

Patient and Public Engagement Annual Statement of Involvement 1st April 2016 – 31st March 2017

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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 2016 until 31st March 2017) 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 2017/18.

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's Constitution (<https://www.calderdaleccg.nhs.uk/wp-content/uploads/2016/06/CCG-Constitution-v.4-FINAL.pdf>).

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.

New for 2016/17 Patient Experience Group (PEG)

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

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

Calderdale Health Forum

Calderdale Health Forum has been set up by the CCG as a forum to gather together representatives from each of the member practices' patient reference groups (PRGs). Throughout the year we discuss engagement topics at the Health Forum meetings, this gives the group an opportunity to discuss in detail some of the main pieces of work and 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.

'Engagement Champions'

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

Engagement Champions are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. By working with volunteers in this way the response to our conversations has strengthened and increased, particularly amongst seldom heard groups.

New for 2016/17 Patient Stories

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

Calderdale CCG website (www.calderdaleccg.nhs.uk)

Calderdale CCG has a website which provides information to the public including a section called 'Get Involved'. As a CCG we 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 Calderdale:

- Providing the public with information about the NHS including complaints procedures, and helping with any other health-related enquiry
- Helping resolve concerns or problems and providing information for those using the NHS, 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.

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 2016 and March 31st 2017

When there are decisions to be made which affect how local NHS services are commissioned, we make sure we talk to those patients who will be most affected and for those larger pieces of work we make sure the general public are made aware of any proposals so they too have the chance to have their say. We carry out one-off pieces of work as well as involving patients and the public on an on-going basis through the partnership arrangements we have in place with local patients and communities. For services planned to deliver engagement in 2016/17 that are not included in the report, other work has taken place. The service not included in this report is set out below with an update:

- **Long term conditions (All ages):** Whilst we have not completed any specific work with people who have a long term condition we continue through our equality monitoring to consider views. As part of our approach to engagement we routinely gather the views of those with a long term condition and report on specific experiences, the experiences of people with a long term condition are considered in all the CCGs activities.

The report includes all engagement and consultations that have been undertaken and completed during 2016/17, including any that started before 1 April 2016 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 2017/18. 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 2016/17 which have contributed to broader themes

and informed and supported specific pieces of work (activities are listed in alphabetical order).

Throughout the year we have actively promoted opportunities for people to become involved in the decision making process. During 2016, we had patient representatives taking part in a stakeholder event for hospital and care closer to home services as part of our deliberation of formal consultation.

5. Using Insight to support commissioning decisions

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

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

- Patient Advice and Liaison (PALS) queries
- Reported Complaints
- Friends and family test
- Websites such as Patient Opinion and Patient Choices
- National and local surveys
- Findings from any engagement/consultation activity
- Calderdale Health Forum

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

From our vast data source we have been able to provide a number of composite reports which have underpinned our understanding of our local population. The first report of this kind was developed in February 2014 to support the programme Right Care, Right Time, Right Place. The four reports developed focussed on:

- Urgent care
- Planned Care
- Children and Young People
- Long term conditions

An additional report to support Right Care, Right Time, Right Place was written in July 2015 to support our understanding of hospital and community services programme. The report can be found on our website: <http://www.calderdaleccg.nhs.uk/get-involved/>

The style of report has been used by partners such as Kirklees Healthwatch to support the regional Vanguard and by the local West Yorkshire and Harrogate Sustainability and Transformation Partnership (STP) to identify the key themes for the local area.

This approach has also resulted in the development of smaller insight reports which have been used to support service areas such as:

- Vanguard locality model and services as part of Care Closer to Home
- Calderdale and Huddersfield Foundation Trust (CHFT) Maternity and paediatric service review
- Travel and transport for Right Care, Right Time, Right place
- Primary Care developments including an enhanced service review

In 2017/18 we will be producing a similar report for Mental Health to support our understanding of current services, and inform the delivery of the Calderdale response to the five year forward view. In addition we will be drawing on existing data to support our plans for access to primary care services.

Right Care, Right Time, Right Place – Consultation on hospital

and community services: The Right Care, Right Time, Right Place programme is the commissioners' response to the case for change that was developed as part of a services review undertaken in 2013. Following extensive engagement in 2015/16 a consultation on the proposals for service change took place in 2016/17.

The Right Care, Right Time, Right Place programme represents three interlinked pieces of work which are:

- Calderdale Care Closer to Home Programme;
- Greater Huddersfield Care Closer to Home Programme; and the
- Hospital Services Programme.

Collectively, these programmes developed proposals for what future community services in Calderdale and Greater Huddersfield and the future hospital services in Calderdale and Greater Huddersfield could look like.

Who did we consult with and what did we ask?

A full consultation document, survey and accompanying summary and easy read documents were produced to explain the proposals. A consultation ran for 14 weeks from 15 March to 21 June 2016 on the future of hospital and community services in Calderdale and Greater Huddersfield. The proposals were:

- To have two Urgent Care Centres, one at Calderdale Royal Hospital (CRH) and one at a new hospital on the Acre Mills site at Huddersfield
- To have one Emergency Centre at CRH
- To have a new Children's Emergency Centre at CRH
- To build a new 120 bed planned care hospital on Acre Mills site at Huddersfield
- To continue with more maternity services in the community
- To have more health services out of hospital and in the community

The consultation was delivered through a range of communications, social media and website content as well as 3 public meetings, 17 information sessions and 16 roadshow activities. There were a total of 36 meetings with a range of stakeholders.

We also received feedback from the activities of a range of community groups who ran a variety of consultation activities on our behalf as part of the Community Voices programme. Most of the people our community voices reach are the most vulnerable people in our community, including those who represent protected groups. A range of questions were asked under each of the proposal headings which were:

- Urgent Care
- Emergency Care
- Planned Care
- Community Services
- Maternity and paediatric services

- Travel and transport

We also asked people to tell us anything else we may need to know under each of the headings.

What did they tell us?

We received 7,582 survey responses from local people which provided 40,000 comments to 11 questions. We also had in excess of 500 phone calls, letters, documents, texts and emails to read and 195 pages of transcripts from 3 public meetings and 8 petitions. In order to ensure the responses were fully considered, the CCG secured the services of an independent organisation Midland and Lancashire CSU (MLCSU) to analyse all the responses and produce a report of findings. The findings from the consultation are set out below.

Feedback on all the proposed changes: We asked people to tell us if the proposed changes would impact on them. 67% of **all** the people who answered the survey said they felt they would be negatively impacted by the proposed changes. When we looked at where people lived 80% of these people were from Greater Huddersfield. People told us their main concerns were:

- Travel times, the impact on other hospitals and the ambulance service. People also said that the proposed changes may not meet the need of local people.
- Some people did tell us that they thought the plans would deliver high quality care.

Feedback on emergency care services (for life threatening and acute conditions):

When asked what people disliked there were more concerned responses from people living in Huddersfield. When asked what people liked about the proposed changes from a list of options 61% of people from Greater Huddersfield said 'none of these apply'. People from Calderdale ticked that they liked some of the proposed changes. People told us

- That 'one emergency centre makes sense' and that the best care should be in one place if resources are limited.
- The main concerns were about being seen and treated quickly, travel to services, keeping services as they are and putting lives at risk.

Feedback on urgent care services (for non-life threatening conditions): When asked what people disliked about the proposed changes there were twice as many concerned responses from people living in Greater Huddersfield than Calderdale. People from Calderdale told us that they liked some of the proposed changes. The main comments were:

- How an Urgent Care Centre would work,
- What services it would provide and who the staff would be.
- Concerns about travel to receive treatment and access to the right care

Feedback on planned care services (a procedure or treatment that is planned. You have to stay in hospital to recover): When people were asked what they disliked there were similar responses from people living in Calderdale and Huddersfield. Overall there

were few concerns for planned care. People told us:

- The main concern was being seen and treated quickly.
- Longer waiting times for operations when one hospital has to provide more planned care for two towns.
- Travel time and access to services
- They wanted to know how a new hospital at Acre Mills would be funded.

