themes

#### General comments and concerns

- Concern that surrounding practices will not be able to cope with additional patients was a general concern
- Concern from both Todmorden and Sowerby Bridge patients that they will not have choice in their local area
- Todmorden is a long way from Halifax and so requires excellent community care which includes GP practices
- People were unclear what the CCG are proposing and there were a few comments that the timing of the process was during holiday period and a decision has already been made
- People are unsure if reviewing the contract also means that the walk in service provided at Park and Calder would be closed
- People are concerned that practice closures may increase visits to A&E
- Any replacement service needs to replicate the extended opening hours which were valued by patients
- A replacement service needs a permanent GP for continuity of care and access to a female GP
- People feel the services are much needed and worth the investment and whilst some understood costs needed to be managed most felt that the service was more important
- People stated that changing surgeries for some is unsettling and people are worried that they will have to travel outside the area to receive a service

#### Equality themes

- The most significant underrepresentation was for Asian/Asian British and Muslim respondents. Disabled people were also underrepresented.
- Travel and transport concerns were paramount for the respondents groups analysed, which included financial aspects for most.
- Service issues were a concern for all equality groups

#### **What did you do?**

The findings from the pre-consultation engagement report were used to inform future options for GP services. The CCG used the findings to inform the development of options which were formally consulted upon in the autumn. The findings from the pre consultation engagement were also shared with Overview and Scrutiny.

#### **Where can you find more information about this work?**

Please find below link to the CCG website which contains the report of findings from both the pre-consultation engagement work <https://www.calderdaleccg.nhs.uk/apms/>

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

The CCG launched a consultation over a six week period from the 28th of October 2019 to 6th of December 2019 to understand the impact of allowing our current APMS contracts to expire and allocating people to alternative practices.

The consultation built upon the pre-consultation engagement that took place in July and August 2019 and previous engagement activity on primary medical services that has taken place over the past five years.

### **What did they tell you?**

A total of 832 surveys were received. Overall findings and main themes from all previous activity and the consultation have been consistent throughout and are set out below, in no particular order:

People told us they do not want their practice to close and they are happy with the service they receive. They also told us that staff are helpful and friendly and they have good relationships and built trust with them.

The majority of respondents are concerned about the capacity of other practices taking on additional patients. People also said they are concerned about returning to a practice they have previously been registered with as they have had poor experiences.

Some people told us that they didn't have enough information to make informed choices and that they don't know where they will be reallocated to. They said they feel worried and anxious.

Access is important to people and the availability of appointments and being able to get an appointment quickly. People told us a replacement service needs to replicate the extended opening hours which are valued by patients. There was a concern for higher attendance at A&E if people cannot get appointments quickly.

Continuity of care and good quality care is also important to people. People are concerned about their ongoing treatment for long term conditions, receiving their repeat medication and appointments at other clinics such as podiatry or follow up appointments at hospital.

People are concerned about additional travel time and costs if they have to travel further. People told us that they like being able to walk to their practice and that it's close to where they live.

### **What did you do?**

The NHS Calderdale Clinical Commissioning Group's (CCG) Commissioning Primary Medical Services Committee has now considered the findings of our consultation into the future of Alternative Primary Medical Services (APMS) contracts in Calderdale.

The CCG launched a consultation over a six week period from the 28th of October 2019 to 6th of December 2019 to understand the impact of allowing our current APMS contracts to expire and allocating people to alternative practices.

The consultation built upon the pre-consultation engagement that took place in July and August 2019 and previous engagement activity on primary medical services that has taken place over the past five years.

After careful consideration the following decisions were made:

- The Sowerby Bridge, Ovenden and Elland sites currently operated by Virgin Care LLP (Meadow Dale Group Practice) will close and the CCG will register patients with an alternative practice.
- The Park site currently operated by Locala CIC (Park & Calder Community Practice) will close and the CCG will register patients with an alternative practice.
- Having considered the clear feedback from public and the Adults, Health and Social Care Scrutiny board, the Todmorden site, currently operated by Locala CIC (Park & Calder Community Practice) will remain open. The CCG will continue efforts to secure a long-term solution for Todmorden that maintains patient choice.

**Where can you find more information about this work?**

Please find below link to the CCG website which contains the report of findings from both the consultation and pre-consultation engagement work

<https://www.calderdaleccg.nhs.uk/apms/>



Calderdale Health Forum (CHF) is managed and supported by the CCG. The forum has representatives from each of the member practices' patient participation groups (PPGs – also known as patient reference groups [PRGs]). At each meeting an engagement topic is included on the agenda providing members the opportunity to provide views. CHF are an important network and ensure the practice population have a voice in service developments. The forum is chaired by the CCG's Governing Body member for Public and Patient Involvement.

The Calderdale Health Forum was established by the CCG as a forum for representatives from each of the member practices' PPGs to get together and network.

Throughout the year engagement topics are discussed at each meeting. This gives the forum an opportunity to discuss in detail some of the main pieces of work and priorities of the CCG and to provide feedback on these.

In addition attendees take part in a 'My Space' discussion where the patient representatives bring topics which are important to them to discuss with other attendees.

#### **What do we do with feedback we receive?**

As a result of these discussions the CCG has an opportunity to use the insight received to inform programmes of work, service improvements, and to clarify any queries raised by participants, where appropriate and also to feed into the practice managers advisory group. Information gained is then fed back to attendees by way of 'You said we did' session at the following meeting.

#### **Who did we consult with and what did we ask?**

CHF meets on a quarterly basis, but members are also informed of engagement opportunities on an on-going basis. We engage with the forum as part of our decision making.

The following engagement in meeting order has taken place this year:

#### **Meeting held on 11 June 2019**

The future of primary care - the context for this discussion was around the future of primary care linked to the NHS Long Term Plan. The group was presented with a video clip of three Practice Managers which informed the group of the changes to primary care from the new Long Term Plan. Primary Care Networks (PCNs) were to be formally established from 1 July 2019. In Calderdale there would be five PCNs who may change the format of PPGs and start to look at ways of working on a locality basis. PCNs would work with the voluntary sector, local authority and other community groups. Social prescribers would be used to help patients link with the different services and community groups. Forum members then discussed the implications of the future changes and made the following comments:

- Good idea to share PPGs and work together
- Are patients involved in the redesign of PPGs?
- Attend CHF to ask how PPGs can be redesigned



- Provide more context on the responsibilities of PPGs and the changes that are happening
- What's the goal of the PPGs?
- Understand how PPGs will work
- Share a map showing where surgeries fit into the five PCNs
- Focus on strengthening the weaker PPGs
- There is no direction from the practice to PPGs, which there used to be

### **Meeting held on 17 September 2019**

How your PPG will fit into the newly formed PCNs, working together – each PPG were grouped into their PCN localities and discussed the following:

#### Lower Valley PCN

- Not all PPGs receive the same information
- Two representatives from each PPG could meet together as a Primary Care Network
- Bring strength up so all equal within network

#### Calder & Ryburn PCN

- Attend each other's PPG meetings in PCN
- Can surgeries/staff accommodate additional community services
- Accessible premises for all surgeries

#### Central Halifax PCN

- Online appointments are focussed on younger generation, not all people computer literate
- Put on IT training for community to support digital technology
- Issue with medications being issued when not checked, incorrect dose
- Locums used a lot – so no consistency in care
- Need to attract younger people to PPGs
- Mixed messages when referrals/appointments are going online across practices

#### Upper Valley PCN/North Halifax PCN (combined grouping)

- Not aware/have any contact with any other practices in PCN
- Locums and part-time GPs are used a lot and don't want to get involved in admin/management
- How will the full-time GPs manage this?
- How will finances be divided up to practices and agreed for each PCN?
- NH PCN is already working with a social prescriber who is looking at the community activities that are run (Pilates/curling etc.)

Members also discussed Practice Champions - the context for this discussion was around the role and activities of Practice Champions in GP surgeries and how this differed to the Patient Participation Group work:

- Practice Champions start community initiatives e.g. Allotments, healthy cooking session, crochet/knitting to get people involved and out of their house.
- Learning a new skill and meeting new people.

### **Meeting held on 17 December 2019**

The forum discussed mental health patient access and what types of possible solutions there could be, such as:

- More training needed for receptionists on mental health awareness
- Quiet room for patients/private space – can this be made available in all surgeries?
- Befriending benches in the park?
- Profiles of roles of staff in surgery, so patients aren't so reluctant to see nurses and demand GP appointments

Members also discussed patient transport which the context of the conversation being the average age of people attending GP practices is increasing and who have difficulty with mobility, restricted monies and loneliness and GPs being more aware of what patient transport is available for people to get appointments and how others could be more aware of what is available to signpost patients/carers to.

There were some actions that came from this discussion:

- PPG members to look at how patient transport is promoted in the surgery currently
- Suggestion that practice staff add code 'patient transport' to front screen on patient record on System One.
- Add information on surgery websites
- One member to bring leaflets on the service to next meeting for everyone to distribute at their own surgery
- Ask in own practice how PPG members can help to promote/navigate services to patients.

**Meeting planned for 17 March 2020 was cancelled due to the Coronavirus Pandemic (COVID-19).**

### **What did we do?**

Depending on discussions and the issues/comments raised some were passed on to the relevant person to inform improvements or raise awareness of views. And some were actioned in a range of ways. Set out below are a few examples of how feedback has been used.

The future of primary care - the forum was advised that the CCG engagement team would be attending a monthly Practice Managers Network meeting which would provide a way to feedback to the Practice Managers. A Practice Manager (named representative) was also identified and asked to attend future CHF meetings to enable continued open discussions.

An issue about the lack of information on patient transport was raised and the need for this to be accessible, for patients who need transport to attend GP/hospital appointments so they can easily arrange it. We liaised with the Practice Managers group to agree that they will update their GP practice websites with a section on patient transport information so it is easily accessible for patients.

How your PPG will fit into the newly formed PCNs, working together – the practice manager who will be attending future CHF meetings will also act as the conduit between CHF and Primary Care Networks.

### **Where can you find more information about this work?**

For more information about the Calderdale Health Forum and notes of meetings please see the links below on Calderdale CCG website:

[https://www.calderdaleccg.nhs.uk/get\\_involved/have-your-say/](https://www.calderdaleccg.nhs.uk/get_involved/have-your-say/)

<https://www.calderdaleccg.nhs.uk/?s=health+forum>

Resources for Patient Reference Groups can also be found at the link below:

[https://www.calderdaleccg.nhs.uk/get\\_involved/resources-for-your-patient-reference-group-prg/](https://www.calderdaleccg.nhs.uk/get_involved/resources-for-your-patient-reference-group-prg/)

## NHS Calderdale CCG

### Children and Young People's Autism Spectrum Disorder Summit 2020: "Find Your Brave"

February 2020

In January 2019, system leaders, young people, parent carers, community representatives and elected members attended Calderdale's first Children and Young People's Autism Spectrum Disorder (ASD) summit. Here they pledged to transform the experiences and outcomes of children and young people, and take positive Action on Autism. A second summit was held in 2020.

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

On the afternoon of 5th February 2020, Calderdale Young People with Autism Spectrum Disorder (ASD) organised and led a stakeholder summit 'Find your Brave', at North Bridge Leisure Centre, Halifax. This took place during National Children's Mental Health Week.

A Marketplace Event was held, at which partner organisations and staff promoted their services and support for children and young people with ASD. Staff, Summit attendees and young people also attended Training2Care's the Autism Experience, also held at North Bridge Leisure Centre.



During the Summit, our Young People told participants their personal stories and what their dreams for Calderdale are. System leaders gave an update on the pledges made in January 2019 and partners celebrated the progress made since then.

Participants identified together how we all can continue the journey together in transforming the way we think, organise and operate in Calderdale.

Creative Connections were asked by the young people to curate the conversations and provide an aspirational context for the day.

The focus of this work was for the young people to 'Find Their Brave' by designing and leading the Summit, this included everything from the theme, agenda, layout of furniture, artwork dreams displayed around the room, and the topics discussed on tables.

There are many stakeholders committed to improving care for children and young people with autism. This Summit gave our Young People the opportunity to be heard first-hand, to describe their experiences and their dreams for the future.

The Summit provided renewed focus, energy and commitment by partners to transforming ASD services for the Children and Young People of Calderdale.

### **What did they tell you?**

The emerging themes were generated from the topics that the C&YP with Autism wanted to discuss such as:

- preparing and supporting children and young people with autism for and during transition from one education setting to another, and to employment;
- understanding and identifying the training needs of professionals who support children and young people with autism;
- supporting children and young people with autism on issues related to social inclusion, and what our dreams for Calderdale are.

### **What did you do?**

The ideas and actions generated will be used to inform Calderdale system working under the 'Thrive' model of emotional wellbeing and mental health care for children and young people, and next steps for ASD, aligned to Calderdale's all-age Autism Strategy.

They will also be used to inform the work of the ASD Steering Group and other key Calderdale partners.

### **Where can you find more information about this work?**

A report of the findings from the event summit is currently in development and will be published on the Calderdale CCG website later in the year.

## **NHS Calderdale, Greater Huddersfield and North Kirklees CCGs Equality Delivery System (EDS2) February and March 2020**

EDS2 is a tool designed to help NHS organisations review and improve their performance for local people protected by the Equality Act 2010. The tool identifies what needs to be done to ensure the organisation is meeting the Public Sector Equality Duty (PSED). The protected characteristics are age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex and sexual orientation.

Without engagement with local people and communities, it would not be possible to deliver EDS2 effectively. This year all three CCGs worked in partnership with several large healthcare providers including Calderdale and Huddersfield NHS Foundation Trust, The Mid Yorkshire Hospitals NHS Trust, South West Yorkshire Partnership NHS Foundation Trust and Locala to deliver a joint approach to engaging with local communities and delivering the EDS2.

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

A new model for delivery was agreed for 2019-20. Instead of the community panel model used in previous years, the EDS2 was delivered through two market place style events in Calderdale and Kirklees. The CCGs and Providers each had a stall where information was shared informally and participants had an opportunity to discuss the projects before they made an assessment. No evidence templates were sent out in advance and the more relaxed approach attracted more community interest. The events took place on the following dates:

- Calderdale – Calderdale College on 26 February 2020
- Kirklees – The Mission on 11 March 2020

The theme this year was patient experience and complaints and participants were asked to grade the CCGs as either 'Undeveloped', 'Developing', 'Achieving' or 'Excelling'..

