



Patient and Public Engagement Annual Statement of Involvement April 2015 – March 2016

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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 2015 until 31st March 2016) 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 2016/17.

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. These are:

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. To view the report: on this website:

<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.

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 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.

Health Connections

Health Connections was set up to help the CCG engage with health-focussed third sector organisations. 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. We have developed two programmes of work to build our engagement capacity in this area, these are:

- 'Engagement Champions' project: which is an asset based approach to engagement and involves training members of the voluntary and community sector as engagement leads.
- Practice Patient Reference Group: supporting practices to develop and sustain patient reference groups and encourage new members.

Relationship Matrix

Our relationship matrix has developed to make sure we have up to date contact details of community and voluntary groups from a variety of locations across the district. This matrix ensures that we engage with groups representing the nine protected equality characteristics.

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 will 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 Greater Huddersfield:

- 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, and 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.

Patient Opinion and NHS Choices

Patient 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.

Real time feedback and 'I'd just like to say'

We work closely with our provider organisations to set up systems to monitor patient views of services as close to them receiving it as we can. These surveys help us to understand in real time what is happening in the service and how patients are finding the care and treatment they receive. In addition the CCG website features a feedback form 'I'd just like to say', which patients are encouraged to complete. This form is also circulated by staff at public events. Information gathered by both of these mechanisms are stored on databases and used 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 April 1st 2015 and March 31st 2016

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.

The report includes all engagement and consultations that have been undertaken and completed during 2015/16, including any that started before 1 April 2014 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 2016/17. From all the work we have completed this year these are our **key emerging themes**:

- Services that are coordinated and wrap around all the persons needs
- Staff that are caring and competent and treat people with dignity and respect
- Services that are properly planned and that are appropriately staffed and resourced and maintain quality
- More information available about health conditions and more communication about what is available
- Services that everyone can access including the buildings, appropriate information and staff that represent the community they serve.
- Any barriers to travel and transport addressed with a clear plan which takes account of diversity and locality
- Improved communication between all agencies involved in a person care and treatment
- Services that are responsive and flexible - particularly in an urgent care situation
- Reduce delays in getting the care and treatment required and improving waiting times
- As many services as possible should be close to home in local settings such as a GP practice

We will use these themes to continue to drive our work and have set out below the specific highlights of our engagement work from 2015/16 which have contributed to broader themes and informed and supported specific pieces of work (activities are listed in alphabetical order).

Throughout the year we actively promote opportunities for people to become involved in the decision making process. During 2015/16, we had patient representatives taking part in a number of stakeholder events for hospital and care closer to home services prior to formal consultation.

Autism Spectrum Condition (ASC)

The provision of Children's Autism Spectrum Condition (ASC) service in Calderdale needs to be reviewed, as there is increasing evidence that the current diagnostic process is not fit for purpose and waiting times are extremely long.

Who did we consult with and what did we ask?

The approach to engagement was to use a survey which asked four questions.

- What works well?
- What could be improved?
- Is there anything else you would like to tell us about your experience of the service?
- Thinking about the future what would a good service look like?

The method of circulation was to deliver the survey both electronically and as part of 1:1 interviews. The survey was circulated to approximately 800 parents on the Calderdale Parents and Carers database.

In order to ensure we engaged fully we also:

- Included details of the survey on the Calderdale parents and carers bulletin
- Directly emailed those all members of Calderdale parents and carers
- Spoke to parents at coffee mornings / support groups
- Spoke to parents at the ASC coffee morning

In addition the survey was circulated via local authority colleagues delivering services to children with autism and their families/carers and through the children and young people's participation project to engage with young people directly.

What did they tell us?

Emerging themes from this engagement;

- The support from the ASC team is really valued by families. However, this is only available to those who have a diagnosis. For those who do not have a diagnosis, or are undergoing the assessment procedure this is felt to be a gap. Parents feel that they are left in a black hole and 'that gap is torture'.
- Families really appreciate the support provided by the voluntary sector – i.e. Calderdale NAS and Calderdale Parents and Carers. This support includes coffee mornings, peer support and forums.
- Individual Professionals and specific teams did helped families [and they were very grateful for this], however, there was not an overall trend in this. Many families had support from school, Central Street, Portage and input from Speech and Language.
- Communication – it was felt that there was a general lack of communication. This included communication between services which meant that there was no 'joined up' working; communication with parents – informing them of

services available and what services their child may be accessing through school.

- Waiting time for assessment/diagnosis. There was a consensus of opinion that the waiting times were too long. During this time there is no support for the child or family.
- Families would welcome support at home. The current support that most children receive is education/school based. The ASC team will work with children about issues that may present themselves at home, but this is generally for a specific piece of work. Parents are very satisfied with the support they do get from the ASC team. There are many issues in families with siblings and there is no support available.
- Respondents only want to have to tell their story once. This could be done by joining up services and sharing information with health and social care organisations and the third sector
- Provide basic training/awareness of ASC for mainstream school staff including lunchtime supervisors/play supervisors
- Access to support and advice from fully skilled and trained workers and acknowledging that parents and carers could also be up skilled and trained

What did we do?

The findings from the engagement activity will be added to any existing engagement which has already taken place in Calderdale. The feedback from this and any other engagement activity will be used to inform and develop future services.

This will include:

- Sharing the report of findings from the engagement at a commissioners' workshop in December 2015.
- Use the findings to inform the future service specification for ASC services.
- Provide feedback to families, children, parents and carers on the outcome of the engagement activity and the next steps.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in July 2015.

This report can be found on this website: <http://www.calderdaleccg.nhs.uk/get-involved/>

Calderdale Health Forum

The Calderdale Health Forum is a group of patient representatives from Calderdale GP practices that meet every few months. The patient representatives come from the GP practice Patient Reference Groups. Forum members are invited as key stakeholders to all our engagement events and receive questionnaires on a variety of service areas. Forum members are routinely engaged, where appropriate on all service changes, the findings are fed into various stages of the commissioning process and help to inform CCG plans. In addition we use forum meeting to host table discussions at Health Forum meetings. We engage with the network as part of our decision making process and the findings from each engagement activity supports the development and design of services.

Recent topics covered by the Health Forum meetings include:

April 2015: Co-commissioning in primary care

What we asked:

Following an agreement that NHS Calderdale CCG will co-commission GP practice services in partnership with NHS England the CCG wanted to consider what future GP services could look like. This work will help to inform a primary care strategy.

Each table had a sheet of paper which described general practice and the staff who currently work in that setting. On each table members were asked;

- What does a good GP practice look like in the future?
- Who works there and what do they provide?
- What other NHS services, facilities could be based at a GP Practice?
- How could staff working in the practice meet the needs of the local community?

What they told us:

The key findings from 'what does good like?' are:

- Staff who understand individual needs, trained in understanding a range of disabilities, are welcoming and face to face contact is preferred.
- Good access, convenient to patients, longer opening hours.
- Good disabled access, appropriate signage and reception facilities.
- Extended appointments for people with a learning disability.
- Spaces for children with toys.
- Access to written information that is clear and easy to understand.
- Drop in sessions.
- More healthcare assistants.
- Using technology like text messages to communicate more, prescription requests and skype. Also facilities to use technology at the surgery.