Feedback on maternity services: The responses to what people liked and disliked about the proposed changes were similar for both Calderdale and Greater Huddersfield. There were fewer comments on maternity services with only 2,529 people answering the questions in this section. The main comments were:

- People felt that Calderdale maternity services are understaffed.
- Travel times for appointments and access are concerns.
- Both towns need their own maternity services as there was not enough evidence that care closer to home is working.

Feedback on paediatric services: There were more responses about what people disliked about the proposed changes from people living in Greater Huddersfield. Most people stated:

- They were not concerned about the quality of care or receiving the right treatment but more about how quickly they would receive care.
- Over half of respondents said they did not like any of the proposed changes.
- Concerns as to how quickly children would be seen and treated
- Travel and transport to services particularly in an emergency.

Feedback on community services: People living in Greater Huddersfield told us they had more concerns for community services. The main comments were:

- Concerns about the amount of trained staff in the community
- How the proposals would be funded and delivered
- More funding is needed for GP surgeries

From all the feedback received MLCSU told us there were six key areas that we needed to consider. The key areas for further work were:

- 1. Travel and transport:** Impact of increased travel times, in particular for access to emergency treatment at Halifax. Travel between Huddersfield and Halifax on the Elland bypass. People also mentioned public transport, travel costs and lack of car parking at CRH and ambulance responses.
- 2. Clinical safety and capacity:** People were concerned that lives could be put at risk from the need to travel further, the quality of care and the availability of treatment. How Urgent Care Centres would work with the Emergency Centre and the impact on GPs and the Ambulance Service.
- 3. The rationale for change:** People stated that the proposals are to save money, instead of to improve results. They were worried that the Private Finance Initiative

(PFI) agreement at CRH had influenced the proposals. People wanted to know if staff at the hospital and other services, such as the Ambulance Service, supported the proposals.

4. **The consultation process:** People were worried how the consultation was done and how decisions would be made.
5. **Understanding the proposed model:** Some people did not understand the detail of the clinical model. People said there was not enough information on what it was and how it would work. People did not seem to understand the terms 'emergency care' and 'urgent care'.
6. **The need for change:** Some people agreed that change is needed, even though there are concerns. Suggestions were made about alternative sites, different ways of arranging services and improvements to services.

What did we do?

The Governing Bodies of NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG met in parallel in public on Thursday, 20 October 2016 to reach a decision on the outcome of the consultation and next steps on proposed changes to hospital and community health services in Calderdale and Greater Huddersfield. The findings from the consultation were deliberated by the CCGs and considered by the Governing Bodies at this meeting.

Where can you find more information about this work?

An independent report of findings was published by Midlands and Lancashire Commissioning Support Unit on the 25th August, 2016. You can find more information about this work and a copy of the consultation report on www.rightcare,time,place.co.uk website.

Right Care, Right Time, Right Place – Stakeholder event: Following the consultation a stakeholder event was arranged to support the CCG in deliberation of the consultation findings. A number of stakeholders had continued to work with us throughout the programme and we wanted to use the opportunity to engage them in the findings from consultation.

Who did we engage with and what did we ask?

The purpose of the stakeholder event was:

- To provide an overview of the consultation process – To describe the consultation activity and provide an overview of the activities which took place over the 14 week period.
- To describe the process of how the report of findings had been developed- to describe the methodology used and how consultees responses were analysed.
- To present the findings from the consultation process – To use the event to share the findings from the consultation process, in an accessible way, using the report of findings. This section would be presented by the independent provider.
- To provide the opportunity to identify the most important issues and make recommendations to address / mitigate the issues/ main themes
- To describe the next steps – To describe where we are in the process and the next steps.

There were a number of mechanisms for gathering views at the event. Following the presentation on the report of findings we asked participants as part of a table discussion to answer the following questions;

- Are you surprised by the findings, are they what you expected?
- From what you heard, what do you think the main issues are?
- From the main issues you have identified in activity 1- What are the potential solutions to address the main issues raised in the consultation?

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. In addition to the table discussions each table was able to provide views or comments using:

- A comments clothes line for participants to peg up comments on flags of anything they wanted to say that may have not been captured adequately in the table discussions.
- An evaluation form gathered people's views at the end of the event, and provided a final opportunity for participants to tell us anything they thought we should know

What did they tell us?

The findings from the stakeholder event are captured below. The findings include the key themes received from the table discussions. Key messages from each table were written on a 'green flag' and presented to the facilitator to read out at the end of the stakeholder event. The messages were;

- A&E versus urgent and emergency care – there needs to be a clear understanding of the differences. Communication and trust are needed and case studies and stories would help.
- Travel concerns – there needs to be some explanation of what A&E is and isn't to help people understand.
- Need to communicate clearly and widely the model – the consultation suggests people still do not understand the urgent and emergency care model.
- Communicate how things will work in practice (the language we use is important) – help people to understand patient pathways, explain terminology, clarify things practically.
- Communication and culture shift– describe the bigger NHS picture and provide clear messages that hospitals are not always the answer. Make sure information is collaborative (everyone working together for both communities) and honest (including finance) to improve outcomes.
- Communicate the benefits and facts of the proposal - emphasise care closer to home.
- Need for change – clear understanding required, need to communicate.
- The rationale for change needs a better explanation.
- Clinical case for change needs more describing - to help people understand how it affects 'me', this could include case studies.
- Clinical safety – emphasise the opportunity for new ways of working between hospital and GP practices and the use of new technology and better use of staff.
- The impact on GP services, including access – we need to start from the services closest to the individual and ensure community services are in place in order to design a secondary care system. This should be phased in and tested at each stage.
- Workforce planning – the system needs the right numbers of staff with the right breadth of competencies across a health and social care system. There needs to be the right balance between generalist and specialists and services need to be joined up.
- Recognition of the need for change and that all issues can be resolved – CCGs need to be sure that any issues identified can be achieved. The next stage is to win hearts and minds in order to progress further.
- 64% do not agree with the proposal – how will the CCG now flex the proposal and improve communication of any plans.
- We need to thank people for responding to the consultation – patients and public deserve a response.

What did we do?

The Governing Bodies of NHS Calderdale Clinical Commissioning Group (CCG) and NHS Greater Huddersfield CCG met in parallel in public on Thursday, 20 October 2016 to reach a decision on the outcome of the consultation and next steps on proposed changes to hospital and community health services in Calderdale and Greater Huddersfield. The findings from the stakeholder event and CCGs' deliberation were considered by the Governing Bodies at this meeting.

Where can you find more information about this work?

A report of the findings from the stakeholder event was produced in October 2016. This report can be found on this website: www.rightcare,time,place.co.uk.

Calderdale Health Forum: The Calderdale Health Forum is a group of patient representatives from Calderdale GP practices that meet every quarter. The patient representatives come from the GP practice Patient Reference Groups.

What we do with the feedback

All the insight provided at each session is recorded and used to inform each programme of work. We do this by including the responses as part of a broader report of findings which we write for all engagement and consultation activity. Topics of conversation are fed into programme action plans which are often at the development stage. Members of the Forum are one of the first points of contact for service developments and represent one of our key stakeholder groups.

Recent topics covered by the Health Forum meetings include:

June 2016: Mental Health Services

What we asked:

The forum received a presentation on mental health services and the Calderdale 'Mental Health Hub'. The hub has been set up to involve health, social care, voluntary sector, police and education to develop ideas for services/support for people with mental health. The NHS England 'Five Year Forward View for Mental Health' will drive these improvements in Calderdale. The key service areas for improvement are;

- High quality 7 day services for people in crisis
- Integration of physical and mental healthcare
- Prevention.

The group were asked to consider what could be done to stop people becoming mentally unwell, help people to recover or stabilise and help people to maintain good mental health.