### **What did they tell you?**

- Whilst the CCG has been involving and working with different communities it should involve and work with more 'hard to reach' groups.
- Attendees who had been involved in the Wheelchair services review felt they had not received timely feedback and wanted to know when future promised involvement opportunities would be forthcoming.
- Translation and interpreting service provision should be improved to enable better access to mental health services for BAME communities and specifically Asylum Seekers and Refugees.
- Accessibility in health services needs improvement, particularly access and experience for disabled people and those with impairments. People specifically mentioned inaccessible online access, limited opening times and inaccessible buildings and locations without parking as barriers to equitable access to services.

### **What did you do?**

The recommendations will be used to update our equality objectives and improve how we work with seldom heard groups.

**Where can you find more information about this work?**

A report of the findings from the engagement process will be produced for Calderdale and Kirklees by the end of July 2020. The reports will be published in the equality and diversity sections of the CCGs websites:

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

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

<https://www.northkirkleescg.nhs.uk/about-us/equality-and-diversity/equality-delivery-system-eds2/>

Improving Psychological Therapies Services (IAPT) is a way to enable people with low level / common mental health problems, such as depression and anxiety to access psychological (talking) therapies. It is about providing people in Calderdale with accessible and appropriate psychological support to help improve their mental health experience.

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

The CCG wanted to review how IAPT services are delivered in Calderdale and also build on engagement that took place in 2018 on adult psychological services. The purpose of the engagement is about providing people in Calderdale with accessible and appropriate psychological support to help improve and maintain their mental wellbeing. The engagement will look at what's working and what opportunities there are to provide low level mental health interventions in different ways.

The CCG wanted to look specifically at IAPT services for low level mental health and how they can be developed. And also to gather people's views, experiences and ideas from people who have used current IAPT services. As well as ideas of how they feel the service could be improved. We wanted to know more about:

- How patients manage their mental wellbeing
- What patients and staff's experience are of the IAPT service
- Exploring the use of digital technology to support managing your mental wellbeing

The feedback will be used to inform and shape a psychological service which meets the needs of local people.

The engagement was delivered over a five week period from 3 February to 6 March. The key audiences and communities were:

- Service users
- Families and carers
- Staff
- Referrers to IAPT
- People who represent the follow communities;
- Black and Minority Ethnic groups
- Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)
- Young people
- People over 65

### **What did they tell you?**

The CCG received 154 responses to the survey. The overall findings and common themes from the engagement are summarised below.

The majority of people told us that if they were worried about their mental health that they would contact their GP for an appointment. This was closely followed by contacting family or friends. Some people also said that they would check an online website or app.

There were mixed responses from people who had accessed support for their mental wellbeing in terms of whether they found the support they were looking for and whether they found it helpful or not.



- Of those that said they did find the support they were looking for there was a mixture of what types of support they received such as; medication, meditation, talking therapies, counselling, course and going to groups.
- For those that said they didn't find the support they were looking for most felt that they had to wait too long for the support.
- There were other mixed comments from people who thought some of the support they received was helpful and other aspects not so helpful. It appears from the all the comments that the experiences people had was relative to each individual person and their circumstances at the time.

The most preferred ways people told us how they manage their mental being was taking part in physical activity or talking with family or friends. Other popular ways people said they manage their mental wellbeing is by attending groups, classes, taking up hobbies or doing mindfulness and relaxation techniques.

There was a mixed response from people in terms of digital support.

- Some people told us they were aware of online apps our courses to support their mental wellbeing and others said they weren't aware.
- Of those that were aware some told us that digital support such as apps, online courses; webchats were not a preferred method of managing their mental wellbeing.
- However, people who told us they were aware and were happy with the digital support they received said they like to use them for mindfulness, mediation to ease / help with anxiety, help with OCD/depression and sleep. And that they liked the accessibility of being able to use them when they need them
- Others said that they don't use apps for reasons such as they didn't use apps were because they struggled with technology, they don't like using apps, or because of their conditions or their reasons were too complex / complicated.

People told us that one to one support, face to face contact and being able to stay in touch was important to them. As well as support not being time limited and being able to access support in the community.

- The majority of people who said they had accessed talking therapies said that they accessed it via their GP, closely followed by self-referral. And most people said that they thought it was easy to find information about talking therapies. However, there were several comments from people who said that there should be more awareness and promotion of the service.
- Receiving one to one support and practical advice

Other themes from the comments received about Talking Therapies in Calderdale were:

- People want to access to services quickly and shorter waiting times around; accessing therapy
  - referrals to use group sessions
  - to see consultants
- People wanted support which is not 'time-limited'
- People wanted services to support recovery and provide practical coping strategies
- People wanted services to be person centred
- People wanted more self-help groups
- People wanted the CCG to invest in more IAPT services

Overall the majority of people are happy with the service they received or have received. From the comments that were received from people who told us 'what works well from their experience' there were more positive than negative. The most common themes from people were:

- Competent, interested, non-judgemental and compassionate staff
- Building a trusting relationship and consistency of seeing the same person
- Access to the service including telephone appointments and the referral system such as being able to self-refer

### **What did you do?**

Recommendations to further engage to address gaps in equality groups.

The next steps for the CCG will be to consider all the views and feedback within this report along with the EIA to inform the future of mental health services in Calderdale. We will do this by holding a stakeholder workshop to discuss the engagement findings and coproduce solutions.

The findings will also be shared through internal governance and with the Mental Health Innovation Hub.

The report will be published on the CCG website and next steps explained following consideration of the findings.

### **Where can you find more information about this work?**

Please find below link to the CCG website for the engagement report of findings

<https://www.calderdaleccg.nhs.uk/iapt-engagement-and-equality-report-of-findings/>

## NHS Calderdale CCG Out of Hospital Care event February 2020

Emergency admissions and prolonged hospital stays particularly in a frail elderly population leads to deconditioning and the need for higher levels of care once discharged. In Calderdale we have managed to significantly reduce delayed transfers of care however, there is more which could be done. At times of crisis or escalating needs we know it improves outcomes for people if we can keep them at home. Improved responsiveness of community services through flexible teams working in multi-disciplinary teams will improve patient outcomes whilst avoiding emergency admissions and freeing hospital bed days.

The aim of this work is:

- To provide a proactive and flexible model of community care & support, designed to support people in a person centred way;
- To maximise peoples skills and independence responding to their changing needs

There is a multi-professional stakeholder group working towards developing the model for out of hospital care. The principles underpinning this work are as a result of all previous engagement taken place since 2013 such as Care Closer to Home ('CC2H') and care homes. And also feedback from a recent engagement undertake by Healthwatch regarding the NHS Long Term Plan. To find out more about all our engagement activity please go to the CCG website [here](#).

### Who did you consult with and what did you ask?

At the end of February 2020, an engagement event was held for health and care staff from across the Calderdale system such as:

- Calderdale and Huddersfield Foundation Trust (CHFT) – both community staff, and acute staff who work in the hospital (staff from teams such as; therapies, intermediate care, community nursing etc.)
- A range of voluntary sector organisations such as Alzheimer's society and Age UK
- South West Yorkshire Partnership Foundation Trust which provides mental health services
- Calderdale Council such as; social workers and commissioners.
- End of life organisations such as Marie Curie
- Care Homes providers



The aim of the event was to provide an opportunity for staff to voice their views on the current ways of working and to share their ideas relating to how future provision could look, based on their expertise and knowledge. The key areas for focus were:

- Out of hospital/community beds
- Trusted and single assessment
- Transition from step down to step up

- Workforce and skill mix
- Stroke
- Dementia and mental health
- Rehab – what is your definition of rehab? (to enable a common language to be used going forward).

### **What did they tell you?**

All of the notes/ideas/suggestions from the event are currently being analysed and a report is being developed. Key themes that are emerging from what people told us are below:

- Integrated working and skilled workforce and multi-disciplinary teams
- Opportunities to improve models of care and pathways
- Making sure assessments are fit for purpose and criteria is clear and simple but flexible to meet the needs of the person
- Increased use of technology

There was a general consensus about what rehab is and it was agreed that it is very broad ranging. The overall suggestion was that we should not be sticking to a rigid set of criteria if it can be demonstrated that the patient would benefit from some level of 'rehab'.

### **What did you do?**

We are currently processing all the feedback received and as a result, updating our programme plans around the emerging themes. This will improve ways of working across existing services and inform our next steps in relation to needs for our community beds.

Further engagement with patients, carers and key stakeholders will take place later in the year with those who have experiences of these services. And ongoing engagement with staff, patients, carers and key stakeholders will continue to help inform future planning of services and the out of hospital care model.

### **Where can you find more information about this work?**

Please find below link to the CCG website for the engagement report of findings

<https://www.calderdaleccg.nhs.uk/out-of-hospital-care-event-february-2020/>

## **NHS Calderdale CCG**

### **Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ)**

#### **Adults Experience of their local GP practice**

**February to March 2020**

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

The engagement was aimed at all LGBTQ Adults who are resident in Calderdale, aged over 18 years old. The engagement ran for six weeks from 03 February to 13 March 2020.

#### **What did they tell you?**

The CCG received a total of **48** responses to the survey and the key findings from the engagement are listed below:

- Over half of the responders to the survey did not identify as LGBTQ.
- Responders mainly felt comfortable discussing their gender identity and sexual orientation, with the majority of the GPs/health professionals using their preferred pronouns.
- Over half of the responders were unsure if GPs had a good understanding of LGBTQ issues but felt they had a good understanding of gender and sexual identity. More than half of the responders felt unsure if GPs and their staff were welcoming to LGBTQ patients and did not feel that gender neutral toilets were important.
- Over half of the responders had not asked about other local services to support them and the vast majority were not referred to a different service.
- The vast majority of responders were seen by a GP and nearly half were seen in the last 6 months and over a third in the last month. Over half of the responders made appointments by telephone.
- Over half of the responders had no access issues when attending their GP practice and reported to have a very good experience. The vast majority felt their GP understood their needs and felt they could ask questions.
- The most important traits of a GP/health professional were reported as respect and to be good at listening.
- Positive experiences were that appointments were on time; people felt listened to and received a professional service. Staff were respectful of relationship and appropriate language used. No assumptions were made. GP staff friendly and helpful. In consultation there was time to talk, ask questions and the GP explained. Able to make appointments on the same day.
- Negative experiences were that GPs could dismiss issue and just advise to take paracetamol, appear to not be listening, having long waits to be seen and reception staff could be unhelpful.
- Responders asked that they gain quicker access, be able to discuss more than one issue and less assumptions be made. Training for GPs on transgender treatments and training for receptionist staff on customer care and equality. Responders would also like an improved appointment system to reduce waits, with an enhanced system for urgent appointments.
- Responders suggested that GP practices need to be more welcoming and accepting of the LGBTQ community and have individual knowledge of LGBTQ concerns.

Responders identified the following improvements:

- More time, more GPs, more appointments and more funding
- Improved appointment system

- Reduce waiting times
- Training for reception staff in customer care and equality
- Practices to be more LGBTQ friendly

### **What did you do?**

The CCG adapted the LGBTQ Young person's survey for adults to have their say on existing services using either an online or paper questionnaire. Calderdale LGBTQ Partnership gave their feedback on the questionnaire and tested out the effectiveness before it went live. The questionnaire was then shared via the LGBTQ Partnership and the CCGs stakeholder list, plus on the CCG website and the CCG social media accounts.

The stakeholder list comprised of Calderdale Council teams, Police, voluntary and community organisations, Healthwatch, NHS South West Yorkshire Mental Health Trust, Voluntary Action Calderdale and the Voluntary Sector Alliance.

The questionnaire also had the CCG Free post address for people to return their completed forms back to the CCG.

### **Where can you find more information about this work?**

Please find below link to the CCG website for the engagement report of findings

<https://www.calderdaleccg.nhs.uk/lbqtq-gp-survey/>

**Calderdale and Huddersfield Foundation Trust (CHFT)**  
**Transforming hospital services in Halifax and Huddersfield design principles**  
**engagement phase**  
**October – December 2019**

The transformation process started in 2016 with a public consultation led by our CCG partners in Calderdale and Greater Huddersfield. The Department of Health awarded funding of £196.6 m to support the proposals to transform care at Calderdale Royal Hospital and Huddersfield Royal Infirmary in December 2018.

As a result, we were able to start the initial Design Principles Brief with events for our staff and invited representatives from our local populations. These ran from October-December 2019.

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

We held four Public Involvement sessions, two each at The Shay in Halifax and Briar Court in Huddersfield for invited representatives from our communities. The attendees were asked their views on a range of key issues for how the new CRH and HRI might look and deliver services in the future.

The issues were central to the future planning process and were:

- Wayfinding and Access
- Accident and Emergency
- In-patient Wards
- Waiting Areas
- Digital Technology.

We also attended an older people's fair and forums for children and teenagers as our proposals include a specialist emergency department for younger people for the first time in our area.

We also held parallel events for clinical and non-clinical colleagues at CHFT for their feedback about the new hospital to ensure they are fit for purpose for providing healthcare services for our patients and, importantly, a pleasant environment to work in.

**What did they tell us?**

There was lots of feedback received from Public Involvement Sessions – including input from older people's fair and children and young people's forums, themes are below

- Wayfinding and Access – clear signage and well-located co-services
- Accident and Emergency – separate areas for young patients and elderly
- In-patient Wards – single rooms as far as possible and capacity for parents/carers to stay overnight
- Waiting Areas – informal seating areas avoiding rows
- Digital Technology- more use to enhance

Themes from staff are below;

- Enhanced technological capability to connect a range of devices and equipment with full coverage
- Storage, changing and rest facilities for colleagues and multidisciplinary teams

- Good patient observation areas in ED and ward areas with flexible space to support patient flow
- Attractive work environment and natural light is key to supporting colleague's wellbeing

### **What did we do?**

- The feedback and ideas from the Public Involvement sessions and the CHFT colleagues are – at the time of writing - being collated into key themes and findings in two reports. These will form a Design Brief report.
- All three will be presented to our JHSC in March 2020 and be shared with NHSE and NHSI partners as well as the incumbent design partner once appointed (expected March 2020)

### **Where can you find more information about this work?**

A report of the findings from the engagement can be found on the following websites

[www.cht.nhs.uk](http://www.cht.nhs.uk),

<https://www.calderdaleccg.nhs.uk/>

<https://www.greaterhuddersfieldccg.nhs.uk/>



Working across Calderdale and Greater Huddersfield the local cancer network has ensured that national priorities are implemented locally. These have included the rollout of improved bowel cancer screen which has improved take up rates; implementation of the primary HPV vaccination and engagement in the development of 16 optimal cancer pathways to establish consistency of offer across West Yorkshire and Harrogate.

