Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Communications and engagement

Annual report

April 2019 - March 2020

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Acknowledgements

We would like to thank the individuals and organisations who have taken part in our consultation and engagement activities, shared their thoughts about local healthcare and their experiences of using services. Their contributions have helped to inform our commissioning decisions, ensuring the local NHS continues to provide high quality, responsive care.

Foreword

You will see from this report that it has once again been a busy year for the North Kirklees and Greater Huddersfield CCG Communication and Engagement Team. Having joined the organisation as Lay Member for Public and Patient Involvement in June 2019, it has been encouraging to see the breadth of engagement that has taken place.

The report sets out the range of ways the CCGs have communicated and engaged with the public and patients. Including patient stories at the start of Governing Body Committee meetings, patient safety walkabouts, Patient Reference Group Network (PRGN) meetings and the move to joint engagement events.

I am particularly proud of the work to develop the newly created Patient Engagement Assurance Group (PEAG) which brings a more diverse membership from across the whole of Kirklees as well increased representation from the voluntary and community sector and service users. These changes are a positive step forward and will bring more transparency and involvement of local people in the commissioning of services in the future.

Of course, this year has not been without its challenges, the COVID-19 pandemic declared in early March 2020, has changed the approaches to involving local people and sharing information in line with statutory duties. The Black Lives Matter Movement and the disproportionate effect of Covid-19 on members of the Black, Asian and minority ethnic communities has shone a light on the injustices and inequalities that continue to exist with our local communities.

Technology has acted as an enabler during this time to continue to include people and to disseminate information as best as possible, but also to ensure difficult conversations continue to take place. And these recent events highlight further, the positive position that communication and engagement hold not just as part of the commissioning cycle, but during uncertain times.

On behalf of the Governing Body for both North Kirklees and Greater Huddersfield CCGs, I would like to acknowledge and provide thanks to the hard work of the communication and

engagement team and provide the utmost gratitude to the patients, public and partners who have taken the time to talk to us and share their experiences.

Beth Hewitt
Lay Member Public & Patient Involvement

1. Introduction

This report covers the period between 1 April 2019 and 31 March 2020. It describes how NHS Greater Huddersfield and NHS North Kirklees Clinical Commissioning Groups (CCGs) involved local people, shared information and encouraged participation in line with our statutory duties, organisational strategies and plans.

In July 2019, the CCGs published a joint Communications and Engagement Strategy, acknowledging and reflecting the integrated approach to commissioning NHS services across Kirklees.

Both CCGs are members of the West Yorkshire and Harrogate Health and Care Partnership and some of the activity described in this document has been carried out across a wider region and in conjunction with partner organisations.

The COVID-19 pandemic, which was declared in early March 2020, required us to adapt and refocus our efforts and resulted in some changes to planned activities. This has been reflected in the report.

1.1 What we do

NHS Greater Huddersfield and North Kirklees CCGs are responsible for planning and buying (commissioning) a range of local healthcare services and ensuring that people who live in Kirklees have access to high quality health services that meet their needs.

The CCGs are membership organisations made up of GP practices from across their respective areas. Our two Governing Bodies include representatives from GP practices as well as a hospital doctor, other healthcare professionals, public health specialists and a lay person with a specific responsibility to champion public and patient involvement in our work.

1.2 Health in Kirklees

Kirklees is home to around 440,000 people. It's a mix of urban and rural communities with a diverse population including a large South Asian community. There are lots of good things about Kirklees including the diversity of the people who live here, but there are also