What they told us:

Through a number of table discussions, the CCG received the following feedback:

- Community based support instead of going to GP for first contact
- Educating both public and people with mental health issues – 'don't fear asking for help'. Remove the stigma of mental health as a burden
- Peer support, simple conversations – 'listening'. Take time out to understand people "Coffee and a chat", asking about how people are. Idea of café to talk to others
- Exercise including yoga, Pilates, and any feel-good exercise
- People need to talk to someone – sometimes friends and family are not the right people. Friendships are important
- Not a quick fix – need long term support
- People with mental health problems still want privacy and dignity
- Maintain known networks e.g. Samaritans
- Know how to recognise the symptoms and what you can do – 'quick list'. Not everyone recognises their own mental health problem. Getting a person

themselves to recognise the symptoms and accept they need help.

Recognising at an early stage

- Information is needed for people supporting others with a mental health problem to give quick tips e.g. simple checklist. Help for partners, families, friends – place to go
- Workplace stress/anxiety – more work with employers on how to manage staff. Having volunteering opportunities i.e. help people back into a work environment
- Promote what's in the community to help people. Knowing where to go to get help / supporting people to find that help. Arrange for people to visit people who are lonely – churches, Age UK
- Good neighbour/community spirit, talking to people
- Holistic approaches – not just about tablets
- Focus on people with more common conditions (impact on largest numbers)
- Need to be aware of modern life and the issues it brings
- Different attitudes these days in older people

September 2016: NHS Friends and Family Test (FFT)

What we asked:

FFT had been introduced in 2013 to help service providers and commissions gain views from their patients. The service was an anonymous way to give views by indicating whether they were likely to recommend services to friends and family. A presentation and short film about FFT, including the standard survey questions used to gather views were presented to the group. It was explained that a free text question in the survey could be changed locally to gather important local views.

Forum members were asked to consider the question on the free text response section of the survey which was currently set at 'What is the main reason you feel this way?' and consider how they would change the question.

What they told us:

Through a number of table discussions, the CCG received the following feedback:

- The current question is good and simple. The question at the moment fits well and gives opportunity for a broad range of answers and shows trends. 'Why do you feel this way?' – can be a positive or negative experience
- Specific questions about nurses/GPs/opening hours – are patients aware of what they are and when should hours be extended?
- Specific questions with multiple choice answers so its easy to report on the results
- Change the question regularly for a topic on if you have "X" medical condition, what support would you like to have? ("X" could be long term condition)
- "Why do you not get involved in the patient group?" – this could help to involve young people – can also ask the question whilst at the practice
- "Are you interested in joining a patient group?"

- “If you could change one thing for the better, what would it be?”
- “How could we help you when you need an urgent appointment?”
- “How could communication be improved in the practice?”
- “What would you suggest would improve how you feel about our service?”

Feedback on the approach to delivering FFT:

- Put some key messages on Friends & Family Test about the cost of missed appointments
- The text messaging with F&FT questions is a good service
- Some patient groups aren’t having meetings and/or discussing F&FT
- Need professional displays of the comments
- Put the comments on the TV screens
- Every 2 months, our practice asks a further 4 questions – the patient group analyse and feedback the findings to the patients attending the practice
- Our practice has a comments satisfaction book and the practice manager answers every question
- Should think about the representative cover across the practice population and how to capture this

September 2016: Patient On-line

What we asked:

NHS England have a national programme to encourage an increase in the use of online GP services. CCG’s have been asked to improve the use of these services with practices in their local area. Attendees were asked for views on the proposed campaign plan and key messages.

What they told us:

Through a number of table discussions, the CCG received the following feedback:

- Posters need to be in different fonts larger and highlighted – fewer pictures more text.
- Promotion materials need to be all over e.g. NHS, social care, libraries, and bus stations. Promotion via digital TV screens needs to have audio too
- Older people don’t go online – need to consider this. Need to promote computer literacy altogether. Need to be aware that not everyone will want to use online services
- Launch week should include a media launch
- Conflict of messages from NHS as GPs will not send information online unless the line is encrypted. NHS England promoting access to patient records on-line.
- Can the Icon to book an appointment online be easily found on all practice websites? ‘Create information for Practice websites’: Need to be simple/obvious access.

- Could promote in the practice – PRG Group to spend a couple of hours helping people to navigate the website. Video demonstration on how to book an online appointment – on digital TV screens
- Also consider those with hearing/sight issues – How do we target this group of people and LD groups
- Not all patients always attend the surgery, not always time to look at information in the surgery. Register online without having to go into the surgery
- ‘Use of Social Media’: Useful for some groups of people – young people
- ‘Work with local voluntary and community groups to promote online’: Show people how to use online services

Following the meeting in September 2016 we surveyed all our members to identify how well the forum was working. Members told us that they wanted more time to discuss the topics of their choice, and be informed about future engagement activity to respond outside the meeting. ‘Your Space’ sessions were set up to allow for members to bring topics of importance which they wanted to:

- share information on
- have a conversation about
- gather other people’s views on
- test out an idea

The following meetings reflect the topics raised and chaired by members and the findings from these discussions.

December 2016: Your space topic: Diabetes Support Group

Members asked:

The context of the conversation was about setting up a diabetes support group. What did others think? And were groups useful?

What they told us:

Through a number of table discussions, the CCG received the following feedback:

- Support groups for diabetes were very helpful.
- Groups good for getting information out to friends and family.
- Groups can be more than just diabetes support: friendship and general life advice too.
- Diabetes treatment is more than medication but also food and a healthy diet, e.g. GI (slow release) foods.
- Food for diabetes – small breakfast, big lunch and small dinner.

Concerns were expressed during the feedback that the membership of some support groups was getting older and there wasn’t anyone to take over and continue with this valuable work. There were existing groups that would not continue for these reasons.

September 2016: Reception Areas Surgeries – Message Boards

Members asked:

The context of the conversation was to identify how others provide information and communication in waiting room settings, and to learn from any good practice.

What they told us:

Through a number of table discussions, the CCG received the following feedback:

- Too many notices confuse patients as to which is most important to read.
- Need a clear message board to enable patients to focus on the key notices/ messages.
- Possible solution would be to partition the message board to have specific topical health issues in one section, surgery information in another section and another section relating to Calderdale health issues, eg Health Forum information.
- Have a TV screen to display messages.
- Need to have up-to-date information on message boards.
- Newsletter (monthly): put on website and in the surgery, eg practice news, appointment times, topical health issues, etc. Clear simple notes and information.
- Have a nominated/designated person at each surgery responsible for maintaining/updating message boards/the website.

September 2016: NHS criteria for receiving services and patient responsibility for their own health / illness

Members asked:

The context of the conversation was to debate whether people who smoke or who are overweight receive the same services, or should a set of criteria be out in place as some areas are starting to do.

What they told us:

Through a number of table discussions, the CCG received the following feedback:

- If people's lifestyle is affecting their health should the NHS pick up the tab?
- Lifestyle could be the cause of the illness but have no effect on treatment i.e. footballer and a broken leg.
- Some illnesses may stop people from exercise so it's not the persons fault if they can't exercise and put on weight – they shouldn't be penalised.
- Poor decisions in the past may lead people to needing treatment now –there wasn't the education about the dangers
- People should be encouraged to stop smoking or lose weight and not be penalised for it – people should at least try themselves first before treatment.
- Treatment should be based on a clinical need not a lifestyle need.
- GPs are overworked so don't always have the time to listen to people.

- Should a GP be able to say I don't like the way you live your lifestyle? It can also be down to the person who is talking to the patient. It takes a certain kind of person to help and encourage.
- There should be centres for people to go to

Attendees felt this was very subjective and that the dilemma would be where to draw the line. It was considered that educating people should be a better way forward.

March 2017: Are we duplicating Patient Reference Groups/Communications

Members asked:

The context of this conversation was around the potential/perceived duplication of work carried out by the different groups.

What they told us:

Through a number of table discussions, the CCG received the following feedback:

- Practice Champions – who are they and how are they funded?
- It is recommended to have a Patient Reference Group. Is it contracted and who does this?
- What is the relationship between this group and the local patient forum.
- Patient Reference Groups minutes need to be disseminated promptly so we can take to our local meetings
- Communication via Patient Reference Groups depends on the Practice Manager.