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

CHFT together with Macmillan Cancer Support have been looking into the feasibility of providing 'prehabilitation' for people with a new cancer diagnosis. Prehabilitation looks at what the needs and support of an individual may be so they can help inform their own decisions as soon as possible after diagnosis. This helps to improve their own health and wellbeing and maximising their resilience to treatment throughout their cancer journey and inform personalised care plans and individualised prehab interventions.

In Calderdale engagement has taken place with people with learning disabilities and in Kirklees with South Asian communities to better understand the barriers to taking up screening.

The Macmillan information team at CHFT regularly host cancer patient focus groups of approximately 15 people who are a mix of patients and carers from a cross section of cancer groups. Key services are discussed and they are asked about their health and wellbeing, what is offered and the persons/carers experiences during this time, which provides critical feedback regarding improvements to those services.

### **What did they tell you?**

From the Macmillan focus groups examples of the output of this group include more peer support on diagnosis and the lack of support from people living with incurable cancer. They also described the benefit of the health and well-being events however felt these would be useful earlier in the patients' journey.

Emerging national evidence suggest improving wellbeing, physical, emotional and mental wellbeing improves outcomes and access to treatments.

### **What did you do?**

As part of the prehabilitation project CHFT will report its findings and outcomes to Macmillan to further develop this pathway and establish best practice.

The Macmillan service has also responded to feedback by setting up a volunteer befriending service that will visit newly diagnosed patients on the wards and developing the 'Thinking Ahead' course to empower and support people living with incurable cancer. The First Steps cancer programme – a health and well-being event offered to all newly diagnosed cancer patients, has also been established which also supports the delivery of key messages relevant to the prehabilitation of patients.

### **Where can you find more information about this work?**

A report of the findings from the engagement can be found on the following website  
<https://www.cht.nhs.uk/services/clinical-services/oncology/information-support/>

## South West Yorkshire Partnership Foundation Trust (SWYPFT) Trust staff networks to encourage a diverse workforce April 19 - ongoing

The South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) wants to create an inclusive environment for staff; this in turn ensures that those who use our services feel included as they are supported by people who reflect the local population. The staff networks in the Trust are involving staff to ensure we can actively promote and demonstrate our commitment to equality and diversity.

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

The Trust regularly consults and involves the networks in all aspects of Trust work. Each network is set up to support improvements in the workplace and to foster good relationships between staff, service users, carers, friends and families. This also supports our work with communities. The networks are detailed below:

- The Lesbian, Gay, Bisexual, Transgender plus (LGBT+) network
- The Black and Minority Ethnic (BAME) network
- The Disability network

Each network has been set up with a view to ensure the Trust is supportive of those from the LGBT+, BAME community and those with a disability. Demonstrating a commitment to this agenda means the Trust can promote itself as a great place to work, encouraging a diverse range of staff to join. A diverse workforce means the Trust can better reflect the population we serve resulting in better outcomes for all.

### **What did they tell you?**

**LGBT+:** has just defined their role as promoting LGBT+ and recognising individuals who are currently working in the trust. The network aim to, break down barriers and recognise individuals within the work place. So far there has been excellent feedback with reports of 'it brings a smile to everyone's face'. The flag can be seen on Facebook, Twitter and flying at our mast.

**BAME:** The network creates an environment whereby people support one another in celebrating their achievements, maximising potential and also challenging the Trust when things are not going well. The network, involve themselves in schemes such as Race forward and deliver an annual event for all staff. As a multicultural society The Trust want to be a multicultural organisation, where appreciating the value that diversity brings is the fundamental premise. Genuinely appreciating diversity means that we live the values of the Trust and can provide better care for the people that we are here to support.

**Disability network:** Members want to empower and support staff with a disability or ongoing long term health condition to achieve and/or maintain their potential by maximising on the contribution of staff in delivering the Trust's mission, values and strategic objectives and helping to shape and influence policies and procedures within the Trust to ensure that equality is proactively considered.

In addition all staff networks support the people; who use our services and create an inclusive environment for staff, families, friends and cares.

### **What did you do?**

All the networks are a point of contact to reach our diverse staff. The networks are engaged on issues relating to equality and diversity.

**LGBT+** The recent pride celebrations in the region were also recognised in the shape of a decorated hut (our security box) at the Fieldhead site as well as a flag at our main entrance. The LGBT+ network have a commitment to raising the profile of LGBT+ throughout the organisation.

**BAME:** By being part of the network means staff have gained access to local and national courses with the NHS Leadership Academy. One staff member has supported the lead for inclusion and talent management with the Leadership Academy, and presented at future events.

**Disability network:** A newly formed group; have already looked at the policy for supporting people in the workplace. Following a review of disabled car parking spaces – two extra disabled spaces have been created. Collaboration with Learning and Development to support students with disabilities when attending training courses within the Learning and Wellbeing Centre mean staff can request any reasonable adjustments. A permanent hearing loop is now in use in the Large Conference Room. A portable loop is also available in reception which can be used in any of the other training rooms

Going forward a network for carers will be set up as part of the Trust work to deliver on the West Yorkshire and Harrogate Partnership 'Carers Passport'.

### **Where can you find more information about this work?**

For more information about this work go to the Trust website and search the network you are interested in, follow the address: <https://www.southwestyorkshire.nhs.uk/>

Work took place to demonstrate the values of the Trust by engaging, involving and working with as many diverse service users and carers in the development of the Carers charter. The Trust acknowledges that work is required if we are to ensure our commitment to carers is upheld. This means that we need to continually work to ensure the needs of family, friends and carers are addressed by embedding an approach to support and involve family, friends and carers across the organisation. Nationally the statistics surrounding family, friends and carers requires a call to action to address the fact that:

- 1 in 8 adults (around 6.5 million people) are carers
- 6000 people across the UK become a carer everyday
- There are around 260,000 unpaid carers living in WY&H. This includes young carers.
- 1 in 7 of our workforce currently balance work with their caring responsibilities, with numbers as high as 1 in 5 in some sectors

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

When we are describing 'carers' we mean 'anyone who provides unpaid care and support to a family member or friend due to their disability, health condition, frailty, mental health problem, addiction or other health and care needs'.

The concept of a charter originally came from our carers group. The idea was to co-produce a charter which:

- Identified a definition for carers
- Created a set of objectives the Trust needed to deliver on
- Described what our commitment to carers should be
- How the charter should be promoted

To help enable us to produce the 'Our Commitment to Carers' charter it was absolutely imperative we gather the views and comments of carers as well as services users, third sector partner organisation and staff.

The Trust actively engaged with 125 people. Staff attended a number of events and existing carers groups across the areas of Calderdale, Kirklees, Wakefield and Barnsley.

Each conversation had a range of carers who had an interest in mental health. The Trust wanted to gather feedback to create a postcard and poster.

### **What did they tell you?**

People told us what they wanted to see on a charter. The charter encompasses the views of all those engaged. A draft version of the charter once developed was recirculated to those who had given a view. This helped to create a final version and an infographic which are attached below:

In addition those participating identified a definition of a carer whilst co-designing the Trust charter. People told us that a carer should be defined in the context of **'Family, Friends and Carers'** to ensure anyone who identifies with the description above is included. This wider definition has now been adopted by the Trust.

# Our commitment to carers

**Did you know...**

<p>There are <b>160,000</b> unpaid carers in the South West Yorkshire Partnership NHS Foundation Trust area</p>	<p>There are <b>AROUND 7 MILLION</b> carers in the UK – that is one in ten people</p>	<p><b>4.1 MILLION</b> people care for more than 50 hours per week</p>	<p>There are <b>700,000</b> young carers in the UK</p>	<p>Carers save the government <b>£132 BILLION POUNDS</b> every year</p>
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**We recently held local events with carers so we could make sure that we support you in the right way**

<p><b>125 people</b> attended our local events</p>	<p>This included:  <b>44</b> carers  <b>39</b> third sector and partners  <b>42</b> staff</p>	<p>Events were held in:  <b>BARNSELY,</b>  <b>CALDERDALE,</b>  <b>KIRKLEES AND</b>  <b>WAKEFIELD</b></p>	<p>We also met Kirklees Mental Health Carers Network and the Forensic Carers Dialogue Group</p>
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**You told us you wanted...**

Carers to be the very first point of contact	Carers to be viewed as experts by experience	To be valued as a carer with staff being more carer aware	To not exclude carers because of confidentiality
More information about decisions and diagnosis	Jargon free information	Co-produced staff and carer training	Dedicated carer support in each service and area
Clear signposting to carer assessments	A carers passport	Support out of hours	More opportunities and activities to reduce isolation
A visible carers charter displayed in all areas	A carers strategy action plan so we can be held to account	More integrated working between third sector and partners	More opportunities to provide feedback directly to managers

**We need to listen to carers, learn from their experiences and act to change.**

For more information or to discuss our support for carers contact 0800 587 2108.

With all of us in mind.

## What did you do?

Following the engagement the Trust also created a version of a carer's card. The Charter and infographic are now displayed in all out-patient clinics, community centres, in-patient areas and at GP practices. In addition West Yorkshire and Harrogate Partnership and NHS England have added it to their carer's resource to share regionally and nationally.

The revised charter and info graph was very well received, in particular by the carers who found it easy to read and understand.

## Where can you find more information about this work?

To find out more about this work, a copy of the charter and our commitment to carers, visit our Trust website on: <https://www.southwestyorkshire.nhs.uk/>

**South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)**  
**The Dales, improving adult inpatient wards**  
**May – June 2019**

The Dales consists of 3 wards Elmdale, Ashdale and Beechdale. Elmdale and Ashdale wards are mixed sex inpatient units for working age adults with mental health conditions. The wards are single en-suite rooms and have a number of day areas for shorter-term treatment. The unit also provides an occupational therapy service with gym facilities and therapeutic gardens. Beechdale ward is for older people. The Unit is run by South West Yorkshire Partnership NHS Foundation Trust and is based at Calderdale Royal Infirmary.

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

Occupational Therapists (OT) at 'The Dales' ward consulted with service users and carers on each of the wards. Therapists talked face to face with approximately 60 people during a period of time to find out what would help and enhance their mental wellbeing. People were asked questions and encouraged to provide responses to the following;

- What activities would they like to do during their admission to the ward?
- Service users were encouraged to ask questions about their feelings on being on the ward?
- People were asked to describe their expectations of occupational therapy?
- People were asked what therapeutic intervention they would like to do

**What did they tell you?**

Following a number of interviews the key areas that the team were keen to resolve from what people had told them were:

- The view from patients that there were not many activities on the wards and that they would like to find things they could do as the wards could be boring
- The suggestion from patients was to alleviate boredom by introducing creative activities to reduce this and prevent a feeling of isolation
- Patients also stated that they wanted something meaningful to be involved in

Staff worked hard to identify solutions to address each of these areas with service users.

**What did you do?**

The Occupational Therapists leading the work responded to the request by service users to look at solutions which would support creative approaches. The therapists spoke to 'Creative Minds' who suggested an arts café model, this had already been a successful and well established approach. Creative Minds also identified partners who could support this work. They were keen to replicate an art café in a ward environment.

A funding application supported by the Trust charity EYUP in partnership with 'Creative Minds' and using artists from partner organisations like 'Square Chapel' arts and 'Archway Project' were brought on to the ward to run a group which was named 'Art's Café at the Dales'.

**Where can you find more information about this work?**

For more information about this work contact Anthony Payne, Therapy Assistant on the following email address: [Anthony.Payne@swyt.nhs.uk](mailto:Anthony.Payne@swyt.nhs.uk)



**South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)**  
**Single Point of Access (SPA)**  
**July – November 2019**

The Calderdale and Kirklees Single Point of Access team (SPA) ensures that all, urgent, and routine referrals for Trust mental health services are processed and responded to in a timely way, following a triage process.

The team screens all referrals for urgency such as needing a response within 4 hours or 14 days or to give advice for alternative help. The team will refer all those who have been screened to need a 4 hour response (urgent referral) to the Intensive Home Based Treatment team for further triage which may lead to a face to face assessment. SPA will see people who need an assessment within 14 days.

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

Calderdale and Kirklees Healthwatch have already engaged and continue to engage local people on the SPA service.

In parallel over the past 12 months SPA has been going through a review of how it works. As part of this approach engagement events have been planned to test any findings from review activity. Some of the challenges identified in these reviews included:

- Ongoing increases in referrals
- The SPA receives many helpline calls rather than referrals for initial triage and assessment.
- Referral quality from primary care
- Getting the referral routes into services right
- Triage and use of the triage scale
- Out of hours arrangements
- Compassionate staffing
- Support for carers
- Resourcing

An engagement event was held in July 2019 (jointly with the Trust and Healthwatch) to understand more about the areas identified in the review. People shared their views and the following themes were identified:

- Managing expectations when a SWYPFT service is and is not appropriate
- Different options for different people
- Role of 999 and 111
- Use of technology
- Streamline information
- Clear description of SPA
- Being accessible
- Signposting and SPA's role
- The need for a safe space
- SPA needs to be well-defined and this needs to be communicated
- Not telling people this isn't the right place
- Following this learning more engagement was planned for November 2019 to enable further conversations to take place. The report describes the findings from this work.

The approach to engagement was to deliver 2 workshops, one in Calderdale and one in Kirklees. The events were promoted using a flyer which was circulated throughout the Trust and partnership networks. The workshops were aimed at:

- Service users, carers and families
- Staff
- Healthwatch
- Groups that have an interest in improving mental health services
- Partner organisations including the CCG and Local Authority
- Voluntary and community sector

The events took place in a local community venue and were facilitated by staff with the support of Healthwatch. The team delivered a presentation to set the scene for the event. The discussions focused on a number of key themes that had emerged from the previous engagement activity.

