Item 8 Appendix 1

NHS
Calderdale
Clinical Commissioning Group

# Patient and Public Engagement

## Annual Statement of Involvement 2018/19

# Contents

# Acknowledgements

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

This report gives us the opportunity to tell you what consultation and engagement activities have happened over the last year, what you told us and what we have done with the comments you made.

# 1) Introduction

The CCG (Clinical Commissioning Group) 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 regard 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 Engagement are presented at Appendix 1.

This report provides an overview of the consultation and engagement activities that have taken place over the past year (from 1st April 2018 until 31st March 2019) 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 consultations/ engagement activities that are currently planned for 2019/20.

# 2) About Us

NHS Calderdale Clinical Commissioning Group (CCG) is the CCG covering 26 General Practices and a registered population of more than 209,000 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:**

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

## Our finances

NHS Calderdale CCG is responsible for devolved healthcare budgets of approximately £300 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 to engagement

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 for the next three years it is also in place to ensure that we adopt a whole system approach to supporting this work. You can view the report online here: *http://www.calderdaleccg.nhs.uk/wp-content/uploads/2013/03/Calderdale-CCG-PPEE-Strategy-final-version.pdf*

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.

*https://www.calderdaleccg.nhs.uk/giving-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 (www.calderdaleccg.nhs.uk)

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

## Health Watch

Healthwatch 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. In addition, we ask if people would like to have their name stored on a people bank so we can contact individuals directly about healthcare services.

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) Consultation and Engagement activities undertaken between 1 April 2018 and 31 March 2019

When there are decisions to be made which affect how local NHS services are commissioned, we make sure we talk to those patients 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 patients and communities. For services planned to deliver engagement in 2018/19 that are not included in the report, other work has taken place. The service not included in this report is set out below with an update:

- 'It's everyone's NHS and we are not going to waste it': The CCG has not had any further conversations with local people in 2018/19. However the information we already hold from engagement is being used to help inform and support future programmes.

- Urgent care: Insight from all engagement and consultation activity has been used to inform the development of urgent care, and the project 'A week in the life of A&E'.

- Rehabilitation and Recovery in Mental Health: Steps to understand a model to support rehabilitation and recovery services across Calderdale continues to be developed.

The report includes all engagement and consultations that have been undertaken and completed during 2018/19, including any that started before 1 April 2018, or that started during the period of this report, but are not yet completed. It also includes details of the engagement and consultations planned for 2019/20.

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

- Right staff in the right setting
- More services closer to home and single point of contact
- Improved access to services and waiting times reduced
- GP capacity to be increased
- Co-ordinated services working together to deliver integrated health and social care (from grass roots – community - hospital)
- Improve communication, information and sign posting including NHS 111
- More on prevention and support to self-care
- Utilise estates and consider travel and transport (including parking)
- More involvement of ‘Voluntary and Community Sector’ in delivering services
- Workforce who represent the community they serve
- The theme of ‘one size does not fit all’ is further strengthened particularly for children and young people, frail elderly, diversity and mental health.

In total the CCG has involved just over 2,800 local people in the year 2018/19. The key themes from all this work will be used to drive our work.

# 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

In 2019/20 we will be producing a similar report for the Health Care Partnership to support our understanding of digital services and personalised care to support the delivery of the NHS Long Term Plan.

## 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 LGBT networks and encourage a stronger voice for this sector by engaging organisations and networks that can help us to do this.
- Ensure the voice of young people by running a pilot for a child friendly version of engagement champions.

- Continue working on ‘Working Voices’ and to understand how we can adjust what we do to hear the voice of the working population.

- Continue to deliver Engagement champions to our local community and to continually expand on the network of community experts to increase voice and representation.

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) Involvement activity April 2018 - March 2019

## Service Area - A week in the life of A&E:

The aim of the engagement activity was to gather views of people who were attending A&E over a period of 7 days. The work was delivered by the Calderdale CCG 'Engagement Champions' jointly with 'Community Voices' who support Greater Huddersfield CCG. VAC is the voluntary organisation that manages the project on behalf of both CCGs.

Calderdale and Huddersfield NHS Foundation Trust, NHS Calderdale Clinical Commissioning Group and NHS Greater Huddersfield Clinical Commissioning Group worked together on a new engagement that focuses on Calderdale and Huddersfield NHS Foundation Trust A&E departments, interviewing patients anonymously about their experiences of using the two A&E departments.

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

The engagement was delivered over a one week period commencing on Monday 28 January 2019. Staff from NHS Greater Huddersfield and Calderdale Clinical Commissioning Groups (CCGs) and Community Assets (Community Voices and Engagement Champions) attended the A&E departments over a one week period for 2 hour interview slots. The 2 hour slots covered a 7 day period and 24 hour clock to create a full picture of activity. Community Assets who attended the sessions were supported in this role by hospital staff whilst they interviewed patients and carers. A coding system for the survey was used to maintain anonymity for patients.

Patients were able to share their views via a survey  Respondents to the survey were also given the opportunity to take part in a follow-up survey. We received 1,288 surveys in total.

# What did they tell us?

The key themes from existing data and the engagement were as follows;

## Reasons for attending A&E

- People often report that they have sought advice from a health professional prior to attending A&E, and that they have been advised to attend A&E. Either because they have a health condition that needs to be dealt with urgently; that A&E is the best place to receive the care that they require; or they have been advised to attend if their condition doesn't improve.
- Many people attend as they have been unable to get an appointment with their GP, or if they have been offered an appointment they don't want to wait as they are concerned about their condition and want to be seen quickly; or the appointment is at a time that isn't convenient for them. And for some people their health condition has occurred in the evening or at the weekend and as such they have been unable to access their GP practice.
- A few people attend A&E as they are not happy with the advice and or treatment they have received and want a second opinion.
- Some people don't seek advice as they feel that A&E is the right place for their condition.
- Those people that attend A&E at the evening and weekends often aren't aware of where else they could seek medical advice and support.

## Quality of service in A&E

- People report high levels of satisfaction with the service they receive in A&E and praise staff for their quality of care. Although some felt that staff seemed rushed which impacted on the waiting times and the quality of the care provided, and felt more staff would improve this.
- Many described long waits to be seen; to receive their test results; and to be discharged. If the waiting times for each of these had been shortened this would have improved their experience. They also wanted staff to keep them informed of expected waiting times.
- When asked what they expect out of their visit to A&E, people report that they want to be able to access the appropriate diagnostic tests to support them in being provided with a diagnosis of their condition so they can be provided with the appropriate advice and treatment / medication.

- Seating provided in waiting areas was described by some as being uncomfortable.

### Alternatives to A&E

- Many people report that if they had been able to access a GP appointment at a time that was convenient to them they may have not attended A&E. Suggestions were made on better access to GP appointments.
- People have also suggested if GP practices were able to undertake diagnostic testing such as blood tests, x-rays, scans and treat minor injuries this would reduce the need for people to attend A&E. Some suggested having a minor injuries unit or a 24 hour walk-in centre.

## What did we do?

The engagement process has provided NHS Calderdale and Greater Huddersfield CCGs and Calderdale and Huddersfield NHS Foundation Trust with the views and suggestions of the public, to help understand why people attend A&E and what support people could or should receive in the local community to support a reduction in visits to A&E.

This report will also go to the A & E delivery board who will use the findings of the report in the future planning of A&E Services and in the development of urgent care.

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

A report of the findings from the engagement process was produced in May 2019. The engagement report can be accessed here: *https://www.calderdaleccg.nhs.uk/you-said-we-did/*

## Service Area - Adult Psychological Services:

The CCG made the decision to review adult psychological services in Calderdale – this was prompted by the proposed withdrawal of an art therapy service provided by South West Yorkshire Partnership NHS Foundation Trust (SWYPFT) without service user engagement and by concerns about long waiting times.

As there had not been any engagement previously undertaken about adult psychological services, the engagement described below was delivered to listen to people's views and experiences of current services, and to gather ideas about other services/support that the CCG could commission to help people with their mental health.

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

We used a survey to engage with service users, staff and members of the public.
The survey asked:

- Which therapies respondents had received, how they would rate them out of 1 to 5 where 1 was poor and 5 was excellent, and why
- How long respondents would be prepared to travel to receive psychological services
- How respondents would normally travel to psychological services
- What is most important to respondents when they use a service
- Whether there is any other type of support we should consider commissioning (buying)
- Thinking about the future and what would a good service look like?

The link to the survey was publicised on the websites of the CCG and its psychological service providers (Insight Healthcare, SWYPFT and Women Centre) and was shared through the VAC newsletter with the following:

- Calderdale Mental Health Innovation Hub (a multi-agency group consisting of representatives from the NHS, the Council, other statutory services and the voluntary sector) and staff
- Mental Health Matters
- GP practices and 'Patient Reference Groups' at GP practices
- Community and voluntary sector organisations

- Calderdale Councillors

The psychological services providers gave out/sent copies of the survey to people who had used or were using their services. Healthy Minds, Queens Road Neighbourhood Centre and a number of GP practices also took a stock of paper surveys to give out. We also wrote to individuals who had given their contract details to SWYPFT to pass on to the CCG so that they could be contacted about the review.

We held three drop-in sessions publicised through the channels mentioned above at The Shay, Todmorden Town Hall and Queens Road Neighbourhood Centre to encourage/support people to provide feedback through the survey. An impromptu focus group took place at the Queens Road Neighbourhood Centre, with a small group of South Asian women.