March 2017: Return of Appliances

Members asked:

The context for this discussion was the waste/cost to the NHS and Social Services of the non- return of equipment

What they told us:

Through a number of table discussions, the CCG received the following feedback:

- Equipment such as zimmer frames and crutches are not routinely returned
- NHS could tackle this to reduce overspend
- Cleaning of equipment versus wasted equipment in skips needs to be worked out
- Social Services and NHS hospitals to track equipment that is given out
- Can CCG influence social services to get equipment back?
- Does everybody know where to take equipment back
- No incentive to give equipment back – need a deposit system.

March 2017: Car Parking and Facilities for Patients with Severe Disabilities

Members asked:

The context for this discussion was the difficulties experienced with car parking at Calderdale Royal Hospital. Other members were asked if they had solutions.

What they told us:

Through a number of table discussions, the CCG received the following feedback:

- Different types of systems are needed at different entrances.
- Notices don't tell you that the first 30 minutes are free.
- Cost of pre-paying means you may need to over pay.
- Not a very good public transport system: difficult to cross the main road.
- Is the shuttle bus between the two hospitals available for patients?
- When will new car park be started? Before or after the new hospital is built?

Learning Disability Transforming Care Programme (LDTCP):The Calderdale, Kirklees, Wakefield and Barnsley (CKWB) Transforming Care Partnership has been formed to collaboratively develop a programme that will transform our community infrastructures and reshape services for people with a learning disability and autism.

The transformation plan is framed around 'Building the Right Support' and the 'National Service Model' October 2015 for transforming services. The service areas requiring transformation include:

- Mental health services
- Services that support specific neurodevelopmental syndrome
- The criminal justice system
- Lower level health or social care services
- Inpatient care

Each local area (CKWB) within the partnership had an initial programme of work to help transform services. The aim of the partnership was to share knowledge of each local plan and work towards developing a joint plan for the whole area.

Who did we engage with and what did we ask?

An event was arranged on 25th May 2016 by NHS Greater Huddersfield CCG on behalf of the CCG partners to support engagement with key stakeholders on the 'Transforming Community Partnership Plan' for people with a learning disability across Barnsley, Calderdale, Greater Huddersfield and Wakefield. The purpose of the event was to engage service users, carers, organisations and other key stakeholders on the 'Transforming Care Partnership Plan' and the strategy for engagement and communications. The event objectives were:

- To provide those attending with an overview of current Learning Disability services
- To engage people on Learning Disability services
- To use the findings from the engagement to help shape the 'Transforming Care partnership Plan'
- To identify the best approach for communications and engagement
- To engage people in a fun day so they will continue to involve themselves further

The engagement part of the event was based on the draft 'Transforming Care partnership Plan'. The plan already set out a number of areas of transformation. Each of these areas required further engagement with key stakeholders. The areas for engagement were:

- Crisis response/safe place accommodation
- Respite care/short breaks
- Response to challenging behaviour
- Homes in the community
- Supported living services
- Personalisation
- Transition
- Finance – including how money should be spent on services.

- Engagement, Equality and communication strategy – which will gather views on our approach to engagement and communication and what we need to consider for equality.

What did they tell us?

Overall findings from this event are as follows. Key themes:

- Keeping active
 - Through exercise (especially group/team sports)
 - Through arts/community activities
 - Through socialising and relationship building
- Keeping healthy
 - Through self-management (with help where necessary)
 - Through working with staff (clinical and non-clinical)
- Being happy
 - Staying happy is easier when you try to keep active and healthy
 - Relationships are very important in keeping happy, especially parents, siblings, friends and staff.
- When asking for advice from attendees on how best to **communicate**, we heard:
 - Attendees enjoy receiving information in a written format such as a letter or newsletter.
 - Attendees also like taking part in group meetings and events like the ‘My Health Day.’
- When asking for advice from attendees on how best to **listen**, we heard:
 - Attendees enjoy taking part in group meetings and sharing their stories with others.
 - They also see the benefits of doing surveys.
- When asking for advice from attendees on how best to **involve everyone**, we heard:
 - In order to involve everyone, more easy read materials need to be available (especially online).
 - Attending more group meetings.

What did we do?

The findings for the event will be used to support the development of the Transforming Care Partnership Plan. The Transforming Care Programme Board has received the findings and identified actions from improvements using the feedback provided.

In addition, the findings from each of the service areas have been used to further inform developments. A number of workshops held in winter 2016 used the findings from the engagement to ensure they were considered as part of future proposals.

Where can you find more information about this work?

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

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

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

Who did we consult with and what did we ask?

An assessment panel was assembled with membership drawn from voluntary and community sector organisations representing a range of protected characteristics. The panel members were recruited from the Engagement Champions programme. The assessment process was split into three stages:

1. **A Briefing** — which consisted of a workshop which explained how the EDS2 works and how the CCG and partner organisations could get involved.
2. **EDS2 Panel** — An event where panel members could assess local health organisations. The two areas assessed for Calderdale CCG were Right Care, Right Time, Right place and Learning Disability Transforming Care Partnership.
3. **EDS2 Grading Panel** – A further meeting of the panel where members could reflect on the information they had received and assess health organisations.

Panel members were asked to consider if organisations had met two out of four possible goals. The EDS2 4 goals are:

- Better health outcomes
- Improved patient access and experience
- A representative and supported workforce
- Inclusive leadership

Panel members were then asked to grade the organisation as ‘Undeveloped’, ‘Developing’, ‘Achieving’ or ‘Excelling’

What did they tell us?

Panel members graded each programme and gave an assessment of the grading. Calderdale CCG received the following feedback:

Right Care, Right Time, Right Place: Graded as ‘developing’

- Presentation could have been improved as it was difficult to determine what protected characteristics had been reached
- Some panel members felt that traditional consultation methods had been used but more could have been done to reach some groups
- Some participants of the panel had no experience of the programme and felt it was easier to grade projects that had some relevance/local context
- No panel members felt it was achieving
- Panel members felt there were gaps in engagement and underrepresentation
- The materials used for engagement were not great for people with communication or accessibility needs

Learning Disability Transforming Care Partnership: Graded as ‘developing’

- The programme did not provide enough evidence of engaging with protected groups
- there is a gap in services for people from Black Minority Ethnic (BME) community with learning disabilities
- The service needs to be more consistency with regard to support and services across the Kirklees patch
- carers services and voluntary and community sector should be involved
- Would be useful to have some self-care days in practices
- Need to raise GP awareness including cultural competence training and disability awareness

What did we do?

The services presented for grading by the CCG were given recommendations for improvement by panel members. The services were asked to develop an action plan based on recommendations.

An action plan for each service area has been developed and managers will go back to the panel in 12 months’ time to report on the delivery of the actions agreed. The process will be ongoing throughout 2017.

In addition the comments and recommendations made by the grading panel will be used to inform a new set of Equality Objectives and actions for the CCG in 2017.

Where can you find more information about this work?

A report of the findings from the engagement process will be developed and published on the CCG website in July 2017. The report once published can be found on this website:

<http://www.calderdaleccg.nhs.uk/get-involved/>

An asset based approach – supporting people with a learning disability to have a voice:

VAC, a Calderdale based organisation that specialise in community and voluntary sector support and advice, developed a programme to help give a voice to people with learning disabilities. This programme was used to support a 6 month pilot for the Learning Disability Transforming Care Partnership across Kirklees, Wakefield, Calderdale and Barnsley. The purpose of the pilot was to create a mechanism where participants could gain the confidence to respond to any planned engagement and consultation activity.

The programme aim is to give local people a say in the delivery of health and social care services. The 'voice' is facilitated through training sessions which build participants confidence. The programme builds on the CCGs engagement approach 'Engagement Champions,' which is in place to ensure local people have a say in healthcare services. The training programme covered the following areas:

- Why engage? (Explaining why the NHS needs your views)
- Engagement Skills (The various methods and ways you can have your say on health)

During the sessions participants were encouraged to tell us how they wanted to be involved and if the pilot could support them to give their views.