Those attending were asked to consider the key themes and invited to comment on how the service could be developed and improved

### **What did you ask?**

Those attending were asked to consider the key themes and invited to comment on how the service could be developed and improved. The 7 original key themes are identified below along with the work the Trust has already started in these areas:

#### Defining and communicating the SPA offer

- The new triage scale, referral process and access to new phone routes is redefining the SPA offer.
- Refreshed the wording on the Trust website and we plan to relaunch the service

#### Knowing where to go and who to contact

- The Trust website has been updated
- Developing a directory of services with commissioners
- Working more closely with partners
- Improving SPA staffs knowledge of partner organisations

#### Using technology

- Implemented a text reminder system for appointments
- Working closely with GPs to develop e-referrals
- Working with NHS England to pilot an Electronic Referral System for GP's and service users



## Appropriate referrals into SPA

- We are working closely with GP's to develop new guidelines, referral guidance and e-referral processes
- Guidance to be shared with partners

## Better access to MH services

- A new helpline is in the process of being commissioned
- We've been working closely with NHS 111 to improve the referral process when someone calls them

## Appropriate and timely SPA Assessments

- We're trialling a new triage tool
- Working towards 24 and 72 hour responses
- Plans for short term interventions by SPA staff

## Compassionate Staffing

- Working with staff in supervision
- Team manager and admin manager reviewing calls
- Team managers presence in the office

Following a review of feedback from the Calderdale session, a decision was taken to deliver the event in Kirklees using only 4 discussion topics, groups some of the 7 themes together, to avoid duplication and focus the conversations on the areas that matter most to those attending.

When reviewing the written notes from the sessions, many comments related directly to the first 3 heading. Feedback from these was captured under findings. Group discussions on the other themes are reported within these headings or recorded under 'other'.

### What did they tell you?

In total we engaged 67 people who attended the events in Calderdale and Kirklees. The workshops took place on 6th November 2019 at Elsie Whiteley Centre, Halifax and on 21st November 2019 at Al Hikmah Centre, Batley. Both events ran from 10:00 – 1:30pm and light refreshments were provided at both events.

There were 21 people who attended the workshop in Calderdale and 46 people who attended in Kirklees. This section provides a high level summary of the key emerging themes from all the engagement which has taken place. The key emerging themes identified from the things that people have told us are set out below:

### Theme 1: Communicating the SPA and Mental Health Support Services Offer

- A better name for the service.
- A clearer description of what SPA does.
- More clarity around the crisis offer – particularly out of hours.
- Improving information about the MH services and how to access them.
- Establishing a central place for information, both via website and leaflet.

- Better publicising of services.

Other communications considerations

- Using social media.
- Developing and using flow charts.

### **Theme 2: Referrals and support**

- Improving and streamlining the referral process:
  - Better access routes in from primary care and Voluntary and Community Sector.
  - Improving telephone access, including from 111 directly through to SPA.
  - Capturing information only once.
  - Using technology where appropriate (whilst remaining person centred not technology centred)
- Improving support for carers, including:
  - Information packs for carers
  - for carers to prevent a crisis
  - Information for carers on the website
- Other considerations:
  - Ensuring the right levels of staffing of the service – particularly for people that do not have English as a first language, also for deaf / hard of hearing people
  - Managing confidentially
  - Using and sharing care plans

### **Theme 3: Timely SPA assessments**

- Appropriate and expert triaging and quick determination of best course of action
- Ensure processes are in place to:
  - Respond in a timely way
  - Reduce the numbers of missed appointments (DNAs)
  - Follow up when / as appropriate.

### **Theme 4: Compassionate staffing**

- The environment needs to feel caring; with staff responding in a caring; compassionate and supportive manner and people feeling valued and heard, including reflective practice.
- Use service users, carers and community partners to support this work.
- Recruit the right people.
- Get the Initial script right.
- Support staff and staff wellbeing.

### **What did you do?**

The findings from the report will be used to ensure service improvements are made. The SPA service will work to continually improve the service offer to service users, carers, families, agencies and partners. As work is progressed a 'you said, we did' response will be posted on to the website page so people can see progress.

### **Where can you find more information about this work?**

The report will be published on the Trust website under our get involved section once it is in place. People can find out more information about the SPA service on the Trust website. Go to <https://www.southwestyorkshire.nhs.uk/> and search SPA (the report is published on this section for now)

**South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)  
Suicide Bereavement Support Service (SBSS)  
August – November 2019**

The West Yorkshire and Harrogate Health Care Partnership, now ICS has been working collectively across a number of organisations and in consultation with public health leads to deliver specific suicide bereavement support services across the region.

South West Yorkshire Partnership NHS Foundation Trust is the appointed lead for the West Yorkshire and Harrogate Suicide Prevention Strategy and works collaboratively with other NHS care providers, local authorities, local Clinical Commissioning groups, prison partners, emergency services partners and voluntary community partners in the design of regional services for suicide prevention.

**Who did you consult with and what did you ask?**

The Suicide Prevention Project Manager ran a scoping exercise and consulted with multiple local authority leads for suicide prevention, partner organisations delivering NHS care, individuals affected by suicidal thoughts and actions and families who have been bereaved through suicide. Input in the form of proposals for services, either new or already successfully established was also requested.

The Trust engaged with a number of bereaved families and third sector partners across WYICS area including some service user/carer groups in Calderdale/Kirklees. We asked the following questions:

- What is a suicide specific bereavement support service?
- What support have people experienced across the region? What worked and what was missing?
- What are the present models for postvention in place nationally and what can we learn from them?
- How do we make any service accessible to all?

**What did they tell you?**

Each person who provided input to the review process had a unique experience of their own loss and their own thoughts about what had worked well for them.

This varied in to knowing that some people would not access a group but would respond better to one to ones. People told us:

- Some people live in rural communities and would need help to access a group or would not be able to commit to travel to a group so would need to have support in their own homes.
- Some people work better creatively and being made aware of and having access to creative options for expression of loss was important.
- Experience of those directly and recently affected by suicide spoke of having a link person, a family liaison worker who would guide them on some practical elements of what they as a family need to consider.
- Knowing where to go to get counselling, being able to easily access counselling and not being made to wait several months before being able to get the support needed.
- People wanted a model of post-intervention delivery that represented their local communities, that was reflective of the local people
- People expressed concern that a city centre model would not work well in rural communities

- People wanted something bespoke that was grown out of the connections in their local areas already established.
- For Information leaflets or a go to place where guidance was easy – ensuring that information on what to do in the event of a death was shared.
- That GPs also advised families/friends and significant others on bereavement support services. A clearly visible and identifiable service accessible to all.

### **What did you do?**

Based on the feedback West Yorkshire and Harrogate ICS launched a suicide bereavement support service on the 4th of December 2019. This service is commissioned to be delivered by Leeds Mind.

To date there are additional post-vention practitioners recruited to deliver Suicide bereavement support across the areas of Calderdale and Kirklees, Wakefield, Bradford, Harrogate and Craven these are in addition to the already established services for the Leeds area.

The service is in the first quarter of its delivery and the practitioners have established connections within the local community hubs. There is further development work that will take place as the service grows visibility and increases its presence across all organisations and grows connection to real time awareness of deaths in our local communities.

Each practitioner across the region is continuing to build connections to our communities and ensure visibility, accessibility and support is available. This is particularly important for prevention of future deaths through suicide and to reach all families who may be affected by suicide where there has been no contact with primary care services or secondary care services.

### **Where can you find more information about this work?**

Lin Harrison, WY&H ICS Suicide Prevention Project Manager is available at [lin.harrison@swyt.nhs.uk](mailto:lin.harrison@swyt.nhs.uk)

## **Voluntary Action Calderdale (VAC)**

### **Engagement Champions**

#### **July – November 2019**

Two cohorts of new Engagement Champions received the CCG approved engagement provider training in this financial year, leading to the recruitment of 20 additional Champions from eight new organisations across Calderdale.

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

Engagement Champions are either volunteers or workers for community organisations or charities within Calderdale. They attend one full day and two half days of training from Calderdale CCG which equips them with the skills and knowledge to support people to give their views by survey or focus groups. Engagement Champions can earn funds for their charity or community groups by carrying out this work on behalf of the CCG and also enhance the profile of their organisation and the skills of the individuals who take part.

#### **What did they tell you?**

Feedback on the Engagement Champions courses is very positive. However, it can be difficult for volunteers to attend training on three separate occasions and workers can struggle to attend every session as resources for a number of charities and community organisations are very stretched. The main learning points from the training this year are below:

- Beware the use of acronyms
- Participants should be advised to speak to their management teams about safeguarding procedures in their organisations and be signposted to VAC's Safeguarding Training
- The session concerning the understanding of funding of local healthcare received mixed scores of 2, 3, 4 and 5 so on reflection this could be an area to review
- Participants indicated they would like to see more practical tasks to increase competence and confidence and this may be something that could be built into the course
- Producing a workbook as a single point of reference for all of the information given would be helpful to participants

#### **What did you do?**

NHS Calderdale CCG is currently undertaking a review of the Engagement Champions training to ensure all information is current and up to date to train further people over the next year.

#### **Where can you find more information about this work?**

A report of the participant feedback from the engagement training has been developed and can be found in the look back section of this report (section 7) was shared in February 2020.

You can find out more about this work on the CCG website below:

<https://www.calderdaleccg.nhs.uk/giving-communities-a-voice/>

**Voluntary Action Calderdale (VAC)  
West Yorkshire and Harrogate Healthy Hearts  
October 2019**

Engagement Champions were asked to help communities to know about the key messages of the Healthy Hearts campaign by becoming a CVD (cardiovascular disease) Champion to help spread the word now and in the future.

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

Engagement Champions were asked to express an interest in this project and then attend a CCG briefing.

Engagement Champions were asked to spread healthy heart messages in the following ways:

- Explaining the key messages about making healthier lifestyle choices to increase health and fitness, plus by looking after themselves better it will help to reduce the risk of heart attacks and strokes
- Signposting people to resources available
- Encourage take up of Active Calderdale schemes (park run, walking groups)
- Attend a webinar (online interactive presentation with a live speaker) to increase knowledge
- Support people who are on statins to ask for regular prescription reviews

**What did they tell you?**

This particular project was around signposting and explaining key messages rather than asking for feedback. The key themes of the engagement have been given above.

**What did you do?**

This project was not about collecting feedback or reporting findings. It was about explaining key messages and signposting to resources, schemes and prescription reviews

**Where can you find more information about this work?**

Please find below link to the Healthy Hearts website which contains lots of information, guidance and resources for the project:

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

**Voluntary Action Calderdale (VAC)  
Alternative Provider Medical Services consultation  
October to December 2019**

VAC asked all Engagement Champions to attend a briefing delivered by the CCG on the topic to help distribute and support completion of surveys in the areas where there could be potential closures of a GP practice or a branch of the practice. The surveys were used to understand the impact of the closures in areas of Calderdale across all of the protected characteristics.

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

Seven Engagement Champions attended the briefing and four subsequently were involved in supporting the completion of surveys in Calderdale across the protected characteristics of disability, age, gender, religion and belief and race and ethnicity in different localities. The remaining Engagement Champions, who attended the briefings, circulated the link to the survey to their members and networks. Where there were gaps in representation for survey returns, VAC supported the CCG further by engaging with local schools in a locality where a closure was possible, advising local people of engagement events about the closures and providing information on the completion of surveys.

Surveys were used to collate information and this supported the CCG events taking place in areas with potential closures. Face to face conversations also took place at schools in areas affected by potential closures.

VAC staff members talked to local people at schools and asked if they used the practice which was about to close and if so then talked to them about the CCG events being held or gave details of the link to the survey. Engagement Champions linked in with their service users and asked if their service users used the practice which was potentially closing. If so, they supported them to complete a CCG survey.

**What did they tell you?**

Many people we saw said they were unaware of the potential closures as they had received no communication from the NHS. This was fed back to Calderdale CCG who advised letters were sent out alphabetically. There was some delay in people receiving their letter.

Surveys were collected and then inputted by the CCG. Engagement Champions stated anecdotally that people felt the potential closures would impact them adversely and were worried about having further to travel and being less able to get a doctor's appointment when they needed one.

**What did you do?**

The surveys were returned to the CCG for inputting and for analysis. The CCG then prepare a report on the findings of the surveys.

**Where can you find more information about this work?**

Please find below link to the CCG website which contains the report of findings from both the consultation and pre-consultation engagement work.

<https://www.calderdaleccg.nhs.uk/apms/>



Engagement is an essential part of the planning and implementation stage of any commissioned service with the results helping shape and design services. This ensures that services meet the needs of the people of Calderdale, producing better outcomes.

#### **Who did we consult with and what did we ask?**

A Commissioning Officer asked for a piece of engagement to be undertaken to find out what potential needs people living with dementia and/or their partners may have when living in an extra care home. The new extra care home is situated in Brighouse. The new build will accommodate 60 apartments with 20 dedicated homes for people diagnosed with dementia.

This work was undertaken to understand what the needs of the potential residents will be and consisted of face to face conversations lasting up to an hour. The people who took part in these conversations were either people with dementia or their close family members. In total 11x one hour individual interviews were completed.

#### **What did they tell us?**

There were lots of suggestions and comments made which have been collated and put under the following themes:

- Health care needs
- Social care needs
- Family support needs
- Housing needs

#### **What will we do next?**

This report is shared with the Commissioning Officer for them to consider as part of the planning / implementation and with the people who took part in the conversations.

#### **Where can you find more information about this work?**

For further information please contact [Joanna.marshall@calderdale.gov.uk](mailto:Joanna.marshall@calderdale.gov.uk)



Engagement is an essential part of all stages of the commissioning process with the results helping shape and design services. Ongoing engagement ensures that services continue to meet the needs of the people of Calderdale, achieving better outcomes.

### **Who did we consult with and what did we ask?**

In 2018 a targeted survey was undertaken asking young people aged 11 years and over, their views on domestic abuse support. One of the recommendations from the survey report was that further in depth information was needed about the support offered in educational establishments. The recommendation suggested that holding focus group sessions with young people would enable this area to be explored in more depth. Focussed discussion sessions were facilitated by the Commissioning Engagement Officer at the following young people's groups:

- Time Out Volunteers meeting
- Calderdale's Tough Times Reference Group
- Branching Out, Hidden Harm Group
- Branching Out, Young Voices Group
- Calderdale Youth Council
- Calderdale's Young Advisors for the Safeguarding Partnership

In total 46 young people took part, aged between 11 – 20 years with the majority of young people being aged 13 – 17. Some young people who participated had personal experience either from living in a household where there was domestic abuse or through their own personal relationship. Others had no personal experience however felt they had something to offer.