## What did they tell us?

175 people completed the survey, and the findings are summarised below:

The services people had most used are as follows, with the highest rating included:

- Counselling (50%) – rated as good-excellent by 50%
- Cognitive Behaviour Therapy (45%) - rated as poor by 54.3%
- Art Therapy (23%) - rated as good-excellent by 80%
- Self-guided help (19%) – rated as poor by 52.5%
- Interpersonal Psychotherapy (8%) – rated as good-excellent by 61.1%
- EMDR (7%) – rated as good-excellent by 58.8%

The services that had only been used by 2-3% of respondents that could not be rated due to low numbers were: Integrative Therapy, Acceptance and Commitment Therapy and Cognitive Analytical Therapy.

People told us that services scored higher (ranked 4-5) were because:

- People felt like the therapist was interested
- People felt safe - trusting the process and therapist
- Staff were competent, non-judgemental, compassionate and well qualified
- The service worked in supporting the client and there were positive outcomes
- The service promotes long term improvements and has a positive impact on the individual and wider relationships including family, friends and other healthcare professionals
- Quick access to the service including booking an appointment
- Access to the service is ‘open ended’ no restrictions or boundaries
- The service was accommodating to the persons needs

- The service supports recovery providing practical coping strategies and being person centred

People told us that services scored lower (ranked 1-2) were because:

- Waiting time to access the service, particularly for longer term support
- The service did not last long enough to have a benefit or support an outcome
- Staff attitude was poor
- Access to the service was impersonal, face to face is preferred
- Staff did not have the skills, lack of confidence in staff ability, skill or experience
- Inconsistency in staff and ability, relationship was poor
- Staff changes
- The service was not right for the persons condition
- Lack of trust in therapist or service
- The service did not result in a positive outcome, for some it made a condition worse
- Services are short term and focus on symptoms rather than root cause
- Not enough self-help groups
- The service could not help me with my needs – some describe these as complex or when they were very unwell

Respondents (49.7%) told us they would like to travel between 15-30 minutes to receive a service but some (36.88%) would travel between 30-60 minutes. Respondents also told us the most important aspects of care which were

1. Compassionate Staff (88.7%) and seeing the same person (88.6%) were a top priority for the majority of respondents.
2. A service that responds quickly to a person's need (75.4%)
3. Being able to choose the type of support a person receives (72.2%)
4. Being clear on what outcomes the support will provide (71.6%)
5. A safe place (70.9%)
6. Being able to book a convenient appointment time for my life (68.1%)

When asked what was the most 'important' aspect of a service, people told us:

- Treatment that lasts for as long as is needed and suitable to the persons needs
- Holistic care
- Staff who are caring with the right skills and information
- Longer term support
- Appointments and waiting times
- Suitable environments

Some of the suggested support people would like to see commissioned included:

- More services that are long term including services not clinically led – use the voluntary sector more
- Specialist sexual violence services and for those who been sexually abused

- Peer support services such as Andy’s man club
- Adult Autistic Spectrum Disorder services and Attention Deficit Hyperactivity Disorder support
- More Improving Access to Psychological Therapies services and links to substance misuse
- More specialist support for those who have experienced severe trauma such as refugee and asylum seekers
- Support and education
- Out of hours support – helpline, face to face
- Young people’s service and services that can support victims of child abuse
- Eating disorder and bereavement support groups for all ages
- Campaigns to reduce stigma
- Help and support for carers and families
- Help and support in community settings such as parent and toddler groups, schools and gyms
- More staff and workers to support the gap between IAPT and secondary care services
- Additional Community Psychiatric Nurses and more crisis support

## What did we do?

The report of the findings was published in April 2019. The CCG has fed all the views and feedback along with the EQIA into the review of adult psychological services in Calderdale. The findings have been used for the following:

- To inform the development of a model for early intervention and accessible support building upon the social prescribing services already in place and the new link worker role in primary care networks
- To develop the new specification for the Improving Access to Psychological Therapies (IAPT) service
- To inform the approach to reducing waiting times for secondary care psychology

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

A report of the findings from the engagement process was produced in April 2019. This report can be found on this website: *https://www.calderdaleccg.nhs.uk/you-said-we-did/* under ‘Adult Psychological Services’.

## Service Area - Wheelchair Services Engagement:

Wheelchair services are commissioned jointly by Calderdale, Greater Huddersfield and North Kirklees CCGs and provided by Opcare. Following a number of issues raised about the current service through both Healthwatch and complaints, the CCGs wanted to do further engagement. The engagement which took place covered a 12 month period starting in May 2018 and ending in a procurement process which commenced in April 2019. As the report covers the period 2018/19 it will cover the engagement stage and preparations for procurement.

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

Following engagement by the current provider Opcare in partnership with the CCG and Healthwatch in 2017/18 a number of people had been engaged on wheelchair services. The findings from this work highlighted a number of areas that could not be resolved with service improvement so further conversations took place to identify the need for a new service specification. People who use the service, families, carers, staff and organisations who have an interest in wheelchair services were asked to attend an event in May to launch a conversation on developing a service specification. The engagement was delivered in partnership with PCAN (Parents of Carers with Additional Needs).

## What did they tell us?

People told us the areas of improvement they would expect to see from the service and identified solutions to inform the service specification. The key areas for inclusion in a future service specification are listed below:

- People would like the right good quality equipment first time
- Equipment that supports independence and consideration of lifestyle and a wider range of equipment
- 24/7 repair service for all that is responsive and includes same day repair service for complex wheelchair users
- Well trained staff and a clear referral process and information about what to expect, when and how
- Complex service users and children and young people who have changing needs over time getting planned reviews regularly and timely re-assessments
- Timely honest communication, including calling people back, and updates on progress
- Accessible communication – type talk, language interpreters (including staff who can speak different languages) and more use of technology
- Regular clinics in other areas and settings and appointment bookings managed in a timely way

- Fast track appointments for urgent needs
- Holistic approach to providing information for people who use a wheelchair – multiagency approach to creating information to support people
- Personal budgets, equipment and advice on buying equipment independently
- Comprehensive training on the use and maintenance of equipment
- Employ service users in the organisation, look at a the role of the voluntary and community sector in providing non clinical services with a clinical partner
- Develop service user led service evaluation, principles and information and robust monitoring of the service involving service users
- Investment in the service to keep people healthy and well
- Look at areas where people can contribute costs – rental equipment, topping up funding and personal budgets
- Recycle and repair

## What did we do?

The CCGs worked together to understand the findings from all the engagement. This included findings from Healthwatch and previous engagement in Autumn 2017. A further event was held in July 2018 to provide feedback from the engagement and to describe the next steps.

Using the information provided, the CCGs worked together in a delivery workshop which was split into two discussions. The first discussion included the current provider Opcare who used the findings to identify further service improvements.

The second discussion was with commissioners who worked through the findings from the engagement process to identify key themes to support the development of a future service specification.

These findings were presented at separate workshop in the Autumn with people who use the service, families, carers, staff and organisations who have an interest in wheelchair services. The purpose of the meeting was to identify outcomes for the service specification.

As more work took place on the service specification following the workshop in the Autumn, individuals from the meeting reviewed the service specification to ensure the voice of local people had been captured.

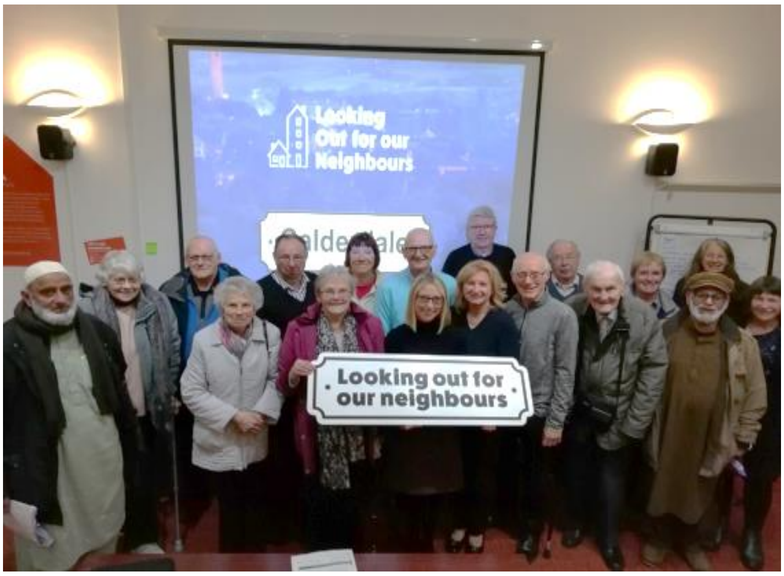
Once the service specification was complete, plans were identified to involve local people in the procurement process and a panel was set up from interested parties.

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

You can follow the journey by going to the website: *https://www.calderdaleccg.nhs.uk/you-said-we-did/*

## Service Area - Calderdale Health Forum (CHF):

The forum is managed and supported by the CCG. The forum has representatives from each of the member practices' 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 group 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 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 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.  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?