- Staff who represent the community they work in.
- Privacy and confidentiality even at reception desks.
- Comfortable waiting area and a drinks machine/café
- Edible gardens

The key findings on services that could be delivered, who is based there and meeting the needs of the local community are:

- Specialist staff in practices – specialist in certain areas.
- Hospital services like physiotherapy, phlebotomy and chiropody and minor surgeries in GP Practices.
- Consultant care in a community setting.
- GP Practices working in hubs to provide 24/7 access.
- Better links to the voluntary and community sector.
- Befriending schemes and support groups.
- More outreach work in schools on health topics
- Someone to talk to – trained like Citizen Advice Bureau (CAB) staff.
- Local access to scans and x rays.
- More outpatient facilities such as removing stitches.
- Training sessions for carers such as manual handling and procedures such as catheter care.
- Co-located staff from social care services or the voluntary sector.
- Healthy eating and diet.
- Health education while you wait.

June 2015: Reducing Loneliness and Isolation in Calderdale

What we asked:

We asked members to tell us how we could reduce loneliness and isolation in Calderdale as part of a staying well project. The project aims to improve health and well-being of not only individuals but communities and reduce health inequalities. The work is being delivered in partnership with the Local Authority.

- What can we do to help promote the staying well project in your GP practice
- What are the actions to progress

What they told us:

What can we do to help promote the project in our practice?

- Need to know more about how it works as practice may not be able to support
- Patients need clearer understanding, something to encourage people
- Jargon – ‘Social Prescribing’ term puts people off need explanation / definitions
- Who are the project volunteers accountable to?

- It would be useful to have feedback from the 5 pilot surgeries so we don't make same mistakes
- Greater notice advertising in the surgeries and links to practice websites, TV adverts, social media
- Good follow up from the team
- Continued physical presence / communication / drop in or phone calls
Information to go out to people
- Promote through local pharmacy and via carers and clinics i.e. asthma
- Info for GP's to take on home visits
- Promote social prescribing to community groups (Go Local – community section)
- Named person to contact
- Annual review for patients – include loneliness
- Staying Well workers to talk to groups
- Set up a health talk – general chat and info
- KPI's Performance indicator for GP's
- Bring it to the attention of the practice – GP's / staff / practice manager, 'Staying Well' support workers to speak with practice staff
- Straight forward referral process
- Keighley Road, Southowram and Pellon – has established social groups, use these
- All events advertised in Dr's surgery, local churches, nurse practitioner and practice manager to promote projects.
- Could be advertised in local shops, post office, chip shop
- Do GPs know about this, how do we get GPs to promote
- Practice champions are already working with Staying Well
- GPs need to treat people as equals, act as equals in partnership. Needs culture change – medical training to consider other options
- Text messages to interested people in the practice to explain what social prescribing is to get people interested

Actions to Progress

- Evaluate what's working well in some practices
- External review to go in and look at those practices and share with others
- Need someone with communication skills to help grow relationships between doctors and patients
- Staff to push project in the surgeries and 'Staying Well' staff to communicate with surgeries better
- Improve publicity and provide a brief to practice managers for entries in newsletters.
- Promote all the ways in which to refer, not just electronic and a simple referral form
- 'Drop in' sessions for people to access advice and more information

Month August 2015: Care Closer to Home update

What we asked:

The CCG provided an update on the Care Closer to Home programme. Delegates were asked if the CCG were on the right lines in terms of their approach to Care Closer to Home, and how practices and PRGs can support the public to understand what the CCG are trying to achieve with the Care Closer to Home programme.

What they told us:

An informal table top conversation took place to assess the information provided. Members were in general agreement that the approach to Care Closer to Home was in line with what they expected. Members also stated that:

- People did not understand the term Vanguard.
- Where unsure who already overstretched GPs could support Care Closer to Home.
- That Care Closer to Home needed to be tested further and properly evaluated.
- Members wanted to be kept up to date on progress and are now invited to any events relating to Care Closer to Home.

October 2015: Antibiotic Campaign 2015

What we asked:

Helen Foster, Medicines Management Lead and Dr Nigel Taylor delivered a presentation on the antibiotic campaign. The issues of antibiotic prescribing and the reasons for the problem were described including the facts about antibiotic use in the local area.

Health Forum members were asked to complete a quiz on each table and asked to think about;

- How can we spread the word about using antibiotics wisely?
- Self-care leaflets – are they readily available, in the surgery or links on website?
- Do the doctors and nurses explain why an antibiotic won't help? How could this be done better?
- Do you think the 'treating your infection leaflet' is helpful? How could this be used?
- What other information or approaches might be helpful?

What they told us:

Feedback on self-care leaflets – Sore throat leaflet:

- Self-care leaflets were good and it would be useful to have them in GP surgery entrance / waiting rooms and on the practice website. They need to be freely available.

- Self-care leaflets could be available in mosques, libraries, pharmacies, children centres, primary schools, churches, community centres, voluntary groups, etc.
- The self-care leaflets needed tweaking to make them more appealing, e.g. having more colour
- More information on natural remedies would be useful.

Treating your infection leaflet:

- Useful to use in GP / nurse appointments, could be used in schools.
- The information in the leaflet was very useful but needed more colour etc.
- A postcard or three fold size version would be useful.
- A text/social media campaign could disseminate information about treating infections.
- Plenty of information on how to follow up if you want to.
- Put 'available in other formats' across the top.

Feedback on doctors and nurses explaining antibiotic use and how this could be done better:

- GPs to explain why antibiotics would not work for certain conditions and give advice on over the counter medications – 'Go to the pharmacy and get
- Handouts are useful – less jargon
- Encourage a holistic approach, e.g. healthy eating, drink more water, better exercise.
- Advise patients go to a pharmacist
- GPs make sure pharmacists have stock of over the counter medications and have ability to deliver.

Other information or approaches:

- Surgery websites could include general information plus links for more details; use antibiotic guardian video
- Information in the local press
- Campaign for a short period of time in surgery
- Reassurance by healthcare professionals rather than prescription
- Antibiotic quizzes in surgery
- Links with special days in surgeries, e.g. flu day – give out antibiotic leaflets at the same time
- Make people aware of side effects of antibiotics and emphasise that people should take the whole course. Leaflet to be given with every course of antibiotics.
- Differentiate between bacterial and viral infections – pharmacist will be useful in this
- Educate parents on the use of antibiotics in childhood illnesses
- The messages need to be consistent – all GPs in the practice

- Needs to be a national campaign like for anti-smoking

Other points:

- The presentation included lots of very useful information
- Promote more activities in the community
- Actual drug cost or average drug cost could be included on prescriptions
- Need to educate patients on what antibiotics can do
- Patients feel 'short-changed' if they don't come out with antibiotics
- Give patients information on recent research into antibiotics (nationally)
- How can we stop patients going to the GP first and go to a pharmacist instead?
- Get patients to believe that paracetamol costing pennies can help with sore throat
- Make the private consulting rooms at pharmacies easier to access
- Improve relationships between GPs and pharmacists

December 2015: Review of the Calderdale Health Forum

What we asked:

We asked forum members to consider the future of the forum. Following a presentation which set out the forums achievements, members were asked to describe the agenda items they would like going forward. Meetings would be reduced to quarterly and the proposal was to ensure forum members used this time effectively. We asked;

- What do we want from the Calderdale Health Forum?
- What training opportunities should we consider?