Who did we engage with and what did we do?

The pilot was led by VAC and managed by Greater Huddersfield CCG on behalf of the partnership. People with a learning disability in Calderdale were recruited through voluntary and community organisations. The project aims were to:

- Develop capacity for people with a learning disability to engage in co-production conversations
- Create a network of service users who could work with commissioners and providers in developing learning disability services
- Identify opportunities for future events to be service user led and include the voice through patient stories

The programme recruited 20 participants to take part in two programmes of training (10 participants at each session). Calderdale now have 40 'Engagement Champions' who are adults with learning disabilities as a result of this pilot.

What did the pilot tell us?

The learning from the pilot is as follows:

- It was clear early on that the current training approach needed to be adapted to work with a wide range of abilities and needs. The initial model developed in Calderdale was not as relevant and so the format and content had to be adapted to those with more complex needs

- The facilitators and trainers also needed to be flexible and adaptable in their approach to delivering the training to meet people's needs
- The 'Engagement Champions' model, of training people to engage and consult with others was not appropriate for this group of people. Individuals needed more support to represent their own views
- Training had to focus on raising awareness of the importance of engagement
- A group of 10 adults with learning disabilities requires considerable resource. Much of the support required was on a one to one basis. Because of the individual support required, delivery of the sessions required two facilitators/trainers rather than the one per session which had originally been proposed
- The positive response to this training from voluntary and community groups indicates there is a desire amongst groups to have the views of their service users represented
- Voluntary and community groups appear to be willing to be involved
- It is important to develop a partnership approach with the CCGs and local authorities in each area

What did we do?

The pilot helped to determine the process required to involve people with a learning disability in engagement and consultation. As the pilot was well received there is more work planned with organisations and adults with learning disabilities as part of the ongoing 'Engagement Champions', programme.

The CCG will also be working with organisations who support adults with learning disability to ensure there are trained organisations registered to be 'Engagement Champions' programme.

Where can you find more information about this work?

For more information about this work and our programme 'Engagement Champions' go the CCG website: <http://www.calderdaleccg.nhs.uk/get-involved/>

Stroke services – West Yorkshire and Harrogate Sustainability Transformation Partnership (STP):

West Yorkshire and Harrogate is one of 44 footprints across the country working to address the three gaps set out in the NHS Five Year Forward View. 'The Five Year Forward' view is the NHS England transformation plan for the next five years and sets out three areas for improvement; Health and wellbeing, care and quality, finance and efficiency.

The West Yorkshire footprint is made up of six local areas, all of which are developing individual plans to respond to the 'Five Year Forward View'. The plans are known as sustainability and transformation plans (STPs).

West Yorkshire and Harrogate, health and social care services, including the NHS, are working together to look at better ways of delivering care for people who have a stroke. Before any decisions are made on the future of stroke services in West Yorkshire and Harrogate the STP wanted to find out what people think about the services currently provided. An engagement phase took place from Wednesday 1 February until Wednesday 15 March 2017 to gather views.

Who did we engage with and what did we ask?

The engagement work was led by Healthwatch and focussed on the quality of stroke services in place across all health, social care and voluntary sectors. The engagement was aimed at the public, including voluntary and community organisations, patients, carers and staff. People were asked:

- Where they lived and their experience of a stroke
- Which hospital did you / or the person you care for initially attend when you had a suspected stroke and which was this the closest hospital
- How would you describe your experience of care when you had a stroke and what would have improved that experience?
- How important do you think the following are when accessing care in the first few hours after a stroke? (response options included: fast ambulance response times, being treated at a hospital close to home)
- How important do you think the following are when accessing after care for people who have had a stroke? (response options included: Being treated by highly trained specialists, be involved in decisions about my care)
- Suggestions on how social care and the voluntary and community sector could support patients and their families / carers following a stroke.
- Questions on prevention and preventing a stroke.

What did they tell us?

Over 1500 people gave their views via an online survey, outreach sessions with voluntary and community groups, and interviews with people in GP practices, rehabilitation units, stroke wards, and libraries. Stroke consultants also took part in sessions so that people

could hear first-hand about the care and support available from health professionals. Some of the key themes from the engagement are:

- Many people said that they would travel further if it meant they were able to receive the best treatment and to be treated by specialists; however, they wanted their rehabilitation to be available closer to home.
- Those who had experienced a stroke described the excellent levels of care that they received in hospital, from being seen quickly, to accessing the most appropriate treatments and being kept informed throughout.
- It was also felt that there should not be a difference in care during the week and at the weekend.
- Many described how stroke can be a life changing event which can be difficult for the patient and their families to deal with without the appropriate levels of emotional support and advice.
- The valuable role of voluntary and community organisations specialising in stroke support, particular on hospital wards, was recognised.
- Many felt that there was a need to raise awareness of the signs and symptoms of a stroke, and what to do if you think someone is having a stroke.

What did we do?

The findings from this engagement will be fed into a programme for Stroke services. This programme is part of the West Yorkshire and Harrogate STP. Following consideration of the findings the next steps for stroke services will be considered and any further work to improve services will form part of a programme of work.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in May 2017. This report is published and also available on the CCG website. Go to <http://www.calderdaleccg.nhs.uk/get-involved/>

Provision of a Multi Faith Room at the Dales Unit – South West Yorkshire Partnership Foundation Trust (SWYPFT):

The provision of a multi faith room at the Dales unit to meet the religious and spiritual needs of patients, carers, visitors and staff were reviewed, as there is increasing evidence that by accommodating these needs, this leads to improved patient and carers experience and better outcomes for all - including staff.

Who did we consult with and what did we ask?

We held a number of separate meetings with patients, carers and staff. We consulted with over 60 people. At the meetings we the asked the following questions:

- What could be improved to meet the spiritual needs of all at the Dales unit?
- If a space was available where should it be located?
- What would we need to include in terms of artefacts and other provisions?
- Could the room be used by people who had no faith?
- Is there anything else you would like to tell us about your experience of using the Pastoral care service at the Dales?
- Thinking about the future what would a good Pastoral care service look like?

What did they tell us?

Emerging themes from this engagement;

- The support from the Pastoral care team is really valued by patients, carers and staff. However, this is only available to those who been refereed by a staff member.
- Most people were not aware of the service offered by the Pastoral care team and this included carers and staff.
 - The provision of a room to be made available for the spiritual needs at the Dales was welcomed by all.
 - Access to support and advice from fully skilled and trained multi faith pastoral care team was acknowledged as an area that was currently underutilised.
 - Issues around accessing the room “out of hours” was discussed and how staff would be able to support individual requests in supportive/timely manner.

What did we do?

A new Multi faith room provision is now available for use by all at the Dales. From the findings from the engagement activity the feedback from this will include:

- Sharing the findings from the engagement with other in patient units in the Trust.
- Use the findings to inform the future service specification for services.(new builds both inpatient/community)
- Provide feedback to patients, carers and staff on the outcome of the engagement activity and the next steps.

Where can you find more information about this work?

To find out more about this work you can contact the Team Manager at ‘The Dales’ Occupational Therapy Department via SWYPFT website. Go to

www.southwestyorkshire.nhs.uk

Care Closer to Home (CC2H) Care Homes: The aim of the project is to support people to live in their own home for as long as possible and if this is no longer possible, to ensure that the best possible care is provided to those people who live in residential settings

NHS Calderdale CCG and Calderdale Council arranged a number of engagement activities and events on the future provision of care homes in Calderdale. The aim of the project is to create a vision for Calderdale and understand what's important to people of Calderdale as they get older.

Who did we engage and what did we ask?

An event in January 2017 to launch the engagement was set up to:

- Provide an update on the background so far for future provision of care homes in Calderdale
- Gather experiences, views and ideas from stakeholders
- Give people the tools to help people carry on the conversation with their communities
- Explain the next steps including a provider event in March
- Use the findings to inform conversations with providers and other stakeholders and any additional engagement

The event was an essential part of our engagement process and included a range of local stakeholders including;

- Health forum members
- Healthwatch
- Third sector organisations
- Patient and carer representatives

Those attending were asked if they would support an engagement approach using a survey which would ask local people:

- What makes a good care home?
- What was important to people as they grow older
- One thing that would make Calderdale a great place to grow old

We also circulated postcards which asked:

- Tell us 'one thing that would make Calderdale a great place to grow old'

What did they tell us?