The Forum meets on a quarterly 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. The following engagement in meeting order has taken place this year:

## Meeting held on 12th June 2018

### Did Not Attend (DNAs):

The context for this discussion was around 'Did Not Attends' and how each practice handled such cases. Patient Reference group members told us;

- Focus on DNA is not an issue of cost as appointment would be paid for anyway, some GPs run late and patients can wait up to half an hour
- If a Doctor has wall to wall appointments and someone has missed an appointment other people could use it - could be taken up by an urgent appointment.
- Despite putting procedures in place to reduce DNAs (e.g. text reminders) there was an increase at one practice for the next year 2018
- Removing the problem could move the problem on, for example to A&E
- Service is led by professionals and not meeting the demands/needs of patients

### If improvements to DNA were to take place practices should consider the following:

- To identify if it's a particular type of patient and identify solutions with those patients. Also practices could do with a demographic breakdown to understand more about who are the DNA's.
- External factors can affect DNAs, such as carers' responsibility, transport, interpreters and forgetfulness. Look at incentives that get community support – i.e. a coffee machine in the reception
- GP practices – people don't talk, not a social space – Is the environment right to connect people. No face to face contact on entry to the surgery anymore except for some people such as people with sensory disabilities
- Rating of consultation – more connection with caring clinicians. Seeing a certain GP for a specific reason or for continuity
- Turnover of reception staff is high, practices are now larger – more impersonal
- Text messages – could be used to text "CANCEL".
- Mental health, frailty, hospitalisation, death could all be reasons that should not be recorded

## Privacy at Reception:

The context for this discussion was around the lack of privacy at GP surgery Reception desks. Patient Reference group members told us;

- At some practices you can hear the name, DOB and details of people – this is inappropriate to hear as well lack of dignity for the patient.
- There was a view that this might affect DNA'S.
- Query how much information the reception staff needed to know.

Are there any notices up advising what to do if the patient wants to speak to someone in confidence?

## Friends and Family Test (FFT) :

The context for this discussion was around the use of FFT and submission of a summary of FFT response by each Practice to the CCG. Patient Reference group members told us;

- There were concerns expressed around the rating text and the reviewing system – Can this be used?
- Concerns were expressed about the anonymity of a text response and as a result of this whether the text facility encouraged an honest response.
- What happens to the information? Is it taken seriously?
- There were no alternative formats available.
- Patients not always responding – need to identify the reasons for this.
- Keep GPs on their toes.
- What do we do with the information – 'You said, we did'

## Men's Health Events:

The context for this discussion was around surgeries holding special men's health events. One patient reference group member told us that they had held a men's health event on a Saturday morning. The event was well attended and so they were going to hold a regular event and expand to younger men.

Blood pressure checks were offered as well as information on support for mental health and counselling. The event was run by the Practice Manager, PRG members, nurses and GPs. The Practice informed male patients by text message. Another practice held a 'Men's Breakfast' which came out of a similar practice approach.

# Meeting held on 11th September 2018

## Car Parking charges at Calderdale Hospital:

The context for this discussion was around the changes to parking charges for patients at Calderdale Royal Hospital. Patient Reference group members told us;

- Patient's need to take an interest in this subject
- Patients with long term conditions used to be able to get free car parking (with a card) to put in the machine.  This is no longer available.
- Some attendees thought that parking was still free for carers visiting the Macmillan unit.
- Members indicated they don't object to paying the charges if the money went back to the hospital rather than to a profit making organisation

## Flu Jabs:

The context for this discussion was around the availability of trivalent and quadrivalent flu jabs. Patient Reference group members told us;

- Practices advised that there were two types of flu jab:  trivalent (for patients 65 and over) and quadrivalent (available to patients under 65).
- There appeared to be difficulties in the supply of the trivalent flu jab.
- Discussion concluded that this was a national issue – some of this issue was around GP surgeries having to place orders for vaccines in January for October based on the information on the flu strain available at that time.
- At the beginning of year NHS England decided particular vaccines would be for certain cohorts and this had compounded the issue.

## Poor Introduction of New Appointment System:

The context for this discussion was around the introduction of a new system for acute appointments.  One surgery described how they no longer had a duty doctor.  Previously patients could ring the surgery and go through a triage process.

Patients are now being asked to come to the surgery to sit and wait for an appointment. Communication of the change was publicised in the local newspaper and social media but had not taken into account patients who do not have a computer.

Other communications options need to be considered by practices and clarity given on the process for booking acute appointments/everyday appointments.

## Meeting held on 11th December 2018

### Return of Equipment/Aids (e.g. walking sticks, toilet seat boosters):

The context for this discussion was around systems for the return of aids and equipment and with the potential savings from returned equipment. Patient Reference group members told us;

- Concern was expressed at the perception that equipment did not need to be returned
- There was no system for returning equipment
- No accessible places to return equipment
- Mention was made of the 'Equipment Store' and the possibility of asking the Equipment Store Manager to come to the meeting to discuss options for returning equipment.

This issue had previously been raised under the 'Everyone's NHS' project. Following feedback it was agreed that this item would be discussed at the March meeting of the Health Forum.

### Patient Participation Group – Management and Leadership:

The context for this discussion was around who should be leading/driving Patient Participation Groups. The agenda item was presented in the context of guidance from the National Association of Patient Participation (NAPP). Patient Reference group members told us:

- Some attendees discussed greater participation by the Practice Manager
- Other attendees indicated that the PPG should be led and driven by the patients

Following discussion it was agreed that it required more discussion at the March 2019 meeting of the Calderdale Health Forum.

## Meeting held on 19th March 2019

### Management and Leadership of Patient Participation Groups:

One of the PRG members chaired the session and queried how many people were aware of the National Association for Patient Participation (NAPP). The group was presented the national guidance which sets out the benefits of a thriving PPG.

The Forum separated into 5 groups and discussed whether the PPG's should be led and managed by the Practice staff or by the patient participation members of the group. Groups considered the national guidance and discussed:

- What was the best way to achieve the national guidance tasks
- Should all the management, organisation and leadership be left to the Practice Manager?
- Should we organise our groups to be more of a driving force in the management and leadership of our groups?
- Should we be more proactive and more influential in how our groups function and are managed? If so how?

### Following discussion each of the groups gave feedback as follows:

- Many felt it should be joint management with the emphasis on members and the Chair
- Practices have not shared with their PPGs information from NAPP (except for one practice) so members are not aware of what they can do/get involved in their PPGs
- Expectations were not made clear to members when they joined the PPG
- Members would like to get involved with recruitment panels and gain training on the role.

## What did we do?

Some of the issues were passed on to the relevant person to inform improvements or raise awareness of public views. Some of the discussions were actioned in a range of ways. Set out below are a few examples of how feedback has been used.

### DNA:

Work took place with the Releasing Time for Care National Team to work with practices on managing their demand which includes looking at ways of reducing DNA's by working together. An event took place on the 9th October 2018 with 14 practices who considered the feedback from forum members. A draft guide was also pulled together based on feedback from the September meeting. Attendees were also asked to consider how PRGs could work with the practice to support DNA reduction.

### Flu Jabs:

Medicines management and communication colleagues provided a detailed explanation of the different flu jabs which could be displayed on GP surgery websites. The information was also circulated to GP Surgeries and Calderdale Health Forum members.

### Parking at hospital:

Calderdale and Huddersfield NHS Foundation Trust (CHFT) provided a statement which was circulated to Health Forum members about the parking arrangements and how the revenue is used. This issue was also passed back to the Patient and Public Engagement Steering Group who were discussing Travel and Transport at the meeting on 17th September 2018 to create an action plan for improvements.

Patient Participation Group – Management and Leadership: The conversation on this topic continues to be discussed with guest speakers. Practice managers have an interest in exploring this area with patients and a film will be made on the NHS Long Term Plan and the future of primary care to inform developments.

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

For more information about Patient Reference Groups and the Calderdale Health Forum go to the Calderdale CCG website: *https://www.calderdaleccg.nhs.uk/get_involved/have-your-say/*

# Service Area - Engagement Work in relation to the Equality Delivery System (EDS):

The CCG set equality objectives in collaboration with local stakeholders through evaluation of the EDS events in 2017. The aim of having objectives is to be able to make service improvements with a focus on particular equality groups. The objectives were set jointly across Calderdale, Greater Huddersfield and North Kirklees CCGs.

The CCG set equality objectives in collaboration with local stakeholders through the EDS events in 2017. The aim of having objectives is to be able to make service improvements with a focus on particular equality groups. The objectives were set jointly across Calderdale, Greater Huddersfield and North Kirklees CCGs.

### The objectives set from April 2018 to March 2022 are:

- *To improve engagement with and access to GP practices for specific equality groups: Lesbian, Gay, Bisexual, Transgender and Questioning (LGBTQ) and Children and Young People (CYP)*

A joint action plan was produced to understand what actions needed to be taken to address this and to measure success and monitor impact.

### The actions agreed were to:

1. Undertake a baseline assessment
2. Work in partnership with primary care
3. Map current engagement mechanisms for involving LGBTQ/CYP
4. Develop a pilot to test out engagement mechanisms
5. Evaluate activities and progress LGBTQ/Children and Young People groups

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

A number of visits to services and groups took place from January - March 2019 in order to build up contacts, knowledge and networks and to increase opportunities for voice across Calderdale communities.