What they told us:

What do we want from the Calderdale Health Forum?

- Presentations about each other's practice
- Peer support/Informal discussions
- Friends & Family Test – adding questions and analysing feedback from patient views
- Recruiting and retaining PRG members, especially younger people
- Getting practice staff members to join the PRG and be pro-active – new GPs introducing themselves
- Don't feel like we're being taken seriously as a group
- Feedback from GP's on what PRGs are doing
- Staffing structures of GP Practices
- Educating the public on GP services and how to use them
- A standard of common principles
- Send the minutes of CHF to Practice Managers and staff
- How to fund a PRG

Training suggestions

- How to run a meeting and set an agenda
- Helping PRGs to become independent
- How to get messages out to patients
- How to create a newsletter
- How to create a survey using 'Survey Monkey'

March 2016: Update on Right Care, Right Time, Right Place

What we asked:

Forum members were asked to complete a consultation survey following a presentation on proposals for hospital and community services. Penny Woodhead, Head of Quality and Dr Steven Cleasby provided information on the proposals.

The presentation was interactive and forum members were encouraged to ask questions so they could respond to the consultation. They were also asked to encourage practice members to do the same.

What they told us:

Forum members welcomed the presentation and information. The feedback from this session will be captured in the report of findings for the consultation which will be available to the public in autumn 2016. Minutes of the meeting are available including the questions people asked if requested.

Cardiology & Respiratory – NHS Calderdale & Huddersfield Foundation Trust (CHFT)

Who did we engage with and what did we ask?

A group of cardiology and respiratory patients who receive either in-patient or community based services as well as professionals who support these services.

The Clinical Director for the service explained facts and figures about cardiology and respiratory services including the numbers of patients, the breadth of the care, the staffing arrangements and what could be improved for the future.

We asked:

- What was the current experience of services, what patients liked and didn't like?
- What patients would like to see improved and how the services could be changed to make them fit for the future?

What did they tell us?

The group told us what they like about the service:

- Made me feel safe/ held my hand / caring attitude
- The nurses explained things to partners, people weren't ignored because they were not the patient
- Staff talk WITH the patient, not to or at the patient
- The link from Emergency Department to the ward / specialist
- Specialist palliative care team who work to keep patients out of hospital
- Specialist nurses who come out to see me are the 'shining lights' – give me confidence to self-care
- Like to be kept informed
- Having treatment in the community
- The doctors explain things – tell us what's available

They also told us what they didn't like:

- Being asked to go to hospital to receive my 1st IV treatment
- When I'm admitted to a ward that is not my specialty (outlier)
- Staff running around like 'headless chickens'

Overall the key themes were:

- Communication and co-production with patients is key
- Services in the community are excellent quality, highly valued and need to be supported and enhanced
- Specialist nursing and therapy staff particularly valued
- Specialist consultant care when necessary in hospital is reassuring and valued
- An understanding of the pressures of the modern NHS (workforce and finances)
- An understanding of the benefits of concentrating specialist hospital services in one place

What did we do?

It was agreed to take an initial report to the Overview and Scrutiny Committee and follow this up with a wider piece of engagement on cardio and respiratory services. This work is ongoing.

Where can you find more information about this work?

The current questions and engagement work is available on the Trust's website <http://www.cht.nhs.uk/services/clinical-services/cardiology/cardiologyrespiratory-survey/>

Care Closer to Home - Ophthalmology

For more than a year the CCG have been improving the quality and range of health care services provided closer to home. The CCG want to reduce the need for people to travel to hospital for routine care. Services such as ophthalmology outpatient hospital visits and treatment for people with eye conditions can be provided in other healthcare settings. The engagement on services sets out to identify which services could be provided closer to home.

Who did we consult with and what did we ask?

The engagement was specifically targeted to patients and carers who could provide us with information that will help us to understand a range of views from a number of protected groups and localities' across Calderdale and Greater Huddersfield.

An online and paper questionnaire was used as a tool to gather views on:

- Ophthalmology service
- Planned care (including travel and transport & technology and rehabilitation)
- Urgent care (including travel and transport)
- Emergency care

Ranking questions were also used to identify importance and preferences (1 being the most important or preferred to 10 being the least) and to breakdown those preferences to identify the most important aspect of care to people. 2000 surveys were distributed evenly to the both eye clinics at Calderdale Royal Hospital and Huddersfield Royal Infirmary.

What did they tell us?

The key themes from the engagement are set out below. 80% of the patients who completed the survey all have a recent experience of the Ophthalmology service and had used it within the last month. They told us:

- They are happy with the current service and rated the experience of using the service as above average to excellent.
- If they had an ongoing eye condition which requires long term monitoring they would still prefer to go to hospital for their appointment to receive their long term monitoring care rather than their GP or local optician.
- Responses from people who completed the questions on planned care told us that the following were the most important to them;
 - being treated by staff who understand their condition
 - being treated by caring and helpful staff, and
 - knowing that they will get the treatment that the need
- Preferred locations to receive therapy services and rehabilitation support are;
 - GP Practice
 - Health Centre
 - At home

- The majority of people are happy to use technology however, there needs to be consideration to;
 - poor Wi-Fi connection
 - no access to technology
 - affordability
 - knowledge of technology
- It is clear that the majority of people prefer to contact their GP in a minor illness or injury situation when needing urgent care also chemist was rated highly.
- A large number of people felt that knowing that they could be seen straight away by a health professional was the most important aspect of care when they needed emergency care.
- The majority of people who **travel by car** who answered both planned and urgent care questions said they would be prepared to travel between 15 to 30 minutes and substantially less were prepared to travel 30 to 60 minutes for both planned and urgent. However, of those people who said they usually **travel by public transport** (albeit substantially less than those who travel by car) equal numbers were prepared to travel between 15 to 30 minutes and/or 30 to 60 minutes for both planned and urgent care.

What did we do?

The findings from this report were shared with the 'Eye Care Network' and will be used to help shape future service design.

A formal consultation on Care Close to Home started early 2016 and will conclude in spring 2016. The information gathered as part of this engagement will be used to inform the consultation process.

The next steps will be to engage further with patients using hospital services to understand their preferences' for long term monitoring.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in July 2015.

This report can be found on this website: <http://www.calderdaleccg.nhs.uk/get-involved/>

Care Closer to Home (CC2H) and the Voluntary and Community Sector (VCS)

Who did we consult with and what did we ask?

The approach to engagement was to use an event to explain the CC2H concept to the VCS and to work with them about their concerns and aspirations in relation to CC2H. The event was a partnership between Voluntary Action Calderdale (VAC), NHS Calderdale CCG, Calderdale Metropolitan Borough Council (MBC) and North Bank Forum.

The event included:

- Background information about CC2H, the journey so far and the concept design.
- Roundtable discussions
- Explanation of CC2H grants process
- Question and answer session

The overall purpose of the event was to inform the sector about the model and to engage the sector as a partner in the delivery of this model.