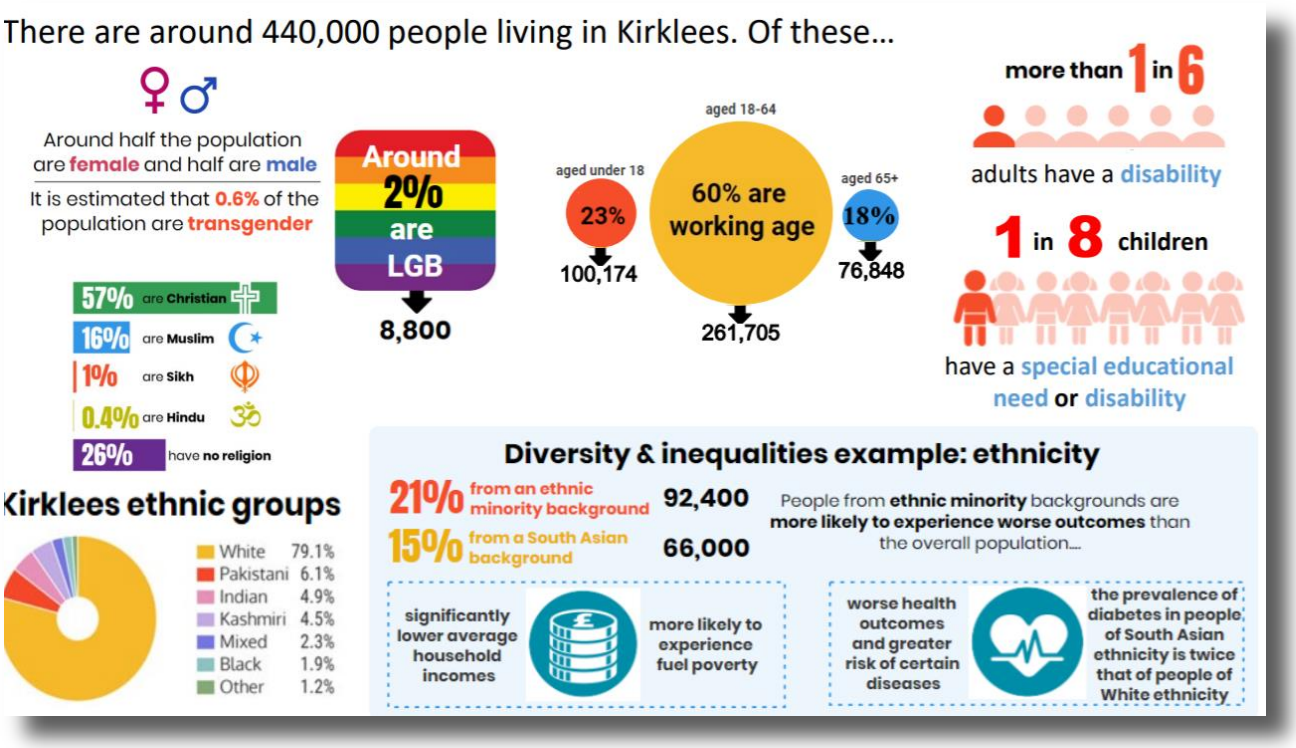
a range of social, economic and health challenges that affect our residents and impact upon the work of the CCGs.

The population is projected to increase most in those aged 65+ and we will see over 30,000 more people in this age group in the next 22 years. This is important because older people are more likely to have multiple health conditions and complex needs, require different types of facilities and greater access to health and care services. Some parts of Kirklees have high birth rates and will see their younger population increase over the coming years, which has implications for maternity and child health services.

In recent years, Kirklees has seen improvements in rates of infant mortality; teenage conception; smoking; mortality from cancer (under 75s); and hospital admissions for alcohol specific conditions. For most types of vaccination, our rates remain high compared with the national average.

Current causes of potential concern include low and declining physical activity levels; obesity; some sexual health indicators; diabetes; cardiovascular disease; tuberculosis; male suicides; young people's mental health; drug-related deaths; antimicrobial resistance; breast and cervical cancer screening rates; female healthy life expectancy; and excess winter deaths.

Further information about our area can be found in the Kirklees Joint Strategic Assessment here.



1.3 Our engagement approach

The NHS Constitution, the Five Year Forward View and NHS Long Term Plan all set out a clear message that the NHS should put patients and the public at the heart of everything it does and be responsive to their needs and wishes. One of the ways CCGs can demonstrate they are doing this is through their approach to public and patient involvement.

Each CCG has a constitution which sets out how it will secure public involvement in commissioning arrangements. This includes identifying a Governing Body member with specific responsibility to oversee the promotion and development of patient and public involvement.

The CCGs' joint Communications and Engagement Strategy supports both constitutions and explains in more detail how we work together to engage, involve and communicate with local people and stakeholders. Amongst other things, the strategy highlights:

- our commitment to put local people at the heart of the decision making process
- our legal duty to involve people in the commissioning of local services under the NHS Act 2006 (see appendix A)

- the way we work in partnership across Kirklees and the wider West Yorkshire and Harrogate area.

The strategy also identifies the following principles that guide us when developing and delivering our communications and engagement activities.