### The visits are listed below:

| Visits to | Type of service |
|---|---|
| Andy Man's Club | Men's mental health |
| Barnardo's Positive Identities | CYP LGBTQ |
| Better Lives | Social Care support – Family/CYP |
| Bluebird Care | Social Care support – Older people/carers |
| Branching Out | CYP Drugs and Alcohol service |
| Calderdale College – DigiHub | Education CYP |
| Calderdale Music Trust | CYP |
| Halifax Area Gay Group | Adult Gay men |
| Halifax Central Initiative | Community Development Workers |
| Halifax Opportunities Trust | Community Initiative |
| Healthy Minds Timeout | CYP Mental Health service |
| Memory Lane Café | Dementia |
| Noah's Arc Centre | Counselling Service CYP |
| Phoenix Shed | Men's mental health |
| The Piece Hall | Place of interest – public area |
| Women's Centre | Women's domestic violence |

## What did they tell us?

### Giving LGBTQ Communities a voice

Since October 2018 Calderdale CCG became a member of the newly established LGBTQ+ Partnership Group for Calderdale.

The group membership is made up of people from a variety of organisations across Calderdale that have a passion to work together to improve what services we have available now. The membership includes reps from the voluntary and community sector, Police, Council and NHS.

The vision for the partnership is ***Celebrating an inclusive voice that is visible and has influence.***

The Partnership Group aims to improve services, access and increase visibility and make Calderdale the best borough for LGBTQ+ communities in the North.

The Partnership Group want to ensure the LGBTQ+ voice is heard with opportunities to influence decision making. Members have agreed to share good practice, lessons learnt and information from across their organisations with one another.

The partnership group delegates specific projects to the Core Group to work on.

An example of this was LGBTQ+ history month, which takes place every February.

The CCG signed up to raise awareness with its staff by promoting LGBTQ+ materials and holding interactive workshops to learn about the history and what has changed in terms of gaining equality for LGBTQ+ communities.

## Giving Children and Young People a voice

The CCG, VAC and Barnardo's Positive Identities service have worked together on an engagement project for increasing voice of Children and Young People.

The project looked at gaining views on improving GP services for young people and also if their GP practice was supportive of their gender and sexuality when asking for support.

We developed the survey with young people aged between the 12-25 years age range. The young people wanted it to be user friendly, colourful and appealing. The young people influenced the language used and the use of emojis in the design. It was agreed to be an online survey, which was also accessible via a QR code on a smart phone. The survey would also be available in print format.

The survey was tested out with a group of young people at Brooksbank School in Elland, who found it interesting to complete and easy to understand. From the testing, the young people gave a couple of suggestions, which we incorporated as part of their feedback.

This pilot has shown the preferred style and format a survey needs to be for young people and we are hoping that this is something that may be rolled out to all schools to gain further insight on improving GP services in the future.

The pilot is now a live piece of engagement across Calderdale asking all young people about their views of going to the GPs.

The CCG and Barnardo's are working together with Trinity Academy and Positive Identities youth groups to design creative feedback as part of the live engagement (the products created will include a song, flipbook, Lego animation and a film). All of this work will form a report of findings on the outcomes of the engagement and also provide further opportunities to further involve young people with their GP practices.

# What did we do?

The following outcomes have been achieved as a result of the engagement work focussing on CYP and LGBTQ communities:

- We have recruited new organisations/groups to the Community Voices (engagement training) programme.
- We have actively engaged with a number of public, voluntary and community groups and have established new relationships and increased capacity.
- We are now a member of the Calderdale LGBTQ Partnership Network and Calderdale LGBTQ Core group.
- Set terms of reference for the Partnership and co-facilitated meetings.
- Working with Time Out Healthy Minds on developing a website for the Calderdale LGBTQ Partnership Network.
- We have adapted the equality monitoring form that is used in CCG surveys, to include a wider range of gender and sexual identities.
- We have co-produced a young person friendly survey with a format that is written in plain simple language and is inclusive of emoji's.
- We have a live piece of engagement about gaining insight from CYP about their experience of going to the GPs and identifying service improvements.
- We are working with Trinity Academy, Barnardo's Positive Identities and Brooksbank School to produce creative feedback for engagement.
- We have held staff briefings during LGBTQ History month to raise awareness and understanding in staff. Displays were also produced and shared across all 3 CCGs (Calderdale, Greater Huddersfield and North Kirklees).
- We have established a CYP working group to gain one approach for involvement across Calderdale in partnership with Calderdale Council, Calderdale College, Barnardo's Positive Identities, Voice & Influence Team, Public Health, Healthwatch and Voluntary Action Calderdale.
- We have linked Better Lives with the Practice Managers network to signpost the service to families and CYP across Calderdale.
- We have worked in partnership with West Yorkshire and Harrogate STP campaign 'Looking after your Neighbours' which was fully supported by a number of the groups visited, plus the Piece Hall wrote an article in the press and Memory Lane Café completed a radio interview for the campaign.
- We are in the process of reviewing and designing up a Young Voices training programme in partnership with Calderdale Council. This will be piloted with CYP before it goes out live for others to take part in.

# Where can you find more information about this work?

For more information go to *https://www.calderdaleccg.nhs.uk/you-said-we-did/*

## Service Area – Active Calderdale:

Active Calderdale is a program delivered with partners across Calderdale to showcase the great work that's already going on to tackle inactivity. Calderdale Council worked in partnership with the 'Design Council' to use their unique approach to identify solutions to tackle the lack of physical activity within Calderdale. 'Design Council' pulled together a design thinkers working group with one of the groups focussing on Primary Care.

Calderdale CCG led on the active in primary care work stream which focussed on activity and people with a long term condition (LTC). The work was led by a GP and the working group consisted of members of the public.

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

A number of insight interviews took place with individuals who had a long term condition. The questions that were asked are set out below:

- Tell me about yourself (type of condition, length of time having an LTC, general background)
- What do you do in a typical week?, What are your interests?
- Has anything changed since you were diagnosed with an LTC? Why do you think this is?
- Is there anything you used to enjoy doing that you don't do now?
- What do you think is stopping you doing these things? (Finances, fear, lack of support, information, relationships etc...)
- Is there anything you think would help?
- Since your diagnosis of an LTC do you feel other people, or those around you treat you differently? (In what way)

## What did they tell us?

We interviewed a range of people with different long term conditions. People told us that there were a number of areas that had prevented them from being active. From all the interviews which took place we identified a number of common themes. The themes were made into an 'instamation' or film. The themes were:

- Most people were active up until the diagnosis of a long term condition
- From diagnosis people felt they could not do what they used to do, or stopped doing the things they used to enjoy
- There was a common theme of feeling tired or experiencing pain from activity and some felt the worry of over exerting themselves or doing too much stopped them
- For those who wanted to do something going out was an issue, the weather, dark nights and factors such as icy pavements made people feel nervous about taking the first initial steps
- For most they were still active to some extent during the week but the 'Long Term Condition' was the main barrier to doing more
- Being isolated or living on your own was also cited as a barrier to being active
- People told us that activities in the community did not always cater for people with a long term condition and people were worried about going in for the first time, declaring they had a condition or not knowing people
- Some people lacked motivation and confidence and stated they had 'given up'

People told us that improvements could be made to support a more active lifestyle. The improvements were:

- Better, low cost public transport
- Classes run for people with a long term condition, by professionals who understood that condition
- Peer support or a buddy to be able to go out with
- Well-lit streets and management of icy pavements
- A focus on low level activity, not having to think being active is running a marathon
- Better information and improved communication at diagnosis
- Support from a clinician or GP on improving activity and more understanding of how to manage symptoms

## What did we do?

Calderdale CCG had the lead on this work and identified a number of areas that would improve things for patients who were diagnosed with a Long Term Condition who wanted to be more active. The recommendations were to work with a cluster of GP practices to start this work and roll out to all practices over the next year. The recommendations were:

- To identify an ACTIVATOR to continue this work and embed it.

- Establish the processes of activity prescribing, referral/ navigation and access to information
- Set up required training for GP practices
- Establish the links between patients, general practice, health activists and activities
- Collect baseline data and establish how to demonstrate impact to drive ongoing roll out

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

For further information please go to *https://www.calderdaleccg.nhs.uk/you-said-we-did/*

## Service Area – Use of Telecare in Care Homes:

As part of the CCGs contract monitoring it is good practice to gain feedback from the homes on the performance of the equipment.

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

Engagement work was carried out by the Service Improvement team with the Care Homes in respect of the use and effect 'Telecare' has had for residents and staff.

## What methods of engagement were used?

The methods used to engage people were:

- Liaising over the phone, in person and via email with care home staff.
- Lots of on the ground engagement and partnership working.
- Specific staff assigned to working directly with care homes and getting constant feedback.
- The equipment provider 'Tunstall' working collaboratively with care home staff to develop the best telecare package for residents.
- The provider 'Tunstall' also produced a 'Friends and Family Test' card which is shared monthly.
- Staff surveys that were are sent out periodically.

## What did they tell us?

### August 2018 - Park View

Care home manager and maintenance manager commented that, "The telecare that is provided and funded by the CCG is phenomenal and we couldn't do without it. The chair sensors have been invaluable in providing staff with alerts especially if a high risk resident is at risk of falling."

### December 2018 - Summerfield House

Care home manager advised the equipment they have absolutely supports the management of residents and that having care assists strategically positioned on each floor enables staff to be alerted immediately if residents fall. The telecare system has reassured both staff and residents and the home is constantly looking for different ways to utilise the telecare.

### February 2019 - Pellon Manor

The care home manager advised that, “Even though we have only been using the equipment properly for a short period of time, we have not had a resident experience an overnight fall since it was installed, which is a massive improvement."