The roundtables concentrated on the following:

1. What can the VCS bring to Care Closer to Home?
2. What would you need from the Clinical Commissioning Group to help maximize this?

What did they tell us?

Emerging themes from this engagement came under two headings from the roundtable discussions:

What can the VCS bring to Care Closer to Home?

- Relationships, trust, knowledge of localities and with communities and networks
- Communication avenue
- Knowledge and information of needs of local communities
- Identify harder to reach groups and involve those not engaged
- Flexibility and responsiveness to needs
- Ability to identify gaps
- Innovation and creativity
- Value for money
- Focus on prevention and early intervention
- Buildings, facilities and community spaces
- Offer services via GP and Health Centre
- Facilitation of partnership working and signposting

What would you need from the CCG to help maximise this?

- Funding and sustainability
- Communication and understanding

- Equality and value
- Work with GPs and health professionals

What did we do?

The findings from the engagement activity will be added to any existing CC2H engagement which has already taken place in Calderdale. The feedback from this and any other engagement activity will be used to inform and develop future commissioning.

After the event the current grants round process was reviewed to allow for larger grants and longer timelines for delivery.

The VCS were then also included in the Vanguard Board (via representation from VAC).

Where can you find more information about this work?

An event report was made and can be requested by email from jo.bolland@cvac.org.uk

Children and Young People Transformation Programme. Child and Adolescent Mental Health Services (CAMHS) - Calderdale Metropolitan Borough Council (MBC) and NHS Calderdale CCG.

There is evidence to suggest that the CAMHS service for children, young people, parents and carers needs to improve. In response to this work has taken place to develop a framework for improvements to services across health and social care.

Who did we engage with and what did we ask?

The programme used information already gathered from local services as an initial start to understanding local people. In addition a number of workshops took place and targeted engagement to gather service user and carer views. The people engaged as part of this work included:

- Children and young people
- Local and national mental health practitioners
- Secondary schools
- Specialist services
- Third Sector agencies

In April 2015, a young people's group set up by Calderdale MBC developed, facilitated and hosted an emotional health and wellbeing conference. The group also produced a 'what works well?' leaflet for providers and commissioners. Further workshops took place to engage key stakeholders.

Participants were asked to consider what good mental health services for children and young people look like and what would improve current services.

What did they tell us?

Form all the engagement which took place children and young people told us they would like to see:

- More choice and flexibility with their CAMHS appointments.
- To be heard and feel respected at each appointment and throughout their CAMHS journey.
- Access to a named member of staff that can be easily approached
- Strengthened peer support that is well organised and well-communicated.
- Better access to information and support for students
- Having dedicated areas in Schools for students dealing with emotional health and wellbeing issues.
- For services to use a whole approach to help children and young people feel confident and supported.
- To work with professionals to set goals and objectives, make decisions on how long and when care and support is accessed
- Support to recognise triggers and how to self-manage
- develop a clear discharge plan

Stakeholders involved in workshops told us they would like to see;

- An improved referral process
- Universal services to have access to a dedicated CAMHS link worker.

- Family Therapy and access to parent support and training
- Early intervention and prevention
- Raise mental health awareness and contribute effectively to reducing mental health stigma
- Dedicated CAMHS worker for specific health issues and learning disability
- Whole system and person-centred approach to services across Calderdale
- Care and support closer to home
- Improved transition using a dedicated transition team into adult services

What did we do?

Commissioning teams from NHS Calderdale CCG and Calderdale MBC, Children and Young People's Service (CYPS) will work together and consider all information already gathered from 2014/2015 and develop a clear engagement plan for 2015/2016.

The CAMHS panel will consider the engagement findings when developing the revised CAMHS framework. The revised CAMHS framework and service specification will be presented to NHS Calderdale CCG.

Where can you find more information about this work?

All the engagement which has taken place as part of this programme can be found on Calderdale MBC website on

<http://www.calderdale.gov.uk/community/children/plans/transformation-plan.html>

Co-Commissioning in Primary Care

In May 2014, NHS England invited clinical commissioning groups (CCGs) to come forward with expressions of interest to take on an increased role in the commissioning of primary care services. The intention was to empower and enable CCGs to improve primary care services locally for the benefit of patients and local communities. From the 1st April 2015 NHS Calderdale CCG has been given fully delegated responsibility for commissioning GP practices in primary care, working with NHS England. This means that we will have greater opportunities to decide locally what our GP services can look like.

Who did we consult with and what did we ask?

Following on from some initial engagement with patient reference group members we continued our engagement using 'Community Champions' to deliver conversations with local communities across the local area as part of their training to become a community asset. We received 433 responses to the engagement from a range of groups representing different people across the local area.

We asked people to help us consider:

- What does a good primary care service look like?
- What services could be provided in GP practices? and,
- What specific services would best meet the needs of our local communities?

What did they tell us?

The key themes from the engagement are as follows:

- Improved access to an appointment including: not having to ring at a set time to book an appointment, same day appointments for urgent care, weekend and evening appointments, longer appointments for people with a learning disability.
- More hospital services closer to home and in a GP practice setting including: podiatrists, surgical procedures, X rays, physiotherapists, nutritionists, mental health team and outpatients.
- Caring and helpful staff that are well trained and are representative of the community they serve.
- More additional support in GP practices including: voluntary and community group presence and sign posting. Additional services such as alternative therapies and counsellors.
- Improved communication and information including: clear signposting to other support services, access to IT equipment to support online services, translator and interpreter services available, access to health education to support self-management.
- Considering the needs of people with a disability including access to buildings, information and signage.

What did we do?

The information has been used:

- To inform a future Primary Care Strategy
- To support further engagement with practices
- As a set of criteria to score a number of primary care grant applications.

More work will take place to further inform the requirements for local primary care services and the information gathered will help to inform this work.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in February 2016. This report can be found on this website: <http://www.calderdaleccg.nhs.uk/get-involved/>

Deaf Community - NHS Calderdale & Huddersfield Foundation Trust (CHFT)

Who did we engage with and what did we ask?

In line with its objective of improving communication with groups with protected characteristics, whilst reviewing its provision of high quality, professional British Sign Language (BSL) interpreting services for its patients with a hearing impairment, the Trust held an engagement event with over 40 members of the deaf communities of Calderdale and Kirklees. The audience comprised patients, carers, parents and local BSL interpreters. The event had BSL interpretation and was an opportunity for the audience to learn about the services that one provider could supply. Each member of the audience was given the opportunity to introduce themselves and give feedback on their experience.

What did they tell us?

Key messages from the audience were noted and used to help draw up a list of requirements that the Trust then put in to its tender for a new BSL provider.

At the event, people were asked to share “The things that are important to me”.

They told us:

- Gender of the interpreter to be the same as that of the patient when sensitive health issues are being discussed
- Where possible, book the same interpreter for the same patient so that the patient is familiar with the interpreter and does not have to duplicate details
- To have qualified interpreters to National Registers of Communication Professionals working with Deaf and Deafblind people (NRCPD) level (yellow badge level)
- Making sure interpreters are definitely booked for appointments
- Interpreters had arrived for hospital appointments but appointments had run late and the interpreter had only been booked for the length of the appointment and so then had to leave
- Reliability and punctuality of interpreters
- Confirmation of the BSL booking
- A local knowledge

What did we do?