People told us what a good care home looks like:

- People want the right staff who are skilled, trained and supported. Staff who are caring and compassionate and understand cultural needs and beliefs. They also want to see good management and homes that are staffed at all times.
- Quality of care was a significant factor to respondents. They want to see continuity of care with good quality standards and choice and be involved in their care and

planning. Care that meet the needs of physical, social and mental health requirements.

- People said their environment was important to them with clean, well decorated, modern and good facilities. They want to feel safe, looked after in a warm friendly and loving environment that feels like their own home.
- Being in heart of the community was also important to people. To be near family and friends and local amenities.

People told us what is important to them as they get older:

- Staying fit, active and healthy for as long as possible is extremely important to people. They want to be able to continue with their hobbies such as playing sport (snooker, badminton) and to continue to enjoy themselves, by having trips out and meeting people, trying new activities, going for a walk, charity work. Being able to participate in activities within a care home and in the local community.
- People want to remain as independent as possible for as long possible but knowing there is help and support out there should they need it. They want the freedom to come and go as they please and be able to make their own decisions and be involved in their own care and planning.
- Family and friends are exceptionally important to people and being able to see them regularly.
- Being part of the local community is also vital to people so not to feel isolated or lonely.
- People also want to see good and wide range of services with their local communities that are easily accessible
- Respondents also said they want to be happy and enjoy life

People told us via the survey and postcards 'one thing that would make Calderdale a great place to grow old':

- People want to receive a good standard of care that's appropriately funded and accommodates the needs of the older generation, different cultures and where people feel safe
- More activities and day care services for the elderly and disabled such as luncheon clubs that have an understanding of different need and cultures
- Well trained staff that recognise people have different needs and abilities and an understanding of the different values and cultures.
- More opportunities for older people to share their knowledge and experience with young people and volunteering opportunities within care homes
- People also said that they like Calderdale the way it is and wouldn't change a thing

A community group produced a film on 'The care needs of the south Asian communities' which included the findings of an additional 100 members of the South Asian community in Calderdale. The themes from the film are below:

- **Independence** – people fear that dependence on professional care providers mean loss of independence, Asian women feel that they have no voice
- **Family links** – family ties and support are important to the community and must not be disrupted by professional care arrangements, people can feel isolated, being part of the community is important
- **Keeping active** – Body and mind need to be stimulated, people need to keep their independence, take part in activities and learn new hobbies

- **Staffing** – the community need to be assured that appropriately skilled and sensitive staff will be in place, staff need to be caring and compassionate, and have understanding of different cultures
- **Culture & Religion** – Being able to practice and maintain our culture & religion are paramount, cultural appropriate care and food i.e. Halal and being able to pray are important.

What did we do?

The findings from all the engagement activity has been shared with all stakeholders at two events which took place in March. Throughout spring and summer 2017 there will be more work with providers on care home provision. The information gathered will be used to inform this work and the conversations will continue.

Where can you find more information about this work?

A report of the findings from the engagement process and the films created will be available on this website: <http://www.calderdaleccg.nhs.uk/get-involved/>

Primary Medical Services (PMS) funding review: Calderdale CCG has 26 practices providing Primary Medical Services across the district, each holding an individual contract. There are 3 main contracts in use:

- General Medical Services (GMS) – 19 practices in Calderdale - a nationally negotiated contract which can only be held by a Doctor (GP)
- Personal Medical Services (PMS) – 5 practices in Calderdale - similar to GMS but has local variations commissioned
- Alternative Provider Medical Services (APMS) – 2 in Calderdale - a time limited contract determined locally and built on national standards

The engagement relates to a review of those practices under the PMS contract.

Nationally we were asked to undertake a review of local PMS contracts. The aim of the review was to ensure that any additional services funded in the five practices were equitable across Calderdale.

Who did we consult with and what did we ask?

The PMS services under review were:

- Dermatology (including Eczema and Dermoscope)
- Diabetes – Level 3 and above
- Electrocardiogram - ECG
- Ambulatory Blood pressure monitoring

The review of each of these services required the primary care team to gather service user feedback. The two main services where patients would be directly impacted were dermatology and diabetes.

One practice had already gathered information on dermatology by asking:

- ‘We currently provide a GP specialist service for in dermatology’ and asked ‘how would you feel if you lose this service?’

A further dermatology survey was circulated to patients in the five practices. The engagement activity was to engage with patients who use the current service to:

- Understand what people thought of the current service
- Understand how local people want future services to be delivered

In addition the CCG used existing engagement intelligence for dermatology services.

To understand the services provided for people with diabetes, the CCG used existing engagement information only to understand the needs of patients.

What did they tell us?

The engagement activity with patients accessing services funded through PMS i.e. Dermatology and Diabetes were reviewed. The findings highlight a high degree of satisfaction with current services; however it is acknowledged that this is only for a small proportion of the population. Patients told us:

Dermatology: We received 50 responses to the engagement and used existing feedback from previous engagement activity. The general feedback from patients was that the

service was highly valued and that patients felt they were seen quickly, in a convenient location and by a specialist.

- They would prefer to visit the GP practice and not the hospital
- This service could put pressure on the hospital
- Patients would not like to lose the service, they would be unhappy or upset if they did
- That services should remain closer to home
- It could have an impact on those who need it, particularly children and those who are vulnerable
- A GP specialist is a welcome addition to practice services
- Patients highly valued the service and the clinicians

The practice provided information gathered on dermatology services as part of their friends and family test. Patients told them:

- They would prefer to visit the GP practice and not the hospital
- This service could put pressure on the hospital
- Patients would not like to lose the service, they would be unhappy or upset if they did
- That services should remain closer to home
- It could have an impact on those who need it, particularly children and those who are vulnerable
- A GP specialist is a welcome addition to practice services
- Patients highly valued the service and the clinicians

The information provided has given an overview of what people think of the current service and how we could design a service that would meet local needs.

Diabetes: Patients told us that GP practices need to be central to the delivery of 'Care Closer Home'. Patients want to see more hospital services closer to home and in a GP practice setting. People want more diabetes services and told us:

- Not enough done on the preventative agenda and we needed to stop people becoming unwell.
- More frequent checks for people who may be subject to conditions such as diabetes
- More help for people with mental health issues.
- Local support for people with diabetes, groups that can advise on diet. Lifestyle help people go the gym and back to work

What did we do?

The findings from engagement were used to understand in the variations in the delivery of contracts. The public engagement activity in relation to the PMS premium, needed to be considered with the wider engagement work as part of Right Care, Right Time, Right Place.

Where can you find more information about this work?

A report of the findings for diabetes can be found under existing engagement activity. The report for dermatology can be found on this website: <http://www.calderdaleccg.nhs.uk/get-involved/>

Vanguard – Locality model: Community services in Calderdale are being revolutionised through a new approach to front line staff working together. In May 2016 Pennine GP Alliance and Calderdale and Huddersfield NHS Foundation Trust brought together representatives of frontline clinical staff from primary and secondary care to introduce a way of working across five localities.

The locality model is based on five local areas of Calderdale which are Upper Valley, Lower Valley, South Halifax, North Halifax and Central Halifax. The local areas have been created using patient list size, geography and likely travel routes. The event in May raised a number of issues particularly relating to nursing. The aim of the locality model was to identify what could be done differently to overcome any issues and what was needed to improve services.

Who did we engage with and what did we ask?

In order to support the locality model discussions we used existing information to create a data set of engagement intelligence for each local area. The purpose of the data was to understand what was important to people in each locality if we were to redesign or organise services.