### March 2019 - Lee Mount

Care Home Manager provided the following good news story: “The telecare system at Lee Mount enables multiple alarm calls to be handled at the same time, which wasn’t possible with the previous system. A major benefit has been in regard to noise. Our old system raised alerts audible throughout the home, 24 hours a day, but the new system sends alerts to the staff handsets, creating a much more peaceful environment, which is especially important when caring for people with dementia.

The system has been extremely easy to use, with no issues reported by staff, and has definitely increased effectiveness in terms of response times and staff deployment, and most importantly resident safety. It also gives an audit trail of responses which is helpful for measuring the quality of our care and if we need to review an event. We’ve seen a reduction in falls, as the bed occupancy sensors alerts staff as soon as they start to get out of bed, meaning we can reach them before they fall.

## What did we do?

The findings are used for the CCG to monitor the performance of the service, ensuring they are meeting their contractual requirements and is fit for purpose, and a quality service. In addition they are also used for collaboration between Tunstall and the care homes to continue to deliver the best service that meets residents’ needs.

Tunstall use this feedback as learning for dealing with other care homes, and the service is often promoted at national events as it is a flagship service. The findings have enabled a strong collaboration between the CCG and care homes – care homes know they can contact the CCG directly with any feedback or queries.

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

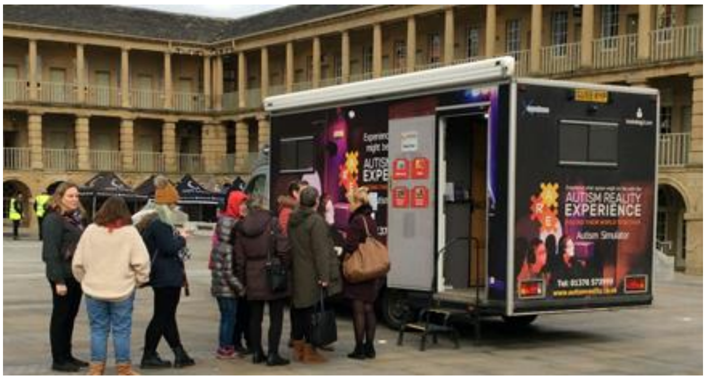
For further information please contact *sarah.garforth@calderdaleccg.nhs.uk*

## Service Area – Autism Reality Experience comes to The Piece Hall:

The CCG held the summit to challenge together the way people think and to commit to take action to improve children and young people’s lives. Calderdale is working together with partners to improve things for children, young people and their families and ‘The Autism Reality Experience’ provided a glimpse of how hard life can be for people with Autistic Spectrum Disorder (ASD).

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

Visitors to The Piece Hall were given an insight into autism on Thursday 10 January, as the Autism Reality Experience was brought to Halifax to raise awareness of the condition. This provided members of the public and professionals with some insight of the sensory overload experienced by people with conditions on the autistic spectrum, and hopefully change the way they think about autism.



People taking part were given simple tasks to do while distracted by flashing lights, noises, smells and textures, simulating the heightened sensory input experienced by those with autism. At the same time leaders from Calderdale Council and local NHS organisations came together at the Orange Box with clinicians, head teachers, professionals, parent and carers groups, some community representatives, providers and elected members as part of the Action on Autism Summit to explore how they can work together to improve how people with autism are cared for in Calderdale.

The CCG held the summit to challenge together the way people think and to commit to take action to improve children and young people’s lives. Calderdale is working together with partners to improve things for children, young people and their families and ‘The Autism Reality Experience’ provided a glimpse of how hard life can be for people with Autistic Spectrum Disorder (ASD).

“Many people who can make a difference to the way people with this condition are cared for had a really eye-opening and emotional experience on the autism bus, and that’s helped them to understand why things need to improve”.

Parents, carers and young people helped shape the event and, more importantly, continue to be heavily involved in the changes. Work with Unique Ways, Family Voice Calderdale and the National Autistic Society will help prioritise and drive through the improvements that will have the most impact.

## What did they tell us?

An attendee who travelled to The Piece Hall to take part in the experience, said: “It’s good to get first-hand experience of what people with autism actually go through.

“I’ve got family members with autism, so it’s nice to be in their shoes and experience the daily challenges they face.”

A parent of a child with autism who took part in the experience said: “It really does bring it home how hard it is for people with autism to retain that kind of information… having a neuro-diverse brain affects you so much, and it would be nice if more [staff from] schools took part to raise their awareness.”

## What did we do?

Following on from the summit an action group made up of stakeholders, parents, carers and young people with autism are meeting to;

- arrange an autism awareness and system wide event, which will be held towards the end of September
- review the current autism pathways to develop an integrated ASD pathway, and;
- work with leaders and give feedback on any improvements to the autism diagnosis and treatment raised at the summit.

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

If you’d like more information on the work we’re doing to improve care for people with ASD, please go to: *https://www.calderdaleccg.nhs.uk/you-said-we-did/*

# Calderdale Council Emotional Health & Wellbeing – Children and Young People's Survey 2019:

Engagement is an essential part of the planning and implementation of Calderdale's Local Transformation Plan. As part of the ongoing engagement, the young people's groups, Calderdale Youth Council and Tough Times Reference Group created a survey that was peer led. They gathered 622 children and young people's opinions during February/March 2019. Children and young people were asked their views and experiences about emotional health and wellbeing services in Calderdale..

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

There were 622 children and young people aged 5–25 who filled in a questionnaire from across Calderdale. The 'Calderdale Youth Council' and the 'Tough Times Reference Group' created a survey to gather the views of children and young people about Calderdale mental health and emotional wellbeing services.

The Survey Monkey was created with nine questions, which included a mix of open and closed questions, and ended with an equality monitoring section including ethnicity, age, sexuality and disability. The survey offered participants the opportunity to skip questions if they wished, select more than one answer for some questions and share their opinions on the services that they may have used.

The survey was shared across all schools in Calderdale, and through a number of services such as CAMHS, Time Out and the Young People's Service.

## What did they tell us?

- The survey shows that mental health awareness and emotional health and wellbeing is of upmost importance to the children and young people in Calderdale as shown by the 8/10 rating given by the participants at the start of the survey.
- A survey should be done yearly, as the needs of children and young people are always changing.
- Schools play an important role within mental health and emotional wellbeing awareness, and are one of the most reliable sources of help.

- Lessons on emotional health and wellbeing within schools are a helpful tool combatting mental health and emotional wellbeing. This is something that can be continuously improved within schools.

## What did we do?

The report, with the key findings, will be shared with the CCG, council and other services such as schools that help to gather the views of children and young people. It will also be shared at Calderdale's Emotional Health and Wellbeing Taskforce where the findings, alongside the electronic health needs assessment (eHNA) results, will help shape health and social care future services.

- From this survey the Tough Times Reference Group and members of the Youth Council will develop an action plan that will be shared at the Emotional Health and Wellbeing Taskforce in July 2019.
- This report will be shared with all schools and services across Calderdale.
- A letter will be sent to individual services with specific statistics about their service which will include what's good and any recommendations to help improve the service.
- An annual survey will be created and distributed to all schools and services to continue the engagement around Mental Health and Emotional Wellbeing.

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

A report of the findings from the engagement process was produced in April 2019. For further information please contact *Joanna.marshall@calderdale.gov.uk*

## Calderdale Council Emotional Health & Wellbeing of Parents, Carers and Family Members Survey 2018:

Engagement is an essential part of the planning and implementation of Calderdale's Local Transformation Plan. As part of the year 3 refresh, parents, carers and family member's opinions completed a short survey on their views and experiences of children and young people's emotional health and wellbeing services in Calderdale.

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

The survey generated 1116 responses from parents, carers and family members who live across Calderdale. The age range of children being supported by parents, family members and carers ranged from 0 – 19 years.

The survey was distributed in a variety of ways reaching a high proportion of parents, carers and family members via social media; Calderdale Council also reached people through a number of electronic bulletins such as the schools messaging service and the monthly Emotional Health and Wellbeing 5 Key Updates.

## What did they tell us?

The main comments were around the following themes:

- Up to date, clear accessible information to help parents/carers and family members know what is available for children and young people in Calderdale.
- More support for year 6/7 students in helping them with transition from primary to secondary school.
- Free young people's sessions across Calderdale to help them with their emotional health and wellbeing.
- More support for students in school.
- Education and training for children/young people/parents and professionals.
- Clear referral systems into services.
- Right support at the right time in the right place.
- Reduced waiting times.

- More family support sessions.
- More support focused on primary aged children.
- Direct support to parents/carers and family members in order to enable them to support their children at home.

## What did we do?

A small task and finish group was established to look at key themes and develop an action plan to address the areas raised by parents, carers and family members

To write a letter of response to the parents, carers and family members who took part in this survey.

To create a similar survey for professionals, children and young people in order for us to get a balanced picture on what people think about children and young people's emotional health and wellbeing services in Calderdale

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

A report of the findings from the engagement process was produced in March 2018. For further information please contact *Joanna.marshall@calderdale.gov.uk*

## Calderdale Council Emotional Health & Wellbeing – Professionals Survey 2018:

Engagement is an essential part of the planning and implementation of Calderdale's Local Transformation Plan. As part of the year 3 refresh, we have gathered 211 Professionals opinions through a short survey during May 2018. Professionals were asked their views and experiences about children and young people's emotional health and wellbeing services in Calderdale.

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

There were 211 responses to the questionnaire from across Calderdale. The age range of the children they worked with was broad, ranging from 0 – 19 years, with some professionals working with more than one of the age groups.