The Trust re-tendered for BSL interpreters early in 2016 and appointed Topp Language Solutions (TLS). As specialists, TLS only provide BSL interpretation. Their managing director has personal experience of the deaf community having deaf parents, so is in a fantastic position to offer an empathetic service to CHFT. This was a successful outcome for the deaf community who had worked with us.

Where can you find more information about this work?

You can contact the hospital trust Patient Advice and Liaison Service (PALS) to find out more about this work on 0800 013 0018 or text 07766905817.

Mental health crisis care and support – October 2015

Calderdale Mental Health Innovation Hub is a hub which is focusing on local crisis care and support and how services can be improved in the future.

Who did we consult with and what did we ask?

The approach to engagement was to ask 'Healthy Minds' to run a focus group on the subject of crisis care. As part of the engagement we asked three questions:

- What helps in a crisis?
- What doesn't help in a crisis?
- How can we prevent mental distress?

We also asked about whether there is anything else we should know.

What did they tell us?

Emerging themes from this engagement were:

- Prevention – there should be an emphasis on keeping people well in the first place
- Finding and treating the cause of crisis - It is important to look at what has caused the crisis and to provide practical support to resolve or reduce this wherever possible
- Attitude of staff - It is very damaging to be talked down to, criticised, told you are a nuisance, not be taken seriously or ignored. People need dignity and respect at all times. Staff need to be proactive, asking questions and listening to the answers
- Training – mental health training for GPs, police, etc.
- Prompt help and support – People need to be able to access help and support when they need it; any delay can make things worse. Appointments should not be cancelled by staff at short notice.
- Environment - There should be somewhere friendly and informal where people can get help and support when they need it, run by caring staff who spend time with people and who take part in activities with them rather than sit with other staff in a separate room
- Ongoing support - Support shouldn't just be there for the time when a person is in crisis; it should help them to get back into their everyday life and community
- Information – It is really important for people to be able to find out easily about things that can help them to improve/maintain good mental health

What did we do?

The findings from the engagement activity were shared at the Innovation Hub meeting in November 2015, and two word cloud graphics were produced – one for 'what helps in a crisis' and one for 'what doesn't help in a crisis'.

These word clouds have been included in specifications developed for the Mental Health Liaison Team working in Accident and Emergency services (A&E) and on the wards at Calderdale Royal Hospital. The Police Liaison Team also received the feedback from the engagement so they could use the information to help work directly with people in mental distress coming into contact with the police.

The information will also be used in service specifications and taken into account in any future service design and redesign.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in October 2015. This report can be found on the website: <http://www.calderdaleccg.nhs.uk/get-involved/>

My Experience Counts – a pilot project set up understand how staff engagement in NHS settings could be improved. The pilot was funded by NHS England.

Who did we consult with and what did we ask?

Voluntary Action Calderdale (VAC) in partnership with NHS Calderdale CCG set up a pilot project in Calderdale. The aim of the project was to capture the views and insight of front line staff. The project gathered staff experience of health services in Calderdale with the aim of using feedback to improve patient services.

A small grant from NHS England (North) was offered to support this work and which incorporated the learning from a successful 'Engagement Champions' programme. The project was delivered into four service areas and workplaces:

- Cardiology Department Calderdale Royal Hospital (CRH)
- The Dales ward
- A GP practice
- Older People's Ward, CRH

The overall purpose of the project was to add the staff view to the patient information we already gather. The main aim was to ensure that front line staff have similar opportunities to share their experiences and in doing so will help to shape NHS services in the future. The work took place in three phases:

Phase one: seek expressions of interest from 4 different locations; establish contacts and start developing project at each location. Learn from engagement and involvement models elsewhere.

Phase two: confirm and work with contacts to raise awareness/potential of project and gain insight from staff teams about best way to gather information about staff experience; identify opportunities already available to staff; work with contacts from all 4 locations to share learning and suggestions for future model/s and recommendations for CCG; facilitate a development session for main contacts

Phase three: collate feedback, learning and recommendations for final report to CCG that includes a framework for a model, or the beginnings of a model

What did they tell us?

Through engagement with staff the pilot project provided a lot of insight into how future staff engagement could take place. The feedback received told us:

- Where teams are open to learning and sharing experience informally, that learning stays within team; as people understood the potential of this project, there was growing interest in helping to improve service delivery across departments/wards etc. – i.e. on a wider scale for the greater good.

- A very small number of respondents were only interested in job satisfaction; others felt this was important alongside patient experience, to help improve perceptions of the workplace and encourage new staff to apply for jobs.
- Universal frustration that contributions to surveys, consultations, opportunities to give feedback never produced feedback from employers on how the information was used.
- Very different cultures in each location affect findings and proposals: e.g. differences in management style; general communication and sharing of information; how staff/team meetings are organised; opportunities for staff across all levels to share, reflect and learn.
- Dangers of duplicating existing means of feeding back such as DATIX and annual staff survey if yet another method of capturing views and involving staff is introduced.
- Essential to ensure that staff at all levels in a team has equal opportunity to share their experience and be heard.
- One size does not easily fit all – even between GP practices where there are differences in how they operate, communicate and interact.

What did we do?

The findings from the pilot were presented to NHS England and the North of England patient experience leads at a conference in Leeds.

The learning has also been presented at Calderdale CCG Patient Experience Steering Group to consider the methods and approaches that could be used to gather staff experience in the future.

Where can you find more information about this work?

A final report can be requested from Jo Bolland Development and Delivery Manager (Health), VAC. jo.bolland@cvac.org.uk

Older Adults Transformation Programme - South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Who did we consult with and what did we ask?

As part of the older people transformation programme SWYPFT were asked to identify the experiences of older people who have used services across the Trust.

In March 2016 the Trust held an event over two days at the Rams Stadium in Dewsbury. The event involved a range of stakeholders including service users, commissioners and carers. In addition focus groups were held at:

- Cornerstone Café, Brighouse
- Daffodil Memory Café, Halifax, and
- Women's Activity Centre (WAC) in Halifax.

Service users and carers were recruited from existing networks.

What did they tell us?

- Wealth of praise for services
- Felt that they had been referred to the right place and seen the right person
- Liked continuity seeing the same nurse
- Good quality information given (might be too much all at once)
- Would welcome an opportunity of follow up on information given
- To ensure that post diagnostic support is in place particularly in the clinic session when receiving the diagnosis
- Dislike of technology (text messages and automated telephone calls)
- Opportunity to work more closely with GP's in the interest of continuity for the service user and carer.
- Further work needs to be undertaken with South Asian Community
-

What did we do?

The feedback received from all these events will be used to help to shape the transformation strategy for the local area. The areas of transformation required to support older adults with mental health conditions have been gathered and a full report of findings produced to feed into this process.

Where can you find more information about this work?

You can find out more information and access a full report of findings by contacting Aboobaker Bhana at SWYPFT on 01924 512276, email- aboobaker.bhana@swyt.nhs.uk

Rehabilitation and Recovery

A review of the SWYFPT trust wide Rehabilitation & Recovery Services has taken place over an 18 months period, initially focused on the future of the existing rehabilitation units existing (and existing service users) with the scope extending to consider the where Trust services can be most effective within the wider rehabilitation pathway.