### **What did they tell us?**

There were lots of suggestions and comments made which have been collated and put under the following themes:

- Education and awareness raising sessions in schools/college
- School-based trusted adults
- Promotion of domestic abuse support services including online support

### **What will we do next?**

This report will be given to the Commissioning Coordinator for Domestic Abuse and shared at the Domestic Abuse Strategic Board including the DA service Staying Safe and with the young people who took part.

The feedback will inform the development of planning and service delivery of Domestic Abuse Services and support in the future.

### **Where can you find more information about this work?**

For further information please contact [Joanna.marshall@calderdale.gov.uk](mailto:Joanna.marshall@calderdale.gov.uk)

## Calderdale Council Bowl cancer screening Summer 2019 onwards

This work focused on improving bowel cancer screening amongst groups in the population where participation rate in accessing bowel cancer screening is known to be significantly lower. In particular, amongst our South Asian population and people with Learning Disabilities (PWLD) in Calderdale.

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

Calderdale Public Health worked closely with key local organisations and groups such as [Cloverleaf Advocacy](#), the Self-Advocates group and [Health on the Streets](#) (HOTS) through the local Mosques to co-produce various workshops:

- To improve knowledge on bowel cancer.
- To improve knowledge on lifestyle changes that can be made to reduce the chances of colorectal cancer.
- To improve knowledge on bowel cancer screening and how attendees can access bowel screening in Calderdale.
- To obtain feedback on what participants already know about bowel cancer screening, if they have previously taken a test and what their experiences are.
- To find out how we can further support people to complete bowel cancer screening.

Each workshop began with at least one session to understand existing knowledge around the bowel, bowel cancer and screening to ascertain a starting point with each group.

Following introductory work, a workshop was then undertaken to improve bowel cancer screening knowledge in order to improve understanding and facilitate access to bowel cancer screening. A literature search was also undertaken to understand the national evidence surrounding barriers to screening for PWLD and South Asian communities.

The qualitative sessions asked a wealth of questions to understand participant knowledge of the bowel, bowel cancer, maintaining a healthy bowel and bowel cancer screening. Approximately 15 people with a learning disability and 13 South Asian older men took part in the work in each workshop.

All the above projects involved the following stakeholders:

- NHS England Screening and Immunisation Team
- Cancer Research UK
- Cloverleaf Advocacy
- Inclusion North
- Primary Care
- Secondary Care
- Calderdale Mosques
- HOTS
- Calderdale CCG

### What did they tell you?

The work with PWLD identified barriers exist across the cancer screening pathway that we must:

- Identify who to screen – who with a learning disability is eligible for screening and who has not accessed screening on an annual basis? Provide extra support in co-production.
- Provide information about screening in an easy read format- to PWLD and people who are related, work or support PWLD to raise knowledge and awareness of screening and to ensure an informed choice is made, along with reasonable adjustments.
- Reasonable adjustments need to be made (in some cases practical help) to ensure PWLD can access screening.
- Work collaboratively, it is everyone's responsibility to improve access to screening for PWLD (including the Learning Disability Nurses, family, support workers, carers, social workers)
- Work must be done with care givers to support PWLD to reduce the risk factors to Bowel cancer, by improving access to exercise, improving dietary intake, by reducing calories consumed and increasing intake of fibre.

The work with South Asian older men identified that knowledge on the bowel, bowel cancer and screening was poor prior to the session. Following the session the majority of participants said their knowledge had improved, they would take a screen and encourage family and friends to screen.

### **What did you do?**

The workshops included information to improve knowledge around the bowel and screening and questions in response to individual situations to access screening.

Work is in progress to cascade the session to more PWLD with the SHOUT OUT group part of lead the way Calderdale (Cloverleaf Advocacy), which will include easy read information and a locally produced easy read screening timeline (includes all screening programmes) at the request of the self-advocates.

The findings have been shared with the Calderdale improving screening and Immunisation coverage. Work is in progress to share the findings and information with supported living providers, as care givers, through the provider network meeting, coordinated through contracts at CMBC.

The findings from the work identified that a National flagging system to identify PWLD in the system for screening is due out within the next year. Local support is required to ensure the successful implementation of this. The CCG lead for PWLD has been informed and linked in with the National Programme Lead for this work.

HOTS are in discussion with the Mosques about conducting further workshops based within the Mosques.

### **Where can you find more information about this work?**

A report and presentation was presented at the Calderdale Improving screening and Immunisation coverage. For more information about this work contact [kate.horne@calderdale.gov.uk](mailto:kate.horne@calderdale.gov.uk)

## **Healthwatch**

### **Single point of access (SPA) for adults' mental health services in Calderdale and Kirklees**

**April 2019**

#### **Who did you consult with and what did you ask?**

During March and April 2019, Healthwatch Calderdale and Healthwatch Kirklees asked people to tell us about their experience of accessing the Single Point of Access (SPA) for adult mental health services in Kirklees and Calderdale. People were asked to share their experience of contacting SPA for themselves or on behalf of someone they care about. Staff members from various organisations who contact SPA on behalf of people they work with, were also asked to contribute to the project.

#### **What did they tell you?**

People spoke favourably about the responsiveness and accessibility of the SPA service and there were some positive examples of good quality interactions and support. People shared feedback on things they feel could be improved such as the attitude and approach of some of the staff who respond to SPA calls. People sometimes feel dismissed and that there is a lack of empathy, understanding and compassion. Carers told us that they don't always feel well informed about available support and that sometimes their concerns are dismissed.

#### **What did you do?**

The provider of SPA (South West Yorkshire Partnership NHS Foundation Trust) is looking at the way it delivers this service as part of a wider review. The findings and recommendations will go to those who are involved in the review and Healthwatch will ensure that the voice of those who access SPA is represented at every opportunity.

#### **Where can you find more information about this work?**

The report of findings can be found by clicking on the link below:  
<https://healthwatchkirklees.co.uk/wp-content/uploads/2019/08/Final-Report-Single-Point-of-Access-for-adult-mental-health-services-in-Kirklees-and-Calderdale.pdf>

### **Who did you consult with and what did you ask?**

In April 2019, Healthwatch Calderdale delivered engagement by means of focus groups and two surveys (one generalised and one for people with long-term conditions) with the general public regarding the NHS long-term plan. They were promoted via Healthwatch Calderdale's social media channels and also via colleagues who work with the general public. This work was part of a much larger piece of work. All local Healthwatch across West and North Yorkshire also engaged with their local populations using the same tools described above.

### **Who did they tell you?**

1437 responses were received from the generic survey and 233 responses were received from the long term conditions survey. The following 'I' statements represent what people told us:

- I care about the NHS
- Listen to me
- Care about me and respect me
- See me as a whole person
- Support me to better care for myself and be there for me when I have problems
- Don't keep me waiting
- Encourage and assist me to use digital technology but don't let that replace all human contact
- Share my information with each other and work together to deliver my care
- Understand that if I have a mental health condition, I am typically having a poorer care experience
- Understand that if I am from a BAME community, I typically have less knowledge of upcoming initiatives, technologies and terminologies
- Look after the people who care for me

### **What did you do?**

The cumulative report is now being used by the West Yorkshire and Harrogate Health and Care Partnership to influence the 5-year strategy.

### **Where can you find more information about this work?**

A report of the findings from the engagement process was produced in November 2019. This report can be found on the website below:

[https://www.healthwatchcalderdale.co.uk/wp-content/uploads/2019/08/LTP\\_Summary.pdf](https://www.healthwatchcalderdale.co.uk/wp-content/uploads/2019/08/LTP_Summary.pdf)

**Who did you consult with and what did you ask?**

Healthwatch completed enter and view visits to Lyndhurst Hospital in May 2019 and Overgate Hospice in September 2019. We visited these services to observe and gather comments on how the services ensure that patients are able to give feedback about the care and treatment they receive and to make choices about their care.

During the visit we provided different ways for patients to feedback about their experiences. We also provided a survey for staff and visitors to complete if they were unable to speak to us on the day. The survey was also available for a short period after the visit for people to complete online.

**What did they tell you?**

Patients told us what they liked and had some ideas that they felt would be an improvement. Staff also shared what they thought. All findings can be found in the report at the link below.

**What did you do?**

The findings were shared with the providers and recommendations were made by Healthwatch Calderdale

**Where can you find more information about this work?**

A report of the findings from the visits can be found at the website below:

<https://www.healthwatchcalderdale.co.uk/our-work-4/enter-view-reports/>

## **Healthwatch Children and Adolescent Mental Health Services (CAMHS) Autumn 2019**

Since 2016 Healthwatch Calderdale has heard from people through Healthwatch Calderdale's NHS Complaints Advocacy and Information and Signposting services in relation to their experiences of Child and Adolescent Mental Health Services (CAMHS). The number of calls and complaints we received in relation to the service increased in early 2019, specifically with regard to children with symptoms of Autistic Spectrum

### **Who did you consult with and what did you ask?**

The purpose of the engagement was to discover what matters most to children and young people in terms of health and social care. We want children and young people to know that their voice is important – we will report on their experiences, sharing what they have told us with the people with the power to make change happen.

Our aim was to understand people's experiences of accessing this area of the NHS, the impact of the conditions they/their children have and their ideas for positive change. We engaged with people via an online survey.

It was promoted via Healthwatch Calderdale's social media channels and also via colleagues who work with children with symptoms of Autistic Spectrum Condition (ASC), attention deficit hyperactivity disorder (ADHD) attention deficit disorder (ADD).

Healthwatch Calderdale received 43 survey responses. It also asked people who had previously contacted Healthwatch Calderdale about CAMHS in relation to ASC, ADHD, or ADD, to ask them for more in-depth feedback in the form of a case study. Six completed case studies were received.

### **What did they tell you?**

- Some children are missing out or falling behind in their education because of the lack of support available while they wait for assessments under CAMHS umbrella services.
- Patients continue to face long waiting times.
- Those with mental health needs and ASC are left without the support they need for both conditions, due to omissions in mental health care for people with ASC.
- Carers experience a lack of support.
- Parents cite communication concerns when dealing with CAMHS, including calls not being returned.
- The health and employment of parents/carers was negatively impacted because of dealing with their child's health and care needs and lack of support.
- All of the above gives people a negative perception of the CAMHS service locally

### **What did you do?**

Healthwatch Calderdale met with the Open Minds Partnership in January 2020 and will attend future meetings with this partnership to work together to improve the service. Healthwatch Calderdale will attend the Children and Young People Scrutiny panel regarding this work in March 2020.

### **Where can you find more information about this work?**

A report of the findings from the engagement process was produced in November 2019. This report can be found on the website below:

<https://www.healthwatchcalderdale.co.uk/child-and-adolescent-mental-health-services-camhs/>



## **Healthwatch**

### **Telephone and video outpatient clinics at Calderdale and Huddersfield Foundation Trust (CHFT)**

**Autumn 2019**

#### **Who did you consult with and what did you ask?**

Healthwatch Calderdale and Kirklees worked with CHFT with regard to the future use of telephone and video outpatient clinics for people with certain protected characteristics. Healthwatch Calderdale engaged with these people to ascertain if these people were likely to use these services, whether or not the people in the groups listed above would be able to access the telephone/video care system without difficulty; what difficulties there may be and how these people felt that CHFT could overcome such difficulties to enable them to access telephone/video clinics. Engagement was undertaken with people with:

- A learning disability
- A sensory impairment
- A developmental disability
- A cognitive impairment
- A mental health condition
- A physical or mobility impairment
- A long-term condition
- Older people
- People who do not speak English or who only have a basic or limited command of the English language

In total Healthwatch Calderdale and Kirklees engaged with 311 people. People were asked to answer a set of questions in person or via an online survey. The survey was promoted on the social media channels of Healthwatch Calderdale and Kirklees.

#### **What did they tell you?**

If all issues with accessing telephone/video care could be mitigated for people in these groups, the feedback shows that people from these groups were favourable to having appointments via telephone/video. There were some exceptions including people with hearing difficulties

#### **What did you do?**

The findings from the engagement activity were presented to the CHFT Outpatient Transformation Board in December 2019 and have contributed to a CHFT action plan which will be used to inform and develop telephone/video outpatient appointments.

#### **Where can you find more information about this work?**

A report of the findings from the engagement process was produced in November 2019. This report can be found on this website below:

<https://www.healthwatchcalderdale.co.uk/wp-content/uploads/2019/12/Outpatient-clinic-transformation-project-final-draft.pdf>



## Disability Partnership Calderdale

### Engagement with Disabled People regarding their experiences of NHS Services

November 2019

#### Who did you consult with and what did you ask?

We engaged with our members, who are adults with physical disabilities and sensory impairments. We also extended the engagement to the general public via a live engagement link that we posted on our Website and Facebook Page

We also ran a focus group at our 'Open Meeting', which is open to our members and the General Public. We also sent out the question via our newsletter, which is in email and printed format.

We wanted to keep the topic as broad as possible, and as such, we asked the following:

- Tell us about your healthcare experiences in Calderdale.
- What could have been better and how could it be improved?
- What most concerns you about your healthcare in Calderdale in the future?

#### What did they tell you?

We received lots of different feedback across a range of NHS services. There were some common themes, in particular regarding parking and transport, and BSL Interpreters for deaf people attending clinics.

Parking Anxiety & Problems. Many people told us that they were unable to get a ticket from the machine at the A&E car park at Calderdale Royal Hospital, due to it being situated on a plinth that people in wheelchairs can't reach. Some people didn't know that a pass could be obtained from reception. Others were worried about leaving their vehicles without a ticket, whilst making the journey to reception, as it takes a long time to get there, as it is at the other end of the building, and down a floor level. This also increased anxiety as the process of going to reception and back to the car may make them late for their appointment. One person was so upset they left the site and didn't attend their appointment, which had to be re-booked weeks later.

BSL Sign Language Interpreters. Our deaf members told us that a huge problem is when an interpreter is booked for their clinic appointment. They are only booked for an hour, and if the clinic is running over, the interpreter many have to leave to get to another appointment, leaving the deaf person with no means of communication.