A survey was created with 15 questions, ending with a general comments box. The general comments box gave participants space to express in more detail how they felt about emotional health and wellbeing services. The survey had a mixture of open and closed questions, allowing professionals to have a multiple choice on a couple of the questions.

The survey was distributed in a variety of ways reaching a high proportion of colleagues via email; we also reached people through a number of electronic bulletins such as the schools messaging service and the monthly Emotional Health and Wellbeing 5 Key Updates.

## What did they tell us?

The main comments were around the following themes

- Up to date, clear accessible information to help professionals know what is available for children and young people in Calderdale.
- More support for children under 5 particularly around bereavement.
- Free counselling for young people aged 16 – 18.
- Clear referral systems into services.
- Reduced waiting times.
- Reduced waiting times particularly for an ASD assessment.
- A more joined up approach between services and professionals.

- Further training opportunities for all professionals.
- More support for students in schools.
- More support for staff in schools.
- Sustainability of services.
- Targeted emotional health and wellbeing support for the most vulnerable children and young people in Calderdale.

## What did we do?

- Establish a small task and finish group to look at key themes and develop an action plan to address the areas raised by professionals through the survey.
- To write a letter of response to colleagues who took part in this survey.
- To create a similar survey for children and young people in order for us to get a balanced picture on what children, young people, parents, carers and professionals think about emotional health and wellbeing services in Calderdale.

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

A report of the findings from the engagement process was produced in June 2018. For further information please contact *Joanna.marshall@calderdale.gov.uk*

# VAC - Engagement Champions:

Calderdale Engagement Champions is a project that provides training to local people to support the conversations we have with local people. Each year members who have been trained attend a refresher training session.

‘Engagement Champions’ are people from Voluntary Sector Organisations with strong links to their local community, who act as ‘Approved Providers of Engagement’ on behalf of Calderdale CCG. Each year, they have to attend ‘Revalidation and Refresher Training’. We needed to adapt this training so that those people with Learning Disabilities could participate and fully engage.

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

We asked our group of Engagement Champions from the Cloverleaf Calderdale Self-Advocacy Network, all of whom have Learning Disabilities and who’s certificates had expired - what they thought of the initial Engagement Champions Training and what, if anything they remembered from it. We asked them how they would like their refresher training to take place?, What format? What time of day? How long should it last? What topics should be covered? We also asked the staff for their opinions of the above and asked for suggestions of how we could deliver the refresher training.

## What did they tell us?

The group told us:

- That they liked doing engagement exercises and liked talking to people about issues, but not many of them remembered very much about their original training
- All said they would like to listen to it all again, and would like the opportunity to recap as much of it as possible
- The group meet weekly on a Wednesday afternoon. All agreed that this would be the best forum to deliver the training, and that the whole two-hour session could be used for the training, which had to be presented in very simple, easy-read language, and ought to be delivered in a fun and interactive way that was inclusive and non-patronising.
- The group didn’t want to feel like they were ‘at school’.

VAC's Engagement Officer came up with the idea of a fun quiz – based on the 'Who Wants to be a Millionaire?' TV Quiz show. As each question has 4 multiple choice answers, there could be several things to discuss around each topic, each one being covered by one question, so that the group were learning in a fun, interactive way.

## What did we do?

VAC's Engagement Officer created the quiz, using the same questions that are used in the 'standard' refresher training sessions, and changed the wording to become much simpler and easier to read and understand.

The session was delivered at one of 'Cloverleaf Advocacy' service groups. Groups were split into two teams. Each team took it in turn to answer the questions, giving them an opportunity to discuss the question with their team-mates, thereby allowing them all to engage and not feel under pressure if they didn't know an answer.
The VAC officer also acted as the 'Phone a Friend' person and the 'Audience' (in ask the audience), so that she could teach the subject and elaborate on the answers if the delegates were stuck on a question.

## What did we do?

As a result of an innovative and accessible session fourteen people with learning disabilities passed the training and have had their Engagement Champions Status extended for another year.

This provides the CCG with more opportunities to involve and engage people with a learning disability and their peers.

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

For more information on this project, please contact *Julie.stott@vsialliance.org.uk*

## VAC - in partnership with Barnardo’s Positive identities:

The aim of the pilot is to ensure the CCG begin to understand how to engage with children and young people. This work started to deliver the objective set out in the Equality Delivery System (EDS) framework.

The aim of this pilot project was to produce and test a model of engagement that would be effective for Children and Young People, with the intention that if successful, it could be adapted to be effective for children and young people from different demographics and backgrounds.

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

This work was co-produced with Barnardos Positive Identities service, who work with and believe in ‘LGBTQ+’ (lesbian, gay, bisexual, trans and those questioning their sexuality or gender identity) children and young people, and their families.

VAC Engagement workers met with one of the Positive Identities youth groups to discuss what engagement was, and to ask them if and how they would want to be involved and have their opinions heard. The young people were not keen on the ‘focus group’ style approach, and showed more interest in a questionnaire, that was in plain English, brightly coloured and accessible online.

The topic chosen to investigate was young peoples’ opinions on their experience at their GP surgery. It was decided that the questionnaire would be developed to appeal to all young people, but with an additional set of questions around LGBTQ opinions, that would appear if the young person answered yes to ‘Do you identify as LGBTQ?’

An online survey was developed and presented to a group of interested individuals from the Positive Identities group, who went through the survey, giving overall impressions and rewording any questions they thought needed clarity.

The CCG’s current Equality Monitoring form was also reviewed, and concluded that it showed a lack of understanding of LGBTQ issues.

## What did they tell us?

The Young People gave us lots of constructive feedback, which helped us to change the questions and the way in which they were asked.

The revised questionnaire was scrutinised by the Positive Identities staff team, and it was then tested out by a group of young people at The Brooksbank School. Final revisions were made following analysis of these results.

It was concluded that in a small trial, questionnaires, both paper & online, when worded in very plain language, using additional visual aids to understanding (simple icons and 'emojis'), are more readily received by young people than black and white, dense text, and complicated language questionnaires.

Engagement with young people is necessary to ensure the meaning is clear and the question is easily understood, rather than an adult assuming understanding.

## What did we do?

Calderdale CCG has now adopted the survey and is using it in May 2019 as a live engagement for all young people in Calderdale. By gathering the views of young people, Calderdale CCG can provide information to GP practices to ensure that young people are supported in the right way. The information will be used to identify any service improvements and access to GP Practices.

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

A report of the findings from the engagement process was produced in March 2019.
For more information on this work, please contact *Dipika.kaushal@cvac.org.uk* or *lydia.pignatoro@barnardos.org.uk*

# West Yorkshire and Harrogate Health and Care Partnership – Public panel stakeholder workshop April 2018:

West Yorkshire and Harrogate Health and Care Partnership held a public panel stakeholder workshop on Tuesday 17 April at St George's Centre in Leeds

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

There is currently a patient and public involvement assurance group for the Joint Committee for nine Clinical Commissioning Groups (CCG). The primary purpose of the group is assuring the nine West Yorkshire and Harrogate CCG Governing Bodies through their respective patient and public involvement work. However, we wanted to build on this work and develop our public involvement much wider with the aim of having a West Yorkshire and Harrogate public involvement panel working more closely with all partners.

The panel will help to co-produce a robust governance structure which can offer assurance on all engagement and consultation work of the West Yorkshire and Harrogate Partnership across all sectors, i.e. hospitals, Local Authorities, CCGs. It will also act as an advocate and constructively challenge the Partnership and ensure that public involvement is at the heart of all decision making.

The workshop was the first of its kind across WY&H which was to start conversations with the chairs of patient and public panels.

The aim of the workshop was to:

- To build on work to date
- Start to co-produce a robust governance structure which can offer assurance on engagement and consultation work across all sectors in WY&H

This workshop was an essential part of our commitment to engage with all sectors which included a range of people who chair patient and public panels across WY&H;
organisations included:

- Lay members from NHS Clinical Commissioning Groups
- Governors from NHS Foundation Trusts
- Lay members from GP Patient Reference Groups

- Chairs from Voluntary and Community Sector organisation such as; Mesmac and Bradford's Peoples Board
- Healthwatch

44 people attended the workshop which provided an opportunity for people to find out what exists locally and for chairs of the patient and public panels to come together and start to have conversations as part of table discussions and deliberate how to co-produce a robust governance structure which can offer assurance on all engagement and consultation work of the West Yorkshire and Harrogate Partnership across all sectors, i.e. hospitals, Local Authorities, CCGS.

## What did they tell us?

There was a mixture of views around the wider work of the Partnership and views relating to building on work to date to further developing a potential public panel network. It is clear from the themes that came out of the workshop discussions that there is further work needing to be done to develop a public panel network and what it would look and indeed what we need to do to get there.

We also need to consider views received about the wider work of the partnership.
Key messages from the public panel workshop are summarised below and are in no
particular order:

- There was a strong focus from people in the room about the need to be honest, around needing to be honest, open and transparent.
- Have meaningful continuous engagement; people want to feel that they are being listened to. There was also a strong reference to making sure feedback happens and the loop is closed.
- Ensure that we are talking and listening to diverse groups of people such for example; young people and carers etc. and recognise that people have different needs and interests.
- Use simple language and make jargon more accessible by using plain English.
- Be clear what we are trying to achieve and recognition of potential engagement fatigue and duplication.