Who did we engage with and what did we ask?

Staff, service users and carers were asked to consider current rehabilitation and recovery services and how they could be improved in the future. The engagement took place using three planned focus group sessions in current rehabilitation facilities at both Lyndhurst and Enfield Down. Each session had the conversation captured. Participants were asked to talk about their experience and describe their experience of rehabilitation and recovery.

What did they tell us?

- A carer asked about the language staff used and asked that staff are more careful about using language that's easy to understand, without jargon and acronyms.
- There was some discussion with staff around continuing to keep people in the loop – suggestion to have informal coffee mornings, updates for the noticeboard and a newsletter to take on ward rounds.
- Service users told staff they were worried about losing services based in the community and wanted to know the timeline for future services.
- For some carers, care in the community does not work.
- What will services look like in two to four years' time?
- Will there be a reduction in beds and will the three social beds remain. If so can ensuite facilities be considered?

What did we do?

The findings from the engagement will be used to understand what people have told us we need to consider when developing our options for future services. There will be platforms for further engagement to identify if there is anything else we should consider. This information will inform future design of services and ensure that service users receive the right level of support in the right place to enable their recovery.

Where can you find more information about this work?

You can find more information about this work by visiting the SWYFPT website www.southwestyorkshire.nhs.uk

Right Care, Right time, Right place – Pre-engagement

Right care, right time right place is a programme looking at the future of hospital and community services across Calderdale and Greater Huddersfield. The programme has been set up to look at the current services provided by Calderdale and Huddersfield Foundation Trust (CHFT) against the case for change. The case for change sets out the reasons why services cannot stay the same and the programme is tasked with coming up with proposals that can be consulted on in 2016.

Who did we engage with and what did we ask?

The programme undertook pre-consultation engagement on the following service areas:

- Urgent care
- Emergency care
- Planned care
- Therapies and new technology
- Maternity and paediatrics

Targeted audiences in both Calderdale and Greater Huddersfield were asked to complete a survey or participate in a focus group. Each audience were asked a specific set of questions on each service area. The questions we asked are set out below:

- We asked people to tell us using a rating from 1-10 of their preferred contact in an urgent care situation (1 being the preferred contact and 10 being the last preference).
- We also asked people in an urgent, emergency and planned care situation what the most important aspects of care were, people had to rate the question using 1 to 9 or 10, (1 being the most important to 9 or 10 being the least important).
- For therapies we asked people about preferred locations to receive services and for technology how it was used and things we should consider.
- For maternity we asked about hospital and community services.
- We also asked about travel and transport and to provide more information about their responses.

What did they tell us?

People told us that their preferred contact in an **urgent care** situation would be:

1. GP Practice
2. Chemist
3. Walk in Centre
4. Family, friend or self

People told us the most important aspects of care in an urgent carer situation are:

1. To be seen straight away
2. To access a service straight away
3. To talk to someone straight away
4. I know I will get the treatment I need

People told us what the most important aspects of care in an **emergency** situation are:

1. Knowing I can be seen straight away
2. Knowing I can get the treatment I need
3. Knowing I will see the right health care professional who understands my condition
4. To know that I won't wait too long to be seen
5. Being treated by a specialist who regularly deals with life threatening conditions

A number of people told us what else we should consider in an **emergency care** situation, from those responding people told us:

- Wanting the right care where ever that is
- Seeing a professional with special knowledge, skills and equipment to care for me
- Receiving care quickly
- Getting the treatment I need
- Feeling safe
- Having transport that can accommodate my needs – particularly for people with a disability.

From the responses we received the most important aspects of care for people who require a **planned care** procedure are:

1. To be treated by staff who understand my condition
2. To know I will get the treatment I need
3. To access a service straight away
4. For my appointment not to be cancelled or changed at short notice
5. To be treated by caring and helpful staff

In addition people told us **what else we should consider** when we are planning to provide planned care, from those responding people told us:

- The person treating me to have access to all the information about me they need
- Services to be joined and coordinated
- Services to be provided at local treatment centres such as the GP/drop in sessions
- Good access including follow up appointments, more use of the telephone for contact
- Recovery time to be appropriate with services in place to provide aftercare

Those responding told us that the preferred locations to receive **therapies and services to support rehabilitation** would be;

- Local GP Practice
- Local Health Centre
- At home

Each of these locations almost scored equally suggesting the preferred location for therapies is out in the community and closer to peoples home.

People who told us about the use of **technology** said that:

- 67% would use the mobile phone, 55% would prefer to use a computer or laptop
- 44% would try new technology
- 25% would if supported to use new technology, 23% would not use it or be able to access it

In addition some of the **things we need to consider** when looking at the use of technology to support healthcare are:

- Poor Wi-Fi connection in a number of local areas
- People still want face to face contact as well as or instead of
- Expensive data usage for some with a mobile phone or no internet
- Lack of equipment or knowledge would need to be supported

The key emerging themes from both the maternity and paediatric engagement and the paediatric engagement are as follows:

Maternity services

- People want to see staff who are highly skilled
- People want to see the same staff throughout their pregnancy
- People want as many services as possible closer to home
- Transport and travel are key including getting about in the latter stage of pregnancy More information and support before pregnancy
- More awareness and training for staff on the cultural view of home birth and also how to support families including same sex partners, adoptive parents and parents with a disability or long term condition
- Parents want to have good equipment in the right location with access to services if things go wrong
- The environment for giving birth was also important to people.
- People want more support whilst in hospital including help with feeding and not being discharged too early
- For families who face complications or loss of a baby they would like separate spaces and entrances

Paediatric services

- Most parents want support to self-manage a child's illness or condition.
- Parents want services close to home with limited travel time
- Parents want access to a paediatrician when they visit hospital
- Parents want separate spaces for children
- Children and young people want reassuring and understanding staff
- Children young people want reduced waiting times in A&E
- Children and young people also prefer the GP as the first point of contact in a urgent situation

What did we do?

We used the findings from the pre-consultation engagement and the findings from previous engagement on local services and created a summary of findings. We used these findings to help inform the development of a pre consultation business case which would be subject to formal consultation. The pre consultation business case describes the proposals for change to current hospital and community services.

Where can you find more information about this work?

You can find more information about this work on www.rightcare,time,place.co.uk website.

Right Care, Right time, Right place – Stakeholder events

Right care, right time right place is a programme looking at the future of hospital and community services across Calderdale and Greater Huddersfield. The programme has been set up to look at the current services provided by Calderdale and Huddersfield Foundation Trust (CHFT) against the case for change. The case for change sets out the reasons why services cannot stay the same and the programme is tasked with coming up with proposals that can be consulted on in 2016.

Who did we engage with and what did we ask?

In August and December 2015, we held two stakeholder events to engage key stakeholders on the right care, right time, right place and 'Care Closer to Home' programme. The purpose of the events were to firstly understand the findings from the pre-engagement process and secondly to support the development of criteria to identify the options for formal consultation.

Stakeholder event 1 August 2015: Following a presentation on the engagement feedback we had received we asked participants as part of a table discussion to tell us;

- From the engagement feedback we have already received: is there anything else you would like to add to the themes we have highlighted?
- Is there anything else you would like to tell us that we have not yet considered?