Additionally deaf people don't know whether an interpreter has been booked for their appointments, as it isn't stated on their appointment letter. This causes anxiety as they can't telephone and check (for obvious reasons), and on several occasions, deaf people have got to their appointment to find no interpreter present and had to go away and re-book for a later date, once an interpreter is available.

Other topics. There are many other individual stories and examples from people, regarding GP's, Community Care, and others.

#### What did you do?

We collated all findings into a brief report, along with which we offered various simple solutions that could be easily adopted at very little cost – if any.

Parking Anxiety solution -by putting a sign, which could simply be a piece of laminated paper on the parking meter, to state that, '*a pass can be obtained at reception*', or, '*Parking charges don't apply for disabled people*', or some other appropriate sentence—would alleviate the anxiety of the parking issues.

BSL Interpreter Anxiety Solution – by writing an additional sentence on a patient's appointment letter to state, '*a BSL Interpreter has been booked for you*', would greatly reduce the anxiety that arises from worrying whether an interpreter will be present or not. Additionally, if appointments could be made for deaf people at the start of each clinic, E.G the first appointment of the day, or straight after lunch, the clinic wouldn't have the chance to run over and the patients would get full use of the full hour that the BSL Interpreter has been booked for.

We sent the report to the Head of Service Improvement at Calderdale CCG and the Clinical Nursing Director at Calderdale and Huddersfield NHS Trust.

We have also met with the Clinical Nursing Director at the trust, who has taken our suggestions on board and said she will try and implement our suggestions.

**Where can you find more information about this work?**

A report of the findings from the engagement process was produced in February 2020.

This report can be found on this website:

<https://disabilitypartnershipcalderdale.org/2019/11/12/ccg-survey-what-you-said/> or by emailing [julie.stott@disabilitypartnershipcalderdale.org](mailto:julie.stott@disabilitypartnershipcalderdale.org)

## West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) NHS Long Term Plan – Healthwatch engagement April 2019

In 2018, the government announced that the NHS' budget would be increased by £20 billion a year. The following January, the NHS in England published a 10-year plan for spending this extra money, covering everything from making care better to investing more money in technology.

The plan sets out the areas the NHS wants to make better, including:  
Improving how the NHS works so that people can get help more easily and closer to home;

- Helping more people to stay well;
- Making care better;
- Investing more money in technology.

For more information about the NHS Long Term Plan, visit the link below:

<https://www.longtermplan.nhs.uk/>

### **Who did you consult with and what did you ask?**

The Partnership was asked to formulate a local plan in response, specifically a 5-year strategy. To ensure this reflected what local people want, our six Healthwatch organisations were commissioned by Healthwatch England to find out local people's views. To do this, we used two surveys, one with general questions and one regarding specific conditions. There were also 15 focus groups that were organised across WY&H, engaging with 1806 people in total over a period of two months.

### **What did they tell you?**

Key Findings: General survey and focus group

- People told us that the main things they do to keep healthy and well are exercise and healthy eating. People wanted support from the NHS and its partners to make it easier and affordable to keep fit and eat healthily, as well as more pro-active support around weight loss.
- There was a commitment to self-care from people who responded to our survey. 9% of people told us that the NHS could help them with this by providing more information and advice about healthy lifestyles and how they can better monitor their own health. People were also keen for more prevention of ill health through increased access to regular general check-ups as well as screening for specific conditions.
- People want the NHS to provide easier access to appointments, mainly with their GP but also with hospitals. Access to appointments was the single most mentioned theme (18% of responses) when people were asked what the NHS could do differently to help them stay healthy and well. The speed with which people could make an appointment was cited as one of the most important things for people when talking to health professionals about their care. People wanted the option of longer appointments, more appointments outside working hours, more appointments available to book online (including same-day appointments) as well as more availability of virtual and telephone appointments.

Mental health was a recurrent theme running throughout responses to many of the questions in the survey. The main findings were:

- People wanted mental health services to be more accessible for people of all ages, with shorter waiting times and easier and quicker assessments.
- People felt that the waiting times for counselling and therapy was far too long, risking a detrimental effect on a person's mental health during the wait.
- We were told that there needs to be better emergency support for people in mental health crisis, and current services are not working well.
- Mental health services need to be more appropriate and accessible for people with autism, deaf people and speakers of other languages who may need an interpreter.
- There should be more investment in community support before people reach crisis point.
- People want to see more of a focus on prevention of poor mental health through raising awareness around looking after your mental health and how to help yourself (e.g.: running mental health first aid courses and general awareness sessions in schools and communities).
- Children and young people's mental health services were highlighted as an area of concern. Respondents said in particular that referral thresholds were too high and waiting lists too long and they also cited concerns about the detrimental effects of children having to travel to inpatient units out of area.
- People who were using digital services told us that they were mainly booking appointments, ordering repeat prescriptions, finding information and making contact with health professionals. The positives cited for digital services were that they were convenient and easy to use. Negatives that were mentioned were that there is not enough access for online patients (e.g.: to appointments or medical records) and that some digital services needed to be more user-friendly and joined up with other health and care service systems.
- Whilst the majority of people were in favour of having the option to access the NHS digitally, more than 500 people (41% of respondents) told us about barriers to using online services. These included access to digital technology (e.g.: not having a suitable device or internet access) and lack of skills and confidence. People were concerned that too much dependence on digital technology could create inequalities in the system, where particularly older or disabled people and those on low incomes or with language or literacy issues were disadvantaged. Many people were also clear that personal contact was important to them and may be a factor in whether or not they would choose to access the NHS digitally.
- When asked where they would go for an urgent medical need (other than A&E or their GP), the majority of respondents told us that they would either call NHS 111 (31%) or attend a minor injuries unit/urgent care centre (22%) or other urgent care provider (31%). A significant number of responses (16%) indicated people weren't sure where to go. There was also much confusion around the difference between minor injuries units, urgent treatment and walk-in centres.
- The majority of respondents were satisfied or very satisfied with their experiences of the different urgent care services in the last 12 months. The highest rates of dissatisfaction were with out of hours GP services (i.e.: out of hours telephone consultations, home visits, or referral to another GP practice) which had an average dissatisfaction rate of 27%.

- 21% of responses mentioned education as being crucial to ensuring children and young people live healthy lives and have the best start in life. This included the NHS and its partners educating parents and carers about making healthy lifestyle choices for their children.
- Schools were cited as having a key part to play and people felt that there should be a whole system approach to children's health and wellbeing, and for it not just to be the responsibility of the NHS.
- As well as education, early support was an area that people saw as key to children living healthy lives. This included supporting mothers during pregnancy, supporting families with new-born babies, early diagnosis of conditions and support through childhood.
- 22% of people who answered the survey question about personalised care were unable to give a definition of it, either because they didn't know, hadn't heard of it or said it wasn't applicable. This figure was higher for BAME communities (37%) and young people aged 15 or under (33%). Those who were able to give a definition understood some of the different elements of it. This included recognising that it is about what matters to individuals and that they are at the centre and a key partner with choice and control over their care. People also mentioned how personalised care looks at the person as a whole and includes physical and mental health, as well as other factors such as housing, family and support networks.
- Communication came up throughout the survey responses as key to good personalised care. Primarily people told us they wanted to be listened to and spoken to as individuals, as well as treated with dignity, care, compassion and respect. Particular communication issues were raised by people with sensory impairments around making information accessible and adhering to the Accessible Information Standard.
- When people were asked if they could change one thing about the way the NHS works, the most common response was that people wanted it to be more efficient. People wanted to see a change in the structure so that there is less management, more efficient administration systems and more front-line staff that are well trained, supported, and have a good work environment.

#### Key Findings: Specific Conditions survey

- People with physical conditions are generally more satisfied with the initial support they get than people with non-physical conditions (see p.70 for definitions of physical and non-physical conditions).
- People with physical conditions are more likely to get support quickly than people with non-physical conditions.
- People with non-physical conditions are more likely to find ongoing support inaccessible and unsatisfactory.
- Having more than one condition often makes it harder to get initial support, especially if you have non-physical conditions.
- Ongoing support is most likely to be considered helpful when it involves reliable, regular person-to-person contact.
- Respondents feel that ongoing support could be improved if it were made more reliable and personalised and if it recognised their emotional needs.

- People with mental health conditions are particularly likely to feel their ongoing support is inadequate because they have been given the wrong diagnosis or therapy.
- Cancer services often provide effective communication, whereas mental health and autism services' communications are often felt to be inadequate.
- Most people get around in their own car and are willing to travel slightly longer to see a specialist than to get a diagnosis.
- At the beginning of the care process, people prize speed over familiarity with health professionals, but once they are in a treatment routine they prefer familiarity over speed.

### **What did you do?**

The Partnership will ensure that people's views expressed from this engagement are taken into account throughout the five-year strategy.

The findings were shared with all our priority programme leads who were asked for a response on how they intend to make best use of the findings in their work plans, other strategic partners and also with people who took time to share their views.

This engagement report was also be discussed at our leadership meetings, including the Clinical Forum; West Yorkshire Association of Acute Trusts (hospitals working together); The Mental Health, Learning Disability and Autism Collaborative; and Joint Committee of the Nine Clinical Commissioning Groups; as well as the Partnership Board which meets in public in September 2019.

The Partnership also provided a response which can be found at the link below:

[https://www.wyhpartnership.co.uk/application/files/3915/6209/3526/WYaH\\_response\\_to\\_healthwatch\\_LTP\\_engagement\\_report.pdf](https://www.wyhpartnership.co.uk/application/files/3915/6209/3526/WYaH_response_to_healthwatch_LTP_engagement_report.pdf)

Each local Healthwatch involved in this piece of work will also be looking at the data for their local area to pull out any local variations and themes.

### **Where can you find more information about this work?**

A report of the findings from all the engagement can be found on the WY&H HCP website at the link below:

<https://www.wyhpartnership.co.uk/engagement-and-consultation>

This report sits alongside two reports that the WYH Care Partnership have also completed. One brings together previous information regarding people's thoughts about digitalisation and personalisation; and the other is an engagement and consultation mapping report which sets out the work that has taken place in the six local areas and at a West Yorkshire and Harrogate level. Both reports can also be found by visiting the link above.

You can also find out more about this work by clicking on the link below:

<https://www.wyhpartnership.co.uk/get-involved/longtermplan>

**West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)  
Long Term Plan - unpaid carers engagement event  
April 2019**

**Who did you consult with and what did you ask?**

West Yorkshire and Harrogate Health and Care Partnership held a full days Long Term Plan unpaid carers engagement event on Thursday 4 April at Unity Hall in Wakefield with 60 people in attendance.

The purpose of the event was to bring together a range of stakeholders from across 6 WY&H including carers, carer's organisations and health and care staff to seek their views on the long term plan for carers and align the WY&H carers' strategy with the long term plan.

The event provided an opportunity for an open and honest conversation about the vision for carers in the long term plan and our WY&H five year plan. The aim of the event was to:

- Opportunity to identify gaps and refresh the carers strategy to align with the long term plan
- Show and share the good work happening already in WY&H and the work of the carers programme
- Show and share what good work is happening in other parts of the country

This event was an essential part of our engagement process and included a wide range of representatives from:

- Carers organisations
- Primary and secondary care colleagues
- Adult and Children Social Care
- Primary care acute colleagues, young carers services, LWAB, HRD, Clinical
- Community services
- Directors of children services
- Directors of adult social services
- GP federation leads

**What did they tell you?**

The main key theme was the lack of support for carers and working carers.

- The carers agenda needs to be a family centred approach to support and wider than just being clinically and health focused
- The need for support was a big issue for people including practical advice and support before crisis point for example finance and relationship advice and support around mental health and bereavement and better sign posting to services.
- Support for working carers with flexible approaches to working and variations across organisations need to be identifies in terms of carers polices and process. Consistency in policies

Other key themes that were important to people were;

- Contingency and emergency care planning was important to people to give carers piece of mind. Access to current emergency services is not widely used and need to be made more accessible, and include planned care services. Need to identify gaps in emergency provision for young carers
- Identifying carers and awareness raising was also important to people. Many people do not identify themselves as a carer and appropriate use of the word carer needs to be

taken into consideration. Create social movements to raise awareness, keeping language and communication simple.

### **What did you do?**

This report of findings will be reviewed by WY&H HCP carers steering group and shared with the Carers VCS colleagues who will consider next steps to develop an action plan and timescales for delivery for the Carers programme. Following the report being shared a [‘you said we did’](#) report has also been developed.

### **Where can you find more information about this work?**

A report of the findings from the engagement event can be found on the WY&H HCP website at the link below:

<https://www.wypartnership.co.uk/engagement-and-consultation>

You can also find out more about the work WY&H HCP are doing to support carers please go to the link below:

<https://www.wypartnership.co.uk/our-priorities/unpaid-carers>

DRAFT



## **West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) NHS Long Term Plan – Voluntary and community sector showcase event May 2019**

### **Who did you consult with and what did you ask?**

West Yorkshire and Harrogate Health and Care Partnership held an event in May 2019 in Bradford. The purpose of the event was to bring a range of stakeholders from across WY&H to discuss the impact of the NHS Long Term Plan on our communities and, specifically, how the voluntary and community sector (VCS) can work in partnership with other parts of the system to support some key actions within the Long Term Plan around mental health, social prescribing, admission avoidance at A&E and VCS delivery as part of the primary care network model.

The aim of the event was to:

- To help create a wider understanding of the work of the Partnership so VCS can feel more involved / engaged
- To help with increased understanding of the Long Term Plan and how VCS can influence locally
- To help create more involvement at a WY&H HCP level

Over 80 people attended the event from a wide range of representatives from organisations including:

- Voluntary and community sector
- Healthwatch
- Local authorities
- NHS England
- Clinical Commissioning Groups (CCGs)
- NHS Foundation Trusts
- WY&H programme leads

### **What did they tell you?**

Overall key messages from the event are below;

- People were concerned about making sure funding is long term and made available to create sustainability. Ensuring funding is distributed appropriately across the system to ensure allocation in the right places.
- Raising the profile of the VCS and ensuring they get the appropriate support the need was also important to people.
- Working in collaboration, sharing the learning and demonstrating what's been done well was also important to people. Along with ensuring person centred approaches and engagement with patients and public.

### **What did you do?**

The engagement findings from the event were reviewed by WY&H HCP VCS who will consider next steps to develop an action plan and timescales for delivery for the VCS programme. They were also shared with those who attended the event and people who have previously expressed an interest the VCS work.