Once the data had been separated it was easy to identify if there were any common themes for each local area or any specific themes that may require further consideration. The data reviewed included:

- **2012** -Engagement activities on unplanned, long term care & children’s services.
- **2013** -NHS national “Call to Action’ engagement were we received views of **487 people**.
- **2014** – Engagement with a further **2500 people** on the providers’ Strategic Outline Case and CCG commissioning intentions
- **2015** -Composite report combining all other engagement activity delivered from March 2013 to August 2015
- **2016** – Hospital and Community Services consultation on the future of hospital and community services of **7,582 views**.

A separate report for each locality was presented at a number of events to support locality conversations and to ensure the voice of local people remained in the room at all times.

What did the information tell us?

There were a number of common themes across the five local areas, the common themes for providing services are set out below:

- Care closer to home would support older people and people with dementia better
- Care closer to home needs to be in places where they feel comfortable such as places of worship and community venues as well as GP practices that are easily accessible
- Local services are needed as specialist services move further away
- People like the idea of longer opening hours in particular weekends and evenings

- More walk in / drop in sessions and flexible appointment times, reduce waiting times – including services such as GP and community based services
- Patient information shared between hospitals and GPs needed to be handled more effectively
- GPs need to get their own services working effectively so they can be a hub for others in particular work with voluntary and community groups - self-help / support groups, information, help and advice
- More investment in preventative medicine particularly, massage, physiotherapists, therapies, support groups and physical and mental health issues
- More information and involvement for families and carers if a patient has a sensory disability so they can support communication and care of the patient
- Early detection of mental health and better care and treatment such as therapies, non-medical intervention and emotional support with out of hours services and drop in clinics
- More support for carers and families
- There is a need for more flexible appointment systems, GP communication, information and technology systems need to be improved
- Services need to be staffed appropriately and with the right trained staffed who are patient and understanding, a good mix of male and female GPs and staff speaking different languages

What did we do?

This information was shared at two stakeholder events held in Calderdale. The first event was for primary care staff and took place in September 2016. The second event was a larger stakeholder event involving professionals, staff and community representatives in December 2016.

Event attendees were asked to consider the findings from engagement to help shape local models of care. These models would help to understand how local services could be provided in the future.

Where can you find more information about this work?

An update report from the stakeholder events can be found under Vanguard on the CCG website: <http://www.calderdaleccg.nhs.uk/get-involved/>

Mental Health 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. Calderdale MBC and the CCG want to consider where trust services can be most effective to support the wider rehabilitation pathway.

A clinical model is in development and the design includes the views of service users and staff from previous engagement activity. Further pre-consultation engagement is required to directly understand the views of those who would be directly impacted by any decision to change services. This additional engagement is required to further design a model which would be subject to formal consultation. The service that would be directly impacted is the Lyndhurst provision in Calderdale. VAC delivered the engagement on our behalf.

Who did we engage with and what did we ask?

VAC liaised with Calderdale CCG to draw up questionnaires aimed at gathering the views of service users, advocates, carers, family members and Staff. VAC contacted Lyndhurst so that meetings could be arranged to speak with people at the service.

Three separate surveys were designed for service users, carers and staff, all three surveys had 6 similar questions that could be mapped across. All questions were focused on what a good recovery and support service would look like. The questions we asked service users were:

- Thinking about your situation, what brought you to Lyndhurst, where you clear why you came here?
- Thinking about how staff supported your recovery so you can live back in the community, please answer the following: what has worked well? what could be improved?
- As part of your recovery a plan will have been put into place, did the plan: Provide clear goals for you to work towards? Provide the right support for you to achieve your goals?
- On your journey towards recovery please tell us: Who you think could help you and why? The key skills the person would have?
- What would good recovery and support services look like?

What did they tell us?

All those interviewed felt that services like Lyndhurst are a necessary part of the recovery pathway. Service users are aware they have a Recovery Plan at Lyndhurst that gives their lives structure and focus and that staff play a positive role in helping and supporting them as they progress through their recovery pathway.

It is recognised in by all surveyed that having compassion, understanding, a caring, empathetic nature, patience and being a good listener are the overriding skills that a person needs to work in Mental Health. It is clear, certainly amongst the staff we spoke with, that if

it is to happen, 'Care in the Community' in this field should include the service user having 24/7 access to Mental Health Services. Key themes are below:

- Staff at this point do not believe the service provided at Lyndhurst can be provided in a community setting
- Service users are aware they are at Lyndhurst for rehabilitation, to improve their Independent Living Skills and progress towards moving back into the community
- Service users feel that staff play a significant role in supporting them and helping them develop their skills through setting goals in their Recovery Plan
- Although some people are aware of the need for professional qualifications, staff, service users and family members believe the key attributes a person must have to work in Mental Health Services are: Compassion, be caring, understanding, empathetic, patient and a good listener
- Care in the community should involve having a Mental Health Recovery Hub that affords 24/7 access to service users who need it.
- Family members feel there is a communication problem with doctors at Lyndhurst in that they are not given updates on their loved ones progress. However, it is acknowledged that this may be the result of requests by service users to not have information divulged, thereby showing that doctors and staff are following confidentiality policy and procedure.
- Family members feel that a further communication issue is not being made aware of their loved ones Recovery Plan.

What did we do?

The findings from engagement were presented at a Rehabilitation and Recovery Programme Board. It was agreed at the board that a workshop should be set up to ensure the findings were considered as part of the proposed clinical model. A workshop took place in May 2017. In addition Lyndhurst received a full copy of the report findings to share with participants.

The proposed clinical model will be subject to formal consultation in Summer 2017.

Where can you find more information about this work?

A report of the findings from the engagement process was produced in March 2016.

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

‘Your Child and You’ resource for website and APP: Calderdale MBC led on this partnership project which was funded through the Vanguard programme. Vanguard was a national scheme designed to accelerate system change. Calderdale CCG used the funding to support work on Care Closer to Home. Vanguard was a large programme with seven local partners including Calderdale MBC.

The Healthy Early Years ‘Your Child and You’ website and APP is a newly developed range of online resources to ensure that parents and carers of children aged under five in Calderdale; and professionals in frontline services can access reliable, locally focussed information.

Who did we consult with and what did we ask?

In order to develop the website and APP Public Health based in Calderdale Council used national and local research. In addition they spoke to local parents and staff working in services.

They asked parents and staff how they would like to access information and what information they would want to have if a service was developed.

What did they tell us?

The findings were that in the under 5 age group the use of hospital and GP services was very high. When speaking with parents they told us:

- That they are bombarded with advice, which is often well-meaning but at the same time it can be baffling
- During pregnancy and in the first few days of looking after a new born information was needed and,
- Parents want to know how they prepare their child for nursery and school

Parents and frontline professionals told us:

- They want easy access to advice and guidance
- The advice and guidance has to come from a trustworthy source
- The source needs to be available to all

What did we do?

The Vanguard programme offered Calderdale Council and NHS Calderdale Clinical Commissioning Group the opportunity to create a suite of resources to provide information and guidance on over 30 health topics to reassure parents and carers.

Since its launch in November 2016, the Healthy Early Years website has been a great success. A major marketing campaign took place during November and December; reaching thousands of people across Calderdale, professionals in 26 GP practices, 21 children’s centres, all health visitors, midwives and private, voluntary and independent childcare providers to raise awareness of the website.

This has resulted in over 2800 people visiting the website with almost 100 downloads of the free mobile app in the first three months of its launch. People who use the site are spending around 5 minutes per visit to explore advice on services, school readiness and how to deal with childhood illnesses.

To complement the website a free mobile app for iPhone and Android has been created and is available to download. Together, they offer a trusted local resource packed with top tips to support little ones from birth to five to grow.

Where can you find more information about this work?

The website and app are available by using the following link: www.healthyearlyyears.co.uk
You can download the app for your Android or iPhone by searching 'Healthy Early Years'.

Community Panel, Vanguard: Calderdale received funding through a national vanguard to further support the CCG plans for Care Closer to Home. A community panel was set up to support this programme of work. Their remit was to act as a reference group for the programme work streams and board.