Participants were asked to write comments on a post it note as part of a facilitated table discussion and place those comments on an opinion board. Following an update on programmes 'Right Care, Right Time, Right Place', and 'Care Closer to Home' a further table discussion took place. Participants were asked to consider and tell us:

- How close do you think we are to ensuring your views are reflected in our plans? (Be specific about your comment i.e. staff training)

Participants were again asked to write comments on post it notes as part of a facilitated table discussion and place the comments on the target board provided for each table.

Stakeholder event 2 December 2015: Following the presentation on the future clinical model of care participants as part of a table discussion were asked to answer the following questions;

- What do you think about what you have just heard?
- What are your hopes for what you have just heard?
- What are your fears about what you have just heard?
- Do you understand how engagement has influenced the proposals?

Participants were asked to write comments on a post it note as part of a facilitated table discussion and place those comments on an opinion board. Following a presentation on the 'Appraisal Criteria' a further table discussion took place. Participants were asked to consider and tell us:

- What do you think about what you have just heard?
- What aspects of the appraisal criteria do you agree or disagree with?
- What would you change?
- Have we missed anything important?

Participants were again asked to write comments on post it notes as part of a facilitated table discussion and place the comments on the opinion board provided for each table.

What did they tell us?

Stakeholder event 1 August 2015: The findings were:

- A need to communicate our plans to the wider public, explain our reasons clearly and in plain language and be honest about our constraints and resources.
- That Care Closer to Home is the way forward and some progress can be seen, more should be done to demonstrate it is working, again more publicity.
- The public want to stay involved in the development of any plans and want us to improve our engagement to ensure everyone has an opportunity to influence services in the future.
- There was a general consensus that change needs to happen, but the pace of change is slow and we need to evidence why change is necessary to wider audiences.
- Travel and transport need to be considered as part of Care Closer to Home as much as hospital services and we need a plan to address this.
- Partnerships need to be strengthened we need to show we are working with colleagues from the local authority, ambulance service and the voluntary sector to ensure our plans work.
- We have a diverse population and we need to consider all our population when designing new services, current services still don't address patient needs in terms of access, culture, information and communication.
- Workforce skills and capacity, estates and new technology are all highlighted as key areas requiring thorough consideration if models are to be delivered.

Stakeholder event 2 December 2015: The messages are summarised as:

- In general people agreed with the appraisal criteria used. Additional considerations were captured that added value to the original description. There were only a few recommended changes
- The ranking of the criteria proved difficult with most tables agreeing that all were equally important. However the highest ranked criteria was 'Quality of Care' followed by either 'Access to Care' or 'Value for Money'.
- The feedback received about the event was positive, with most attendees feeling they had been able to follow the journey.
- There was a general view that engagement had informed the plans and this was evident in the work that had been presented

- GP Practices and community services need to be working, joined up and co-ordinated with better appointment times and longer 24/7 access
- There were concerns that the plans would not deliver what was needed including the right staff with the right skills in the right locations
- Support for mental health and the services required needs to be considered as part of any transformation plan
- People need to understand how services currently work and what they will look in the future to be able to fully consult on any future service options

What did we do?

The findings were used to support the commissioning organisations NHS Calderdale and Greater Huddersfield CCGs to determine a readiness for formal consultation.

Where can you find more information about this work?

You can find more information about this work on www.rightcare,time,place.co.uk website.

‘Spirit in Mind’ project workshop - South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Who did we consult with and what did we ask?

SWYPFT invited spiritual leaders, service users and carers and key stakeholders to the launch of its ‘Spirit in Mind’ project at St Andrews Methodist Church in September 2015. Over 30 people attended the event and participants were asked to share any experiences or stories which could shape the project.

What did they tell us?

- To develop partnerships with locally based faith (organisations and humanist organisations broadly in sympathy with holistic and spiritual approaches to community involvement) in order to prioritise and through partnership working seek to provide effective responses.
- Increase the range and diversity of support to people who use our services
- To support the key Trust objective of providing services close to where people live
- To involve service users, carers and staff in identifying, assessing and implementing good practice in spiritual care within SWYPFT and beyond.
- To contribute to the wider service transformation agenda within the organisation by championing innovative patterns of co-working and promoting a deeper understanding of the spiritual dimension to care and recovery.

What did we do?

From the feedback gathered for the event SWYPFT were able to appoint a part time ‘Spirit in Mind’ project worker. The project worker will use the findings from the launch to deliver the project and continue to engage with key stakeholders.

Where can you find more information about this work?

You can find out more information about this work by contacting Aboobaker Bhana at SWYPFT on 01924 512276, email- aboobaker.bhana@swyt.nhs.uk

'Text Appointment Reminder System' procurement- South West Yorkshire Partnership NHS Foundation Trust (SWYPFT)

Who did we consult with and what did we ask?

SWYPFT involved service users and carers in the procurement of a text appointment system. Service users and carers were recruited from existing networks and over 25 people attended an event to shape the service.

What did they tell us?

- Service users would like a choice of how they receive an appointment reminder
- Service users would like the option for an appointment reminder to be sent to family/carers
- An appointment reminder system needs to be flexible and take in to account service user's different needs – for example the deaf community, people with Learning Difficulties

What did we do?

- Service users who access some of our mental health and CAMHS services will start receiving appointment reminders from October 2016 with wider roll out from April 2017
- Service users will have a choice of text, interactive voice message or agent call appointment reminder to themselves or a family member/carer. The option for electronic reminders or messages in a different language will be available in future.
- Service users are part of the project steering group and continue to be involved in decisions about the implementation processes

Where can you find more information about this work?

You can find out more information about this work by contacting Aboobaker Bhana at SWYPFT on 01924 512276, email- aboobaker.bhana@swyt.nhs.uk

Vanguard and the Voluntary and Community Sector (VCS)

The Vanguard programme is a designed to accelerate Care Closer to Home in a discrete part of Calderdale. It is a large programme with seven partners including the VCS.

Who did we consult with and what did we ask?

It is important that the views of the VCS are included in the development of the Vanguard and Care Closer to Home (CC2H) proposals. The work took place to understand where services based closer to home could be provided by the voluntary sector.

Voluntary Action Calderdale (VAC) represents the VCS at several of the programmes workgroups and also sits on the Vanguard Programme Board. The role of VAC is to advocate for the VCS in the programme at the highest level. Other VCS groups are also involved in some of the work streams such as Age UK Calderdale and Kirklees and Healthy Minds.

Three major parts of work with the VCS and communities has taken place as a result of the Vanguard programme – all facilitated by VAC and in partnership with all Vanguard partners.

1. Vanguard briefing session
2. Formation and training of Community Panel
3. Development of Community Health and Wellbeing Centre at Todmorden Health Centre

At all of the sessions we asked individuals and groups what they wanted to see Vanguard deliver and how they could be involved.

What did they tell us?

Vanguard briefing session:

The groups present told us they were pleased to be included in the scheme and would like regular updates as to progress. They confirmed that individual group capacity to engage in work streams was limited but they appreciated and supported VAC as an advocate on their behalf. Some groups stepped forward for key roles such as the second place on the Vanguard Board.