## What did we do?

Findings from this report and through continued meaningful conversations with our stakeholders will help inform the next stages of this work to co-produce a robust governance structure for West Yorkshire and Harrogate Health and Care Partnership.

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

A report of the findings from the engagement was produced in April 2018. This report can be found on the West Yorkshire and Harrogate Health and Care Partnership website *https://www.wyhpartnership.co.uk/engagement-and-consultation*

# West Yorkshire and Harrogate Health and Care Partnership – Developing the maternity choices offer publication, 'My Journey', for the Local Maternity System – April 2018

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

West Yorkshire and Harrogate Local Maternity System (LMS), the maternity programme of the Health Care Partnership, has supported the implementation and development of Maternity Voices Partnerships across West Yorkshire and Harrogate. Maternity Voices Partnerships (MVP) are working groups with women and their families, commissioners and providers (midwives and doctors) working together to review and contribute to the development of local maternity care. We now have seven MVPs across our LMS, and we work with the lay Chairs, through our MVP Task and Finish Group, to ensure that maternity voices are involved in all aspects of maternity transformation. Through this network we are able to consult with and gain feedback from families across West Yorkshire and Harrogate.

Better Births, the report of the national maternity review (2016), sets out the recommendations for the transformation of maternity services. The LMS is required to develop a local maternity offer ensuring that women and their families are informed about and have access to the full range of maternity care and birth settings in the LMS.

This work commenced in April 2018, with a focus group that was attended by the lay Chairs of all the MVPs, and midwives from each of the provider Trusts across the LMS. Co-ordinated by the LMS team participants considered a number of elements of the choice offer:

- Defining 'choice'
- Defining 'personalised care'
- Exploring the content of the choice offer
- Exploring the format of the choice offer

In addition participants reviewed some examples of leaflets from other maternity systems.

# What did they tell us?

Working collaboratively provided both the clinical and the lay perspective of what we needed to produce, including:

- Separate document
- Care Plan that goes into the Post Natal Period
- The document is kept by the woman throughout her pregnancy and after
- Contain directions to units, less is more and split into sections
- Space for women's comments and a pictorial map
- No silly or daft questions with a section for answers
- Called 'My Journey'
- More visual but with animations not photos/pictures
- Contain smoking/breast feeding information
- LMS webpage link to all of the units
- Take literacy into account – reading age of 10
- Each pregnancy is special & unique
- Timeline for appointments with a space to write questions
- Info pack available before go to first booking appointment – first contact
- Easy to read
- Clear contact numbers
- Encourage to ring for advice
- Wellbeing
- Miscarriage & Stillbirth
- Baby Movements
- Section on labour
- Section on feeding

Key Things

- Paper based to start with
- Look at ready steady go transition documents in children's
- Consider 3 documents that work together
- Legal aspect – not a clinical document would be separate to clinical notes – use as a link.

## What did we do?

Over the remaining months of 2018 draft versions of the My Journey document were co-produced and sent to the local MVP groups for dissemination and to gather feedback. All 9 versions of the document were circulated and the valuable comments received were incorporated. The MVPs used meetings and social media to distribute the drafts and receive feedback, which were collated by the LMS team.

Once the content, illustrations and format were approved, the My Journey booklet was printed and distributed to Trusts in January 2019.

In February 2019, it was suggested by a Health professional at an engagement event, that we create a poster about the ‘My Journey’ so that people could access it prior to any contact with maternity services. This proposal was taken to the LMS MVP group, who agreed and suggested wording for the poster. A draft poster was created and shared virtually and discussed at MVP meetings, with feedback being collated by the LMS team, before a final version was shared with contributors.

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

The ‘My Journey’ LMS choice offer is provided in paper format to women through their maternity provider Trust. It is also available on the LMS website:
*https://www.wyhpartnership.co.uk/our-priorities/maternity*

Posters are being distributed via Public Health colleagues and CCGs to pharmacies, sports centres, and community settings.

# West Yorkshire and Harrogate Health and Care Partnership – Stroke stakeholder event May 2018:

A stakeholder event and six workshops that were held in February and March 2018 which provided an opportunity for mangers and clinicians to engage with key stakeholders to seek people's views on the development of a decision making criteria for specialist stroke services to further inform our next steps.

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

The stakeholder event was held on 30th May 2018 and builds on the public engagement work from February and March 2017, and a clinical summit in May 2017, where consultants, doctors and other health care professionals came together to consider how they could further improve stroke care across the area.

41 people (including presenters, facilitators and scribes) attended the event. This included colleagues working in health and social care, voluntary and community organisations, carers and people who have experienced a stroke.

The aim of the event was to:

- Seek their views on our work to date and the development of the decision making criteria and allow any further contributions and considerations to be included
- Provide clarity that this phase of the work was specifically around improving hyper acute stroke and acute stroke services only
- Provide the opportunity to describe the options appraisal process and share the desirable criteria and seek views

The event was an essential part of our process where we will demonstrate that we have taken the time to listen and fully consider the views of patients, carers, staff and other key stakeholders in all engagement activity as well as due regard to equality intelligence.

# What did they tell us?

The key messages which have emerged are set out below and are in no particular order;

## Support for change

All were in agreement that there was a need for change. There was a feeling that progress has already been made in how services are being delivered but there is still a lack of consistency across the patch in terms of quality and service provision. And more still needs to be done around prevention; supporting people following discharge; rehabilitation and ongoing emotional support.

## Hyper Acute Stroke Units (HASUs) and Acute Stroke Units (ASUs)

There was support for HASUs and ASUs and people could see the positive health outcomes that can be achieved if people are able to access these services quickly. There was a feeling that most people would be willing to travel further to enable them to receive specialist care, as long as they could be transferred back to a hospital closer to home. Some needed reassurance as to how the transfer back to their own hospital would work.

There was some concern that the focus is on HASUs and some felt that it should be about the whole pathway including prevention and post discharge. Suggestion was also made that alongside HASUs and ASUs should also look at implementing Early Supported Discharge (ESD) model.

When discussing the criteria around being able to access a HASU within 45 minutes, people felt that the focus should be on the time it takes people to access treatment and this could be measured from the time the call is made to the time of treatment.

People from the Harrogate area did express some concerns about losing their HASU, and needed reassurance for both patients and staff as to what this would mean for their area.

Although it was acknowledged that the main priority was to ensure that patients receive the best care even if this means that a HASU is no longer able to be provided in Harrogate.

## Case for change

A few people felt that there was a general lack of awareness amongst the public as to what services are already available. The focus of any communications should be about what is available, how we can improve upon this and the benefits to patients if these changes are made. People also need to be reassured that funding is available to implement any of the proposals, and that any good practice in their local area will not be taken away.

### Workforce

Staff need to be kept up to date as the plans progress and be given opportunity to be involved in the development of the plans. There was concern that some staff feel that there is a lack of clarity and some uncertainty about what the future holds for them.

To improve the recruitment and retention of staff we should be looking at career progression, learning and development, and opportunities to be involved in research and innovation. And developing a flexible team of staff with specialist skills to meet the needs of the service.

### People's experience

In terms of people's experience in the first 72 hours, access to the highest standard of care was seen as more important than travel times by public transport. Access to services using public transport becomes more important when people are transferred back to their local hospital.

People want to see support for families and carers to be improved. And to look at ways for families who live far away to be able to keep in touch with their family member and hospital staff.

## What did we do?

From listening to the feedback received the areas of focus are;

### Support for change

Establish clinical networks to support the sharing of best practice in order to minimise inconsistencies and improve clinical quality standards

Introduce an agreed West Yorkshire and Harrogate level service specification document highlighting the quality measures providers should achieve to provide consistency to the levels of care patients receive.

There is work currently underway to support the identification and diagnosis evidence based management of Atrial Fibrillation (irregular heartbeat) and Hypertension (high blood pressure) to reduce the number of strokes.

Further work needs to be defined to help raise public and patient awareness, education and training, in particular around prevention.

Working groups are to be established in the next phase of this project to determine the further initiatives required to be delivered in relation to prevention, support for carers and rehabilitation

Working with the Hospital Trusts and Yorkshire Ambulance service to further improve the care pathway and clinical assessments to ensure patients are treated at the right place at the right time, first time.

## HASUs and ASUs

Work continues to design and implement an optimal delivery service model to ensure patients receive the right care at the right time. The options appraisal process was shared at this event and the feedback received will inform the next steps of this work, for example the development of a pre consultation business case.

Work is underway to further improve the standards and protocols to support an optimal delivery service model. This includes a West Yorkshire and Harrogate service specification document and standardised clinical standards.

## Case for change

Working with the Hospital Trusts and Yorkshire Ambulance service to further improve the care pathway and clinical assessments to ensure patients are treated at the right place at the right time, first time. This includes exploring opportunities to utilise technology to enable remote access to specialist clinical assessments by ambulance staff to support routing patients appropriately.

## Workforce

A workforce scoping exercise has taken place with providers to determine the key
areas of focus for the workforce programme of activity. Areas of work identified include:

- Establishing a clinical network to support professional development, staff engagement and sharing of best practice
- Reducing variation in;
    - team structure,
    - career pathways
    - induction processes.
- Learning and adopting good practice from other systems
- Develop new and extended roles (such as advance practice)
- Respond to/incorporate any national guidance or strategies relating to the stroke workforce

### People’s experience

From the feedback received highlighting the importance of access to the highest standard of care in the first 72 hours work is underway to develop a West Yorkshire and Harrogate service specification document to include the quality, safety and clinical standards expected to be delivered in the hyper acute services and in particular the first 72 hour of care.