**Where can you find more information about this work?**

A report of the findings from the engagement event can be found on the WY&H HCP website at the link below:

<https://www.wyhpартnership.co.uk/engagement-and-consultation>

You can also find out more about the work WY&H HCP are doing to support the voluntary and community sector please go to the link below:

<https://www.wyhpартnership.co.uk/our-priorities/harnessing-power-communities>

DRAFT

**West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)  
Young carers engagement event – ‘Couldn’t care less’  
June 2019**

**Who did you consult with and what did you ask?**

WY&H HCP wanted to develop a mechanism that engages young people with the health and care sector to inspire them to pursue a career in the sector. The Partnership commissioned [Ahead Partnership](#) to help them support one of the workforce recommendations set out in the strategy:

- “Increase the future supply by significantly increasing the number of people training to work in health and social care roles in West Yorkshire and Harrogate“

We wanted to raise the aspirations of young carers by helping them to identify and recognise their own skill set and encourage them to pursue a career in the health and social care sector. In addition we wanted to ensure young people are prepared for a variable and ever changing workplace by helping them develop crucial employability skills.

An engagement event was held in June in Huddersfield to provide an opportunity for young carers from across Kirklees and Calderdale to come together to develop their skill set and knowledge of roles within the Health and Care sector. A wide range of representatives attended including:

- Primary and secondary care colleagues
- First response
- Comms and tech support

The aim of the event was to:

- Increase the future workforce supply by significantly increasing the number of people training to work in health and social care roles in West Yorkshire and Harrogate.
- Develop key soft skills required in the World of Work.
- Increase awareness of the roles within the Health and Care sector.
- Provide an opportunity to celebrate the young carers.
- Offer a chance to young carers for developing their networks with similar people their age.

**What did they tell you?**

Feedback below gathered from surveys:

**Students:**

- Make the day longer
- More time doing the workshop sessions
- More stands in the afternoon to showcase more of the roles available.

**Teacher:**

- Provide more opportunity for the students to interact with people from different schools.
- Run at a different time of year as this may have impacted attendance due to exams.
- Suggested months of September, October or July.
- Try to speak at the local safe guarding lead meetings to showcase and promote the event.

**Volunteer:**

- Potentially more of a workshop environment than stalls, as some children were shy to approach stands.

**Ahead Partnership:**

- Develop more robust links with local authorities and 3rd sector contacts to; better understand the cohort, ensure we have relevant representation from the sector at the event and to provide a clear path into engaging with schools and their young carers cohort
- Consider wording used to ensure young people don't feel alienated/uncomfortable - readjust language used and how we talk about the event
- Involve Amen Dhesi (former young carer) in planning of event
- Increased number of roles for afternoon activity –including social care
- WYHICS to provide data to support target attendee numbers
- Confirm 1 main day to day contact for organising logistics of event (CC other contacts in)
- Agreed timeline with deadlines to ensure project moves at a good pace
- Clarification on roles and responsibilities
- More of a collaborative approach on school recruitment as we are unable to access some data that WYHIC's partnerships will allow

**What did you do?**

Findings gathered from the feedback will be used to help shape decisions for future young carer's events.

**Where can you find more information about this work?**

A report of the findings from the engagement event can be found on the WY&H HCP website at the link below:

<https://www.wypartnership.co.uk/engagement-and-consultation>

**West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)**  
**Healthy Hearts cholesterol engagement**  
**June - July 2019**

West Yorkshire and Harrogate and Harrogate Healthy Hearts is a three-year local NHS project that aims to reduce the number of cardiovascular incidents, such as heart attacks and strokes, by 10% across our region. We believe this will mean 420 heart attacks and 620 strokes will be prevented, saving the local NHS £12m. In phase 2 of our programme, which is due to launch this autumn, we'll be concentrating on cholesterol levels.

**Who did you consult with and what did you ask?**

The West Yorkshire and Harrogate Healthy Hearts programme has now completed its public engagement on its upcoming work to identify and treat - at scale - patients whose LDL cholesterol levels that may be better controlled through switching to a high intensity statin, and also initiating a statin in those patients at risk of developing CVD. The engagement took place from the beginning of June until mid-July 2019 and more than 200 responses were received, with some completing the online questionnaire and others giving their feedback in focus groups that took place across West Yorkshire and Harrogate.

**What did they tell you?**

An analysis of the work is now being undertaken with early results showing:

- 95% of respondents understand the aims of phase two of Healthy Hearts
- 88% of respondents think it will be of benefit to local people
- 80% of respondents thought our draft letter to patients, outlining why changes were being made to their prescriptions, were clear
- nearly a quarter of responses were from black and Asian minority groups

A lot of interesting data has been gathered, including valuable information on where patients are most likely to turn to if they had an issue with a prescription for statins, and where they're most likely to seek advice and guidance on leading a healthier life. Some comments revealed that some common misconceptions surrounding statins still endure, while others have provided valuable insights into people's hopes and expectations for phase two, allowing the programme team to better understand what's important to them as patients.

**What did you do?**

The findings will be used to shape how the programme communicates with patients and clinicians in phase two of Healthy Hearts, which is due to begin in the autumn.

**Where can you find more information about this work?**

You can find out more about this work by visiting the website below:

<https://www.westyorkshireandharrogatehealthyhearts.co.uk/cholesterol/cholesterol-public-engagement->

**West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)  
Health and Care Learning Disability Champions  
August 2019 - ongoing**

We want people with learning disabilities in West Yorkshire and Harrogate to receive the best possible care. We also want people with learning disabilities to feel supported to have their say as they are the experts when it comes to knowing what help, support and personalised care they need.

**Who did you consult with and what did you ask?**

We are working with people with learning disabilities so they can become health and care champions for our Partnership, including for priority programmes such as cancer, mental health, maternity care and hospitals working together. These health and care champions will work with us and the wider community of people with learning disabilities to further develop our plans and put them into action. We will do this by involving them in future conversations about improvement and asking them about their experience of care for people with learning disabilities. This is an approach supported by councils and NHS organisations.

We are working with an organisation called [Bradford Talking Magazine \(BTM\)](#) for an initial period of 12 months. They are helping us identify health and care champions with learning disabilities from communities across West Yorkshire and Harrogate. Their involvement will help us become more informed about their experiences of using health and care services so we can improve the way we plan services.

**What did they tell you?**

- Cancer Awareness (making sure that people understand why going for tests is important)
- Early Intervention and Prevention (this means making sure people have the right information and help to, when possible, stop them becoming ill)
- Planned Care (this means things that you might do, go into hospital, have an appointment about a condition you have with a doctor or specialist or if you are having a baby)
- Promoting the needs of people with learning disabilities (speaking to health and care organisations and people who work for them to make sure they understand what you need)

**What did you do?**

This work is well underway. Two of our champions presented at the [Partnership Board in September](#), and we have showed the work we are doing with learning disability health champions to NHS England and colleagues across the country.

We are looking for health and care champions to work on prevention and early diagnosis, planned care and cancer. These themes are in line with what people with learning disabilities and our partners have said are important to them. The [Cancer Alliance Team](#) has already met with people in Bradford to talk about their experience of cancer screening and early diagnosis.

**Where can you find more information about this work?**

You can find out more about this work by visiting the website below:

<https://www.wyhpartnership.co.uk/get-involved/health-and-care-champions>

## 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 that took place between 2016 and 2018.

Previous submissions can be found under the header patient and public engagement / communications on our website at the link below:

<https://www.calderdaleccg.nhs.uk/key-documents/>

### Calderdale Clinical Commissioning Group (CCG)

#### A week in the life of A&E

We know that too many people go to A&E when they don't need to - approximately 30% of people who visit A&E don't need to be treated there. With the insight gleaned from our Week in A&E work and other research we are developing a new social marketing campaign to run across Calderdale and Kirklees.

Our overall aim is to reduce the pressure on A&E departments by reducing unnecessary visits, enabling people to access services in the community where their needs could be more appropriately met.

The ambitions of our new social marketing campaign include:

- Improve patient care and access to the most appropriate services
- Raising the awareness of what A&E should and should not be used for; highlighting what is classed as an emergency and what is not.
- Help us understand the motivations of people visiting A&E and their mind set when considering a visit to A&E.
- Understand the process that healthcare professionals use when referring a patient to A&E.
- Promote benefits of not visiting A&E when other more appropriate treatment settings are available.
- Educate people on the other alternative services that provide health care in the community.
- Encourage the population of Calderdale and Kirklees to reflect on their choices and alternatives to treatment, prior to visiting A&E.
- Empower and encourage positive medical choices and behaviours.

#### Adult psychological services

The CCG is continuing to develop a new comprehensive model of psychological support for adults using the outputs from the [engagement work](#) undertaken in 2018-19. Further detailed engagement work around talking therapies can be found in section 6 of this report (see page 31).

#### Autism reality experience

Following the [January 2019 Summit](#), two specific action groups were established: one to plan the next autism awareness system-wide event, and the other to create an integrated Autism Spectrum Disorder (ASD) pathway. Calderdale Young People with ASD, with



support from a small planning group, designed and led a Marketplace event and stakeholder summit for system partners which took place in February 2020 (see section 6 of this report). During 2019, a separate group comprising commissioners and providers agreed and began implementing a plan to deliver the integrated neuro developmental pathway (including ASD) for children and young people aged 0-25 years. Other actions identified at the Summit were progressed by the ASD Steering Group and wider system partners. At the February 2020 Summit, leaders from the organisations supporting Calderdale's children and young people with ASD gave an update on the improvements made, and this work continues into 2020 (see section 6 for more detail of the summit in February this year).

### **Wheelchair services**

Wheelchair services are commissioned jointly by NHS Calderdale, Greater Huddersfield and North Kirklees CCGs. Extensive engagement and consultation activity has taken place between December 2016 and October 2018 involving service users, carers, staff, stakeholders, partners and voluntary sector organisations who have an interest in wheelchair services. This led to the creation of a new service specification and a procurement process that took place between December 2018 and May 2019.

As part of the procurement process the CCGs set up a reference group that included service users and carers. The group was involved throughout the procurement process in a variety of ways including the bidder evaluations and final consensus meetings.

There is more information about service user involvement during the process in the following video: <https://youtu.be/cqourbFooRg>

A new provider was awarded the contract from 1 October 2019. The provider has developed its own service user engagement activity that reflects the learning and experience gained during the consultation and procurement processes.

A new provider was awarded the contract from 1 October 2019. The provider has developed its own service user engagement activity that reflects the learning and experience gained during the consultation and procurement processes.

### **Improving access to GP services**

Since 2017/18 additional routine appointments have been made available at evenings and weekends to increase access to GP services. These are available at a number of places across Calderdale and must be arranged beforehand. To help us understand the best way of setting up the service we did some engagement. Just under half of people who responded said they would be prepared to travel up to 30 minutes for an appointment with 42% saying they would travel up to 15 minutes. People were asked what would be most important to them in the service and the top four categories were:

- Good care and treatment 92.6%
- Being able to book an appointment 90.7%
- A clean and safe place 73.7%
- Staff being able to see my medical history 69.8%
- Location 59.6%

As part of monitoring the service people who use it are asked whether they would recommend the service to others. On the whole people respond to this very positively with



the last report showing that 97% of people who responded to the question would recommend the service to others.

### **Right Care, Right Time, Right Place travel and transport group**

Following extensive engagement in 2015/16 a consultation on the proposed future arrangements for Hospital and Community services in Calderdale and Greater Huddersfield took place in 2016. The feedback from consultation identified that one of the areas requiring further work was travel and transport. In order to ensure all travel and transport information had been considered, the findings from consultation together with any reference to travel and/or transport in other engagement; PALS or complaints intelligence; and any patient postings on travel and transport were pulled together into one composite report to provide a baseline understanding of public views.

In 2017 Calderdale and Greater Huddersfield CCGs established a Travel and Transport Working Group to consider this baseline understanding of public views and to develop plans to address the implications of changes in the configuration of Calderdale and Huddersfield hospital services in relation to public access, travel, parking and transport. The Working Group was chaired by an independent chair, had membership from a range of organisations and was supported by a reference group: set up through North Bank forum; Calderdale's Voluntary and community sector infrastructure provider. In December 2018 the Department of Health and Social Care (DHSC) allocated capital funding of £196.5m to support implementation of the reconfiguration of services.

Progress to Develop Travel Plans - an overarching 'Engagement, Equality and Communication plan' was presented to Joint Health Scrutiny Committee in February 2019. The plan set out an overarching approach to engaging local people, staff and partner organisations on the planned reconfiguration. One of the initial actions within the plan was to schedule a Stakeholder Event to allow for more detailed plans to be developed.

A Stakeholder Event was held in June 2019. The aim of the event was to continue the dialogue with diverse local communities and support future engagement in the development and design of clinical services by:

- Co-creating the engagement activity required to support the development of more detailed plans
- Supporting the programme to design specific involvement activities and
- Describing the communication material required to ensure that local people remain informed and/or involved as more detailed plans and capital cases are developed to deliver the proposed future model for clinical services across Calderdale and Greater Huddersfield.

At the event members of the public advised that Travel, transport and parking is still a major issue that requires more public involvement.

The Stakeholder event supported the development of a Public and Stakeholder Involvement Plan, which, together with the findings and recommendations of the independently chaired Travel and Transport working Group, was presented to Joint Health Scrutiny Committee in October 2019. The Involvement Plan includes a commitment that during 2020, CHFT will: Identify dedicated additional capacity to lead progress on the travel and transport recommendations and to publicly communicate the plans. This specifically includes providing update and public involvement in relation to the action plans that were produced by the Travel and Transport Working Group in 2018.

In taking forward this commitment there are broader strategic issues and developments that impact on the response required. These include:

West Yorkshire-plus Transport Fund - A629 Corridor Improvements - £120m is currently being invested to improve travel and transport on the A629 corridor. These developments are scheduled to be completed by 2025 and coincide with the planned completion of service reconfiguration across the hospitals. The improvement of the A629 corridor will reduce journey times. Phase 4 of the development includes plans for the provision of an express bus service that will operate directly between HRI and CRH. The Trust and CCGs are currently working with both Councils regarding these plans.