Who did we consult with and what did we ask?

The Community Panel is a group of local people who live in Calderdale who have a keen interest in their local health care community. The panel is made up of 34 individuals some of which represent 18 VCS organisations. The panel ensures that patient and carers voices are heard when developing new model of care and to ensure that those models meet the needs of local people. Over the year various consultations have taken place:

- Participated in working groups and attended development events of the Vanguard.
- General Practice – consultation regarding a uniform approach to directing patients to appropriate NHS services, avoiding unnecessary. GP/nurse/Advanced Nurse Practitioner appointments across all surgeries.
- Attendance at training regarding the role of purpose of the community panel.
- Developing the logo and branding for the Calderdale Vanguard Programme
- Supported the CCG with procurement exercises

What did they tell us?

- Frailty Pathway - feedback advised to amend the proposed model.
- Advised changes to process and content of information given by surgery staff when calling a GP surgery. Advised increase access to resources for surgery staff to signpost patients to alternative services where appropriate.
- Feedback regarding service offer and design for patients with certain conditions and additionally: single point of contact, walk in centre and care homes.

What did we do?

- Frailty Pathway was adapted to ensure the patient was at the start of the process.
- Feedback incorporated in to system change and service offer where appropriate.
- Vanguard logo and branding implemented.

Where can you find more information about this work?

Jo Bolland, Co Chief Executive Officer, VAC jo.bolland@cvac.org.uk

Working Voices – Pilot Project: Working Voices is a project approach to involving the workforce in engagement and consultation. The project aims to create opportunities for workplace engagement on NHS services using existing channels of communication and involvement.

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 test out the model for Working Voices developed by NHS England. The pilot was aimed at employers and employees. Two very different employers took part in the project and a variety of methods were used to engage with employees in order to ascertain the likelihood of both employers and employees wishing to be engaged/consulted on health services in the workplace.

Specifically employees were asked about their awareness of the National Agenda; Satisfaction with health Services; their demographic profile and these were supplemented by questions from the employers about wider health and social issues and perceptions.

Employers were asked about their willingness to allow the workplace to be used for health engagement with employees.

What did they tell us?

Employees revealed a lack of knowledge about how health services are planned, and some limited awareness of screening programmes. They expressed a willingness to engage in consultation about health services in the workplace. Many respondents wrote positively about their experience of health services once they had accessed them, but many struggled to access services as they often run during working hours.

Employers were positive about the pilot but need to be confident that there are benefits to them from any further engagement/consultation on health services. The need for senior management buy in to progress any planned work was clear as was the identification of a dedicated contact and support.

What did we do?

The findings strongly suggest that the approach taken fits very well into the community asset model but adequate resources to deliver this are a key issue. Specific actions for both employers were agreed as part of the pilot to assist in taking the learning forward. Further discussions are taking place with the larger private sector employer involved to ascertain how the approach can be rolled out.

Where can you find more information about this work?

A presentation on the findings of the report can be requested from Jo Bolland Co-Chief Executive Officer, VAC. jo.bolland@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 a number of information and development sessions with a diverse range of VCS organisations across Calderdale. Continued networking and liaison has taken place culminating in an agreed shared vision for a new organisation to be formed. The new organisation is in development and will be called Calipso. Terms of membership, membership criteria and an ethical walls policy have been co-developed and agreed with core members. At the time of writing core membership consists of 17 organisations.

What did they tell us?

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

Calipso membership should be inclusive and open to organisations who can meet the eligibility criteria.

What did we do?

We have listened to the VCS and are now working on the formation of the new organisation. Membership is being promoted across the VCS sector.

Where can you find more information about this work?

Neil Bolton-Heaton, Co Chief Executive Officer, VAC neil.bolton-heaton@cvac.org.uk

Voluntary Community Sector Networks: The CCG want to ensure that the voice of the local community is at the heart of everything it does. The CCG use a number of approaches to reach all our protected groups. The networks are groups the CCG want to engage with but require that require additional support to have a voice. VAC have been funded by the CCG to capacity build and sustain these 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 have a platform to share their views and experiences of health services and have an opportunity to become up-to-date with policy, with time and space to share experience and knowledge. Topics for the network meetings were varied and chosen by the members of the networks themselves.

Specific examples include LGBT Health Forum having a discussion about the SWYFHT Transgender Policy. The BME Health Forum considered the issue of Multiple and Complex Needs: Improving engagement and Access to services for BME communities. Representatives from the Disability Partnership, Forum 50+, the BME Health Forum and the LGBT Health Forum participated in the EDS 2 Grading Panel and Health Equality Panel

What did they tell us?

The networks continually seek to raise awareness of issues affecting their communities to ask that any development plans and commissioning take into account the need to address health inequality and inequality in service provision. .

What did we do?

It was realised that although there is dialogue individually between networks and CCG staff, there is no adequate route to raise issues or seek action within the CCG. Due to financial changes it was decided not to provide funding for the networks beyond 31st March 2017 and, as a consequence, VAC withdrew its support.

Where can you find more information about this work?

Please speak to Alan Duncan, Engagement 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 (part of Healthwatch Kirklees) during April 2016 and March 2017:

- **Independent Health Complaints Advocacy Service:** The service helps anyone who wants to make a complaint about any NHS service; that includes hospitals, GPs, mental health services, dentists, community health services and many more. Across 2016/17, we supported people to make 78 complaints about the NHS in Calderdale.
- **Autism Spectrum Conditions (ASC):** Healthwatch Calderdale investigated issues being raised by a number of people in Calderdale with diagnosed or undiagnosed Autism Spectrum Conditions (ASC), regarding the services they were being offered. We met with four ASC peer support groups, and received 22 completed surveys from adults with ASC based in Calderdale, and 12 from the parents, partners or carers of adults with ASC.
- **Art Therapy:** Service users contacted us for support on a plan to close the Art Psychotherapy Service; they had not been asked for their views to inform that decision, and they fundamentally disagreed with the decision.
- **Migrant Health:** Since January 2017, we have attended various meetings concerning migrants as well as visiting charities and organisations that provide help or advice.
- **Wheelchair Services:** In October 2016, Healthwatch was approached by organisations working with parents and carers of children with disabilities who wanted their service users to have opportunity to give feedback on Opicare.
- **Maternity Services:** Calderdale and Huddersfield NHS Foundation Trust (CHFT) asked Healthwatch in Kirklees and Calderdale to support them to embed patient feedback in their maternity journey.
- **Right Care, Right Time, Right Place:** Due to the significant potential impact of these proposals on the delivery of health services in these districts, Healthwatch Kirklees invested resource to gather the opinions of local people.

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 2017 – 2018

- **West Yorkshire and Harrogate Sustainability and Transformation Programme (STP):** There will be further engagement and possible formal consultation on Stroke services and engagement on cancer services as part of the STP. This work will be led by the STP and delivered locally by each CCG.
- **Right Care, Right Time, Right Place:** A Travel and Transport Working Group and Reference Group have been set up following the findings from the consultation which took place in 2016. Further engagement will take place throughout the year on specific service areas.
- **Rehabilitation and Recovery Mental Health services consultation:** A transformation of local rehabilitation and recovery mental services will involve consultation with the public in Summer 2017.
- **Primary Care Strategy:** We will be looking at improving access to primary care for both routine and urgent care appointments.
- **It's everyone's NHS – and we're not going to waste it:** Calderdale CCG has an overall budget allocation of £312million to “commission” or buy, health and care services such as:
 - Planned hospital and urgent and emergency care,
 - Rehabilitation care and community health services
 - Mental health and learning disability servicesA growing demand for health and care services, inflation and the costs of new drugs and treatments mean we need to look at how we spend our budget to get maximum benefit for everyone. We will focus our conversations in 2017/18 on how we spend our budget and how we can make the savings required.
- **MSK musculoskeletal services:** We will be looking at how we can manage services such as pain management to patients with MSK conditions. A survey will capture the views of patients.
- **Care Closer to Home:** We will continue to engage on the specific requirements of some services that are closer to home.

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).