There is a technology working group established to identify opportunities to utilise technology in order to connect patients and clinicians with patients families who may live far away. This is to provide patients and their families with improved support.

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

A report of the findings from the engagement was produced in May 2018. This report can be found on the West Yorkshire and Harrogate Health and Care Partnership website *https://www.wyhpartnership.co.uk/engagement-and-consultation*

# West Yorkshire and Harrogate Health and Care Partnership – Public panel stakeholder workshop July 2018:

West Yorkshire and Harrogate Health and Care Partnership held a second workshop for chairs of patient and public panels from across West Yorkshire and Harrogate on Tuesday 10 July in Leeds.

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

A small group of representatives from local public, patient groups who expressed their interest in being involved following the first workshop in April came together to co-produce a mechanism for providing assurance for authentic patient and public involvement in our Partnership work and continue with conversations with the chairs of patient and public panels. The aim of the workshop was to:

- To build on work to date
- Start to co-produce a robust governance structure which can offer assurance on engagement and consultation work across all sectors in WY&H

This workshop was an essential part of our commitment to engage with all sectors which included a range of people who chair patient and public panels across WY&H; organisations included:

- Governors
- Clinical Commissioning Groups
- Voluntary and Community Sector e.g. Mesmac and Trans Mission

## What did they tell us?

Overall the group felt they would like to get to a standard that they all agree to, and that they were happy they had been invited to the workshop. People recognised that it is the first part of the journey and all are equal partners. There needs to be positivity and value everyone's opinions and ground rules need to be set if to move forward together. Key themes from the discussion were:

- What are the overall aims and objectives of the public panel
- To distinguish the difference between governance and patient and public assurance
- For the group to be fully representative

- To understand the role of each individual part of the public panel and how they fed
- back to their respective organisations and local communities

## What did we do?

This report of findings were shared with people who attended the workshop and those who are interested in the work of coproducing a public panel but were unable to attend this workshop. The Partnership continued to have discussion and progress use the findings from the workshops to co-produce a robust governance structure.

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

A report of the findings from the engagement was produced in July 2018. This report can be found on the West Yorkshire and Harrogate Health and Care Partnership website *https://www.wyhpartnership.co.uk/engagement-and-consultation*

# West Yorkshire and Harrogate Health and Care Partnership – Carers and Primary Care engagement event September 2018:

West Yorkshire and Harrogate Health and Care Partnership held a half day carers and primary care engagement event on Tuesday 25 September in Leeds.

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

The event was supported by NHS England and focused on improving the quality of life and well-being of the 260,000 carers living across the area. The event also provided an opportunity for an open and honest conversation about the role of primary care in. The aim of the event was to:

- Build on work to date
- Agee how as a system we can improve the quality of life for carers
- Identify how leaders within the system can make it happen
- Agree some indicators which will demonstrate the impact if we get it right

This event was an essential part of our engagement process and included a range of health and care professional's working in primary care such as:

- GP Practices
- Social Care
- Community sector

46 people attended the event as part of the table discussions we asked participants to think about the following:

- How can we improve quality in these areas for carers together?
- How can we as leaders support this?
- How do we know it is working (or will work)?

## What did they tell us?

Key messages from the unpaid carers' event were;

Overall people supported the primary care quality markers and felt this would be an improvement to services carers receive by their GP practices.

Unpaid carers are a considerable resource to the NHS and their health and wellbeing is paramount to ensure they can continue in their caring roles. As such is vital to ensure carers are identified to prevent and delay carer 'burn-out' and/or 'breakdown' which results in both the cared-for person and the carer accessing and becoming dependent on formal health and care services.

There is an appetite for organisations to have a Carers Champion to help raise awareness and profile of carers, ensuring they are not forgotten.

It was felt staff including receptionists and health care professionals need to have appropriate training to be able to effectively identify carers, be able to handle difficult situations and have empathy for carers. They also need to have the resources and confidence to efficiently and appropriately sign post carers appropriately to other service, including third sector organisations.

## What did we do?

The report of findings will be reviewed by the carers project group who will consider next steps, ensuring the carers voice continue to be listened to within West Yorkshire and Harrogate Health and Care Partnership. 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 was produced in September 2018. This report can be found on the West Yorkshire and Harrogate Health and Care Partnership website *https://www.wyhpartnership.co.uk/engagement-and-consultation*

## West Yorkshire and Harrogate Health and Care Partnership – Our Journey to Personalised Care event – February 2019:

West Yorkshire and Harrogate Health and Care Partnership held a half day carers and primary care engagement event on Tuesday 25 September in Leeds.

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

West Yorkshire and Harrogate Health and Care Partnership held a half day carers and primary care engagement event on Tuesday 25 September in Leeds.

The purpose of the event was to engage staff from a wide group of health, public health, social care, people with lived experience and Voluntary, Community and Social Enterprise partners in a conversation about personalised care. This was a show and tell event that looked at what personalised care is, why it's important, celebrating what we are doing in WYH, how people can get involved and what the next steps are.

This event was an essential part of our engagement process and included a range of health and care professionals such as:

- Clinical Chairs
- Senior Leaders in Health and Social Care
- Counsellors
- Primary care GP's
- Adult and children Social Care
- Community organisations
- Healthwatch

Delegates were invited to sign up to two of seven planned workshops and were asked as part of workshop discussions to consider the following questions:

- What can we do together across WY&H?
- What can we do individually?
- How do we embed personalised care in our work?

## What did they tell us?

Key messages are summarised below.

Overall people want to see an integrated way of working. Sharing models of good practice and working in collaboration, changing cultures and using a common language.

What can we do together across WY&H?

- Across the various workshops it was felt that building on the networks we have created around personalised care and share models and learning.
- A common language needs to be used to inform citizens about changes to their role.
- Map out our systems and look at who is not there.

What can we do individually?

- It was felt that individuals should be themselves and release the resourcefulness in others and to support a culture of change.
- How do we embed personalised care in our work?
- A common theme was around training and skills development for workforce.
- Broader engagement – not just GP's and patients. Have conversations with partners who participate in the person's journey. Invite champions to be involved in more of the conversations

## What did we do?

This report of findings will be reviewed by Personalised Care Steering Group who will consider next steps, within West Yorkshire and Harrogate Health and Care Partnership.

The report was also shared with those who attended the event and people who have previously expressed an interest in Personalised Care.

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

A report of the findings from the engagement was produced in February 2018. This report can be found on the West Yorkshire and Harrogate Health and Care Partnership website *https://www.wyhpartnership.co.uk/engagement-and-consultation*

# 7) Healthwatch

Healthwatch Calderdale gathers and represents the views of people of all ages living or using services in Calderdale. Below is a list of work done by Healthwatch Calderdale (part of Healthwatch Kirklees) between April 2017 and March 2018:

## Syrian refugees:

Healthwatch Calderdale was asked to find out about the experiences of Syrian refugees, as it had been reported that a lack of access to interpretation and translation services was causing them problems when accessing GP, dental and hospital services. We interviewed three families and collected five concerning stories about how the lack of an interpreter in their appointments had significantly impacted the quality of their care. We heard examples of cancelled appointments, long waits for treatment, patients taking medication incorrectly, and a potential safeguarding case for one family, all down to challenges accessing interpreters. To date we have received a reply from Calderdale Local Medical Committee, to which we are in the process of drafting a response. Healthwatch Calderdale is currently making efforts to secure the outstanding responses.

## Hypermobility syndromes:

This project was a collaborative piece of work by local Healthwatch across Yorkshire and the Humber. It was led by Healthwatch Calderdale and included all the local Healthwatch across the region identified. We engaged with adults with hypermobility syndromes across Yorkshire and the Humber through a number of focus groups, which established the themes for the project. We then asked adults with hypermobility syndromes regarding their experiences of health and social care groups by means of a survey. This survey opened at the beginning of August 2018 and closed on 31 October 2018. A total of 252 completed or partially completed surveys were returned to us.

## High-intensity use of health services in North Halifax:

Healthwatch Calderdale was asked to talk to people who use health services with high-intensity in North Halifax. The aim was to understand who these people are and why they use the services so intensely. We also hoped to ascertain if this group of people, where appropriate, could be encouraged to use a range of existing non-clinical interventions to support their health and wellbeing. We interviewed approximately eight people using set questions.

## Adult social care (Calderdale):

Healthwatch Calderdale has collected a number of stories which refer to Adult Social Care of adults with autism, people with hypermobility syndromes and from our Independent Health Complaints Advocacy Service. We have also had a number of people contact us regarding Continuing Healthcare. Healthwatch Calderdale has begun a multifaceted piece of work looking at a number of issues within social care

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

Reports from the engagement are available and this can be found at *http://www.healthwatchcalderdale.co.uk/*

# 8) Projects planned for 2019 – 2020

## 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 develop 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 2019/20:

To continue to deliver our 2 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 2019/20.

## Community Services:

We will continue to engage where needed on the specific requirements of some services that are closer to home. The information we hold for all community will be written into a composite report to inform a future service specification.

# 9. Calderdale CCG Contact Details

## NHS Calderdale CCG Contact Details

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*

### 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*

# Appendix 1

## Legal duties 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).

**NHS Calderdale Clinical Commissioning Group**
5th floor, F Mill, Dean Clough, Halifax, HX3 5AX