Environmental Sustainability - In 2018 the UK and 200 other nations agreed action on climate change, with a much greater role strongly implied for local and regional authorities in assisting Governments to achieve their carbon emission savings. In January 2019 Calderdale and Kirklees Councils declared a climate emergency. CHFT is currently undertaking work to develop an environmental sustainability strategy that will be considered by the Trust Board in spring 2020. The overall carbon footprint of the NHS in England accounts for 25 per cent of all public sector carbon emissions and is greater than the annual emissions from all passenger aircraft departing from Heathrow airport. Patient and staff travel accounts for 16 per cent of the NHS carbon footprint and five per cent of all transport emissions in the United Kingdom are estimated to be accounted for by health care related journeys.

To progress the travel plans, as at February, 2020, CHFT is:

- Working with advisors to undertake detailed analysis of current public and staff travel data, predicted future demand and the development of a Hospital Travel Plan Strategy that will encourage public and staff sustainable travel options in the future (such as decrease in the use of single occupancy vehicles; promoting and facilitating the use of more sustainable / zero emission modes of transport; promoting the use of public transport over individual vehicle use; reducing the need to travel e.g. virtual consultations and video conferencing; preventing ill health to minimise the need for travel to hospital).
- Continuing work with Calderdale and Kirklees Councils regarding the planned improvements to the A629 corridor and the future provision of a commercial express bus service between the two hospital sites in 2025.
- Discussing with the West Yorkshire Combined Authority options to provide improved shuttle bus service between the two hospital sites that could be implemented ahead of service reconfiguration.
- Developing the plans for provision of a multi-storey car park at CRH. The aim is to provide this in the medium term ahead of service reconfiguration.

### **Mental health rehabilitation and recovery**

In August 2018, the CCG and partners made the decision that instead of proceeding with developing a new model, they would work together to improve the existing mental health rehabilitation model. The outputs from engagement work undertaken by the CCG and partners between 2014 and 2017 have informed this improvement work. Improvements have included:

- Streamlining processes relating to the different parts of the pathway
- Reviewing all out of area placements with a view to bringing people back to Calderdale where possible

- Working with partners across the West Yorkshire and Harrogate Health and Care Partnership Integrated Care System to improve mental health rehabilitation for complex care and what we can do differently to improve outcomes for people, this work has been co-produced with people with lived experience. This work will link with local pathways
- Identifying/developing housing options to enable people with enduring mental health conditions to live as independently as possible in the community.

### **Care Closer to Home**

The Care Closer to Home programme requires our system to collaborate and expand beyond the traditional statutory sector agencies and incorporate the important contribution made by the third sector, and independent sector organisations. This requires changing the ways in which organisations and their staff work. We need to make sure it is easier for people to make healthy choices and ensure a relentless focus on health outcomes and not just on service delivery. We need to change the nature of the relationship between people and services, and the relationship between people and their own health – changing the way our staff see their roles; their day job and the constant improvement of the work they do.

- Focusing on prevention, self-management and technology (Active Calderdale a priority in this)
- Integrating health and care commissioning
- Incentivising the development of integrated health and care models – creating seamless pathways for those who use them.
- Improving the interface between community and hospital care
- Promoting evidenced based practice and innovation.
- Locality working across Calderdale; aligning budgets and determining the spread of resources across localities

Extensive engagement and consultation activity has taken place across Calderdale from 2013 to 2019 on services that directly or indirectly related to community. This was conducted with a large range of health care community services, the hospital and primary care, staff and patients. A composite report was written to evidence the outcomes, themes and gaps which include reports produced by the CCG, providers, Healthwatch, local authority and the voluntary and community sector. This report can be found on the CCG website [here](#).

Key themes identified from all the activity are being used to support and develop integrated service pathways with all our partners, future commissioning intentions for our community services and delivering ambitions for the Long Term Plan and for Out of Hospital Care in Calderdale. A community model for people living and working Calderdale that will:

- Help to keep them healthy and help them stay well
- Detect problems early and stop them getting worse
- Help people to stay out of hospital and long term care
- Manage admissions to hospital and long term care and make sure that when people are well enough to leave that they are supported to be discharged as soon as possible

## Calderdale and Huddersfield Foundation Trust (CHFT)

### Right Care, Right Time, Right Place

Work to develop the model of hospital and community services in Calderdale and Huddersfield has been underway since July 2012. Formal public consultation on proposed future arrangements took place in 2016.

The Calderdale and Kirklees Joint Health Scrutiny Committee referred the proposals to the Secretary of State for Health and Social Care in 2017 and his recommendations and the advice of the Independent Reconfiguration Panel (IRP) were published in May 2018.

During 2018 work was undertaken by local NHS organisations to develop a revised proposal that sought to address the issues identified by the Independent Reconfiguration Panel. In December 2018 the Department of Health and Social Care (DHSC) confirmed that capital funding of £196.5m had been allocated to support implementation of the revised proposal. To take this forward, approvals of a Strategic Outline Case (SOC), Outline Business Case (OBC) and Full Business Case (FBC) by NHSI, DHSC, Ministers and HM Treasury are required.

The Strategic Outline Case was approved by CHFT Trust Board in April 2019 and published on the Trust website. The SOC builds on significant public, stakeholder and clinical engagement since 2012 and is informed by the formal public consultation undertaken in 2016 and the recommendations of the Independent Reconfiguration Panel. The SOC has been submitted to NHSE&I and it is expected that formal notification of the result of the final stage of approval will be received in early 2020. CHFT will develop the Outline Business Case during 2020.

The evaluation and feedback from the event in June has informed the plan for involving public, stakeholders and staff where CHFT, Calderdale CCG and Greater Huddersfield CCG will ensure local people; voluntary organisations, staff and key stakeholders continue to be involved in discussions to inform the delivery plans and service model across Calderdale and Huddersfield. The timeline for development of the business cases and implementation of the service reconfiguration extends to 2025 and public involvement will be scheduled over this time-period

You can find out more information by clicking on the links below:

<https://www.rightcaretimeplace.co.uk/wp-content/uploads/2016/08/RCRTRP-Consultation-Report-of-Findings-August-2016.pdf>

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/706458/IRP\\_CH\\_referral\\_advice\\_09.03.18.doc](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/706458/IRP_CH_referral_advice_09.03.18.doc)

[https://www.cht.nhs.uk/fileadmin/site\\_setup/contentUploads/About\\_us/Publications/BoardPapers/BOD\\_2017/FINAL\\_SOC\\_18\\_April\\_2019.pdf](https://www.cht.nhs.uk/fileadmin/site_setup/contentUploads/About_us/Publications/BoardPapers/BOD_2017/FINAL_SOC_18_April_2019.pdf)

[https://calderdale.gov.uk/council/councillors/councilmeetings/results.jsp?committee=250&start=01%2F10%2F2019&p\\_SQ\\_ID=5069137&phrase=N&type=agenda&end=01%2F12%2F2019&offset=0&id=206843520](https://calderdale.gov.uk/council/councillors/councilmeetings/results.jsp?committee=250&start=01%2F10%2F2019&p_SQ_ID=5069137&phrase=N&type=agenda&end=01%2F12%2F2019&offset=0&id=206843520)

## Healthwatch

### **Hypermobility Syndromes 2016-2018**

This work is ongoing. The final report was published in August 2019 along with a case study video.

The project was the subject of an adjournment debate in Parliament on Monday, 7 October 2019: <https://parliamentlive.tv/event/index/cc87468c-00ec-42c1-8cbe-659af6b03d6e?in=21:15:00&out=21:48:30>

Healthwatch Calderdale has since heard from adults with hypermobility syndromes nationwide, reporting difficulties with their NHS care. Healthwatch Calderdale is liaising with NHS England and the Department of Health and Social Care with regard to all the feedback it has received on this topic. The main report was sent to local and national NHS and social care organisations. Healthwatch Calderdale is presently collecting additional feedback (by means of a survey, which is open until 9 March 2020) on primary and secondary care experiences from people with hypermobility syndromes in Kirklees and Calderdale.

All information relating to this project can be found on the Healthwatch Calderdale website: [www.healthwatchcalderdale.co.uk/our-work-4/hypermobility-syndromes-project/](http://www.healthwatchcalderdale.co.uk/our-work-4/hypermobility-syndromes-project/)

### **Adult Autism**

Since the publication of the original report in May 2017, Healthwatch Calderdale has attended the Adult Health and Care Scrutiny Panel in November 2019 in this regard and is to work with Calderdale Clinical Commissioning Group and experts by experience to inform future decisions and to improve the service.

All information relating to this project can be found on the Healthwatch Calderdale website: <https://www.healthwatchcalderdale.co.uk/adult-autism-2/>  
<https://www.healthwatchcalderdale.co.uk/our-current-work-2018/>

### **High intensity service users**

The project report was published in June 2019. Resources are available for use by other Primary Care Home Areas/Networks in Calderdale if they are seeking to better understand patients who frequently use NHS health services.

### **Access to health services for Syrian refugees/asylum seekers and refugees**

Since the publication of the report in October 2018, Healthwatch Calderdale has heard more generally from asylum seekers and refugees from areas other than Syria about problems accessing primary and secondary care. Healthwatch Calderdale is therefore to expand this project to include refugees and asylum seekers from other area and is to run a series of focus groups with this client group in the near future in this regard.

### Stroke services

Since our engagement and conversations with staff, partners and the public began in February 2017, we have continually kept people updated throughout to try and ensure everyone had the opportunity to have their say on the development of the work.

On Tuesday 6 November 2018 a report was presented to the West Yorkshire and Harrogate Joint Committee of Clinical Commissioning Groups (meeting in public), to provide members with an overview of stroke care and progress so far. This included the conclusions and the information considered to inform this process, recommendations and next steps. You can read the final report [here](#).

The final decision from the Joint Committee of Clinical Commissioning Groups concludes the West Yorkshire and Harrogate Stroke Programme work on hyper acute stroke services. However, it is important to note that our conversations with people across the area have highlighted the importance of further improving care from prevention, hospital stroke care, community rehabilitation services, through to after care. These conversations will continue in the six local areas (Bradford District and Craven, Calderdale, Harrogate, Kirklees, Leeds and Wakefield) which make up West Yorkshire and Harrogate as appropriate.

Your views are important to us and we would like to thank everyone for their involvement on the West Yorkshire and Harrogate stroke care work. You can find out how your views have shaped our work by reading the 'You said we did' ([click here](#)). You can also find out about all the engagement that has taken place by clicking [here](#).

Following the conclusion of the WY&H stroke programme work on hyper acute services you can read the [letter](#) sent to all stakeholders informing them of the decision made by the Joint Committee of Clinical Commissioning groups.

You can find out more about the work by clicking on the link below

<https://www.wyhpартnership.co.uk/our-priorities/stroke>

### Supporting carers

Carers Programme year in review 2019 have developed a look back at the work that has been done to improve support for unpaid carers in West Yorkshire and Harrogate in 2019. You can [Watch or download the presentation](#).

You can find out more about the work by clicking on the link below

<https://www.wyhpартnership.co.uk/our-priorities/unpaid-carers>

### Working with the voluntary and community sector

There is a wealth of expertise across West Yorkshire and Harrogate and communities are better placed than us to know what they need and to make positive change happen. If we are to genuinely work alongside communities as equal partners, then we need to change our relationships and build trust. We have good leadership from the voluntary sector, and we are attracting support from Healthwatch, NHS England, Nurture Development and National Voices to help us to think about our next steps.

To make sure our work adds the greatest value possible and supports existing projects and groups across the area we started with a number of design workshops in the summer. The aim of these were to agree a shared set of principles and a common understanding of what we mean by 'communities doing more for themselves', 'co-production', 'asset based

community development', 'co-design' etc., and what the shared ambition for working with communities should be. This includes:

- Co-produce and co-design an approach with communities
- Work with programmes to ensure good voluntary and community sector representation on all of our work streams
- Inspire NHS senior leadership to be ambassadors for the work
- Consider how the services we commission and procure might improve the economic, social and environmental well-being of the area in commissioning and contracting across West Yorkshire and Harrogate.
- Raise the profile of and share the excellent work taking place across the area - celebrate the difference this is making in our communities on a regional and national level.

You can find out more about the work by clicking on the link below

<https://www.wyhpартnership.co.uk/our-priorities/harnessing-power-communities>

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## 8. Planned work for 2020-21

### **Hospital services:**

To continue to support the delivery of Right Care, Right Time, Right Place programme to provide advice and support as requested and develop and deliver an action plan for communication, engagement and equality.

### **West Yorkshire and Harrogate Health Care Partnership:**

Continue to provide advice and support to the programme office on all aspects of engagement and consultation. Develop a strategy for engagement and liaise with partners across the local footprint. To continue to support the development of composite reports for all work streams in partnership with Healthwatch to ensure the local voice continues to be reflected.

### **Primary care engagement and consultation:**

To work with GP practices to support the delivery of engagement and consultation processes to inform any future service developments or changes.

### **Equality Objectives 2020/21:**

To continue to deliver our two year action plan for equality which will help to identify methods and approaches to reaching groups or individuals covered by the Equality Act 2010, and ensure the CCG increase reach into these communities by 2020/21.

### **Community Services:**

We will continue to engage where needed on the specific requirements of some services that are closer to home and supporting work around the current model for; out of hospital care and care homes.

### **Primary Care Networks (PCNs) and localities:**

To provide advice and support to our five PCNs and localities on all aspects of involvement, engagement and consultation and continue to ensure the voice of our local communities is embedded in the work of Calderdale Cares.

### **COVID-19 Pandemic (this paragraph is an addendum to the original report)**

In these times of unprecedented change, brought about by Covid-19, to the way people live their lives, and the way that health and care services are provided, it is essential for our health and care systems to understand how these changes are impacting the people of Calderdale. Our future planned work and any additional projects identified will be influenced by any learning from COVID-19 to understand the wider impact on health inequalities that COVID-19 has had on our communities, our different population groups including Black and Ethnic Minority Groups (BAME), Learning Disabilities, Carers, Mental Health and other vulnerable groups. We need to understand people's experiences of accessing services and those of our workforce during this time; and beyond to support service change and build a more effective health and care system within Calderdale.



## 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  
5th floor F Mill  
Dean Clough  
Halifax  
HX3 5AX  
Tel: 01422 281300  
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](http://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 [www.patientopinion.org.uk](http://www.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 can be accessed via the following link;

<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).