Community Panel:

The Community Panel were recruited to support the Vanguard programme as a 'critical friend'. The Panel is diverse in terms of demography and residency within Calderdale. Members have been trained and undertaken a few exercises where they have provided a view on work plans and ideas. The panel have advised on how information should be written including plain English formats.

Community Health and Wellbeing Centre:

Three sessions have taken place; one was an initial session to gauge interest in developing a community resource, the second was at Todmorden Town Hall to speak to residents to see what they might like to see developed in the space and the

third was for those who wish to deliver services. There is a high demand to provide VCS services from the health centre; mostly large support groups and one to one support.

What did we do?

Vanguard briefings will continue and representation at Board remains a priority.

The Community Panel remains a key part of the engagement plans for the Vanguard Programme. Future work includes panel members joining working groups as projects are developed so that they have a patient focus.

The Community Health and Wellbeing Centre was endorsed and granted permission to proceed by the Vanguard Board. This will require some ongoing practical work and there is a suggestion of a steering group forming to support this in the longer term.

Where can you find more information about this work?

Soo Nevison soo@cvac.org.uk

Voluntary and Community Sector (VCS) Capacity Building

Care Closer to Home (CC2H) Grants. NHS Calderdale CCG invests in front line voluntary and community sector organisations with a health and social care focus using a grant scheme. The grants for the previous year 2015 to 2016 were in place to identify groups who could help deliver services closer to home.

Who did we consult with and what did we ask?

Engagement began at a CC2H event where groups were engaged in the grant scheme process. Participants told the CCG that larger grants for longer delivery were favourable; with this in mind the next round of investment was re-shaped to enable this to happen.

Grant applications were completed by frontline organisations with support from VAC (including briefing sessions and one-to-one support). A shortlisting process took place and 2 organisations gained funding at this point with a further 12 groups requiring to review their applications.

Due to the large number of 'nearly there' applications an event was held to explore the grant process and ask for general feedback. The groups were asked

- What support they would need to proceed with the grant scheme?

What did they tell us?

Organisations told us that funding needed to be longer than one year and to have some flexibility. They all requested one-to-one feedback from CCG staff including clinician input.

What did we do?

After the meeting to discuss group applications, one-to-one meetings with all grant applicants to discuss their proposals in more detail took place. Staff who supported VCS applicants included senior CCG staff and a clinician.

Groups resubmitted their proposals following feedback and a further 12 groups were given investment by the CCG.

Where can you find more information about this work?

Soo Nevison soo@cvac.org.uk

Voluntary and Community Sector (VCS) - Capacity Building

‘VCS Alliance’. Voluntary Action Calderdale (VAC) has spent over 5 years working with NHS Calderdale CCG to support the local voluntary and community sector. In the past few years this has developed into a full capacity and capability building programme for the sector.

Who did we consult with and what did we ask?

A natural development within the VCS to respond to the changes within the CCG (namely Care Closer to Home and New Care Models including new commissioning models) was to develop a VCS Alliance that could participate within a local Lead Provider Alliance Model.

In order to develop this VAC held information sessions with larger VCS organisations to gain an appetite for this moving forward. Two meetings took place; the initial session described the forthcoming commission landscape and possible responses to this and from this there was an appetite to form an Alliance. A second meeting covered looking at different existing Alliances across the UK to help shape our thinking on a model that suits Calderdale.

What did they tell us?

Larger VCS groups understand the need to form new ways of working together in order to maximise benefit for our local communities.

There are a few different schools of thought about what format an Alliance should take in Calderdale, with some organisations wanting to keep the membership small and limit it to larger organisations and other wanting a more inclusive approach and opening up membership to anyone who can meet some simple eligibility criteria.

What did we do?

We have listened to the VCS and will be working with the wider VCS to move this agenda forward. This will involve further engagement exercises and in order for this to be independent of VAC we have secured pro-bono support to facilitate meetings in the future.

Where can you find more information about this work?

Soo Nevison soo@cvac.org.uk

Voluntary Community Sector Networks

Who did we consult with and what did we ask?

Over the year we have supported a wide range of networks that are in place to represent a number of diverse views to support our equality duty to engage groups with particular protected characteristics. The existing networks include:

- Black Minority Ethnic (BME) Health Forum
- Lesbian Gay Bisexual Transgender (LGBT) Health Forum
- Your Maternity Service Liaison Committee (MSLC)
- Forum 50+
- Disability Partnership Calderdale

The overall purpose of the engagement activity is to ensure seldom heard communities are up-to-date with policy and allow time and space to share experience and knowledge. Topics for the network meetings were varied and chosen by the networks.

Specific examples include LGBT Health Forum having a discussion about how CC2H would work with LGBT communities and BME Health Forum having a health event to allow them to engage with local communities about their services. The CCG were present at both events which allowed networks to have direct dialogue with NHS staff and managers.

What did they tell us?

The networks continually tell us that we need to ensure that any development plans and commissioning must take into account the needs to address inequality. They are supportive of CCG developments and are keen that their own communities are supported by them.

What did we do?

We have realised that although there is dialogue individually between networks and CCG staff, there is no 'joint' voice into the CCG. We will be working with the Equality team over the coming months to ensure that a strategic voice from the networks feeds into the CCG.

Where can you find more information about this work?

Please speak to Alan Duncan, Networks and Partnerships Lead.

alan.duncan@cvac.org.uk

5. Healthwatch

Healthwatch Calderdale gathers and represents the views of adults, young people and children living or using services in Calderdale. Below is a list of work done by Healthwatch Calderdale (managed by Voluntary Action Calderdale) during April 2015 and March 2016:

- Enter and View visits to Todmorden Group Practice, Pennine Lodge Care Home, Manor House Residential Home, Meadow Dale Group Practice, Millreed Lodge Care Home, and Ward 6D Calderdale Royal Hospital
- Physiotherapy Survey Task and Finish Report – asking patients of the physiotherapy service for their views on the service – September - December 2015
- Patient Transport Service Survey – working with Healthwatch across West Yorkshire to understand patients experiences of using the Patient Transport Service – report compiled by Healthwatch Leeds – December 2015 - January 2016
- “Your life, your choices” event – showcase event with 21 organisations for people with learning disabilities, delivered in partnership with Lead the Way – June 2015

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/our-work-4/archive/>

6. Projects planned for 2016 – 2017

- **Right Care, Right Time, Right Place:** A formal consultation for hospital and community services will end on 21st June 2016. The findings from the consultation will be used to determine the future of hospital and community services in October 2016. Further engagement will take place throughout the year.
- **Transformation Plan for Hospital and Community Services:** following a decision to progress Care Closer to Home more work will take place to engage, co-produce and develop solutions to services with key stakeholders using existing intelligence and through local conversations.
- **Mental Health services including Child and Adolescent Mental Health Services (CAMHS) and Learning Disability services:** A transformation of local mental services will involve engagement with the public in a variety of service areas.
- **Primary Care Strategy:** NHS Calderdale CCG Primary Care Strategy will continue to be shaped through continued engagement with key stakeholders.
- **Long term conditions (All ages):** We will continue to communicate and engage with local people, families, carers and providers in the development of these services.

7. 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

Patient Opinion

Patient 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).