We will:

1. Provide information that is clear and easy to understand, free of jargon and in plain language
2. Be timely, targeted and proportionate in how we communicate and engage
3. Foster good relationships and trust by being open, honest and accountable
4. Ask people what they think and listen to their views
5. Talk to our communities including those most likely to be affected by any change
6. Provide feedback about decisions and explain how public and stakeholder views have had an impact
7. Work in partnership with other organisations in Kirklees and West Yorkshire when appropriate
8. Use resources well to make sure we get the most out of what we have
9. Review and evaluate our work, using learning to make improvements.

1.4 Equality and diversity

We use equality monitoring to understand whether the views we gather are representative and how we can address any gaps. Engagement activity is designed to ensure the nine **Protected Characteristics** are represented, in line with equality and diversity legislation, and that feedback is reflective of local demographics.

The nine protected characteristics

1. Age
2. Disability
3. Sexual orientation
4. Religion and belief
5. Race
6. Pregnancy and maternity
7. Marriage and Civil Partnership
8. Sex (gender)

9. Transgender

1.5 Assurance

Our overall engagement approach and activity is subject to review through NHS England's CCG Improvement and Assessment Framework 'patient and community engagement indicator'. We were advised this year, that for 2018/19 both CCGs received a 'good' rating, scoring 'outstanding' in one domain and 'good' in the remaining four (see appendix B).

Our Patient Engagement Assurance Group (PEAG) plays a key role in assuring our Governing Body and the general public about our engagement approach and activities. We also work closely with the local authority health scrutiny function and Healthwatch Kirklees in relation to changes to healthcare services.

2. How do we engage and involve the public?

2.1 Patient Engagement Assurance Group (PEAG)

The Patient Engagement Assurance Group is designed to provide assurance that the CCGs are involving patients, carers and members of the public effectively when planning, developing and commissioning health services, or in some cases, discontinuing services.

Chaired by the Governing Body lay member responsible for patient and public involvement, membership includes representatives from community and voluntary groups, the general public, Healthwatch Kirklees, and the local authority. Service providers and representatives from other local groups and organisations may also be invited to attend from time to time.

During 2019/20, the CCGs agreed that the engagement assurance groups for the two organisations should become a single, joint group, as had already happened with a number of CCG committees and groups. You will find more details about how we engaged members in discussions about future arrangements and promoted membership of the new group later in this document.

2.2 Local patient reference groups (PRGs)

All GP practices in Kirklees should have a patient reference group. PRGs operate in different ways but in general are designed to encourage patients to contribute to the continuing improvement of their practice. PRGs also provide a forum for raising issues or concerns about local services and for sharing their experiences and ideas. PRGs often help to improve communication between the practice and its patients. Some PRGs hold meetings for their members, while others run on a more "virtual" basis.

2.3 Patient Reference Group Networks (PRGN)

Each CCG has its own Patient Reference Group Network (PRGN). The networks have been set up by the CCGs as a forum to gather together representatives from each GP practice patient reference group. The PRGN meets quarterly to learn more about CCG plans, consider and discuss proposals, and engage with us on decision making. Members are encouraged to cascade information to patients at their own practice and to identify issues for discussion and debate at each meeting.

2.4 Your health, your say network

Local residents who want to get more involved in the development of new and existing services and to share their experiences can join our engagement database.

We contact people on this database when an opportunity arises for them to get involved. This can range from being part of a discussion group or completing a questionnaire, to joining a service user group or telling us what they think about some of the documents we produce. Details of how to join are on our websites.

2.5 Events

Since 2015, NHS North Kirklees CCG has held regular engagement events which are open to members of the public and representatives of voluntary and community

sector organisations. They provide an opportunity to find out more about what the CCGs do, participate in discussions and ask questions.

As the two CCGs in Kirklees moved to a more integrated way of working, it was agreed in 2019/20 that the events should be held jointly with NHS Greater Huddersfield CCG. We publish reports of all of our events on our websites.

2.6 Kirklees Equality Health Panel

The panel provides an opportunity for people from protected groups and their representatives to share views, information and feedback with the CCGs and providers to support us to improve services, promote equality and achieve our equality objectives.

2.7 NHS Challenge commissioning game

NHS Challenge is a board game which has been developed to stimulate discussion about the commissioning process. The game format means that it is suitable for use with a wide range of audiences and it is particularly helpful when trying to reach out to groups and individuals who do not routinely engage with our activities.

2.8 Patient stories

Patient stories have continued to be a part of our Governing Body meetings. These stories highlight how important it is that we consider the experience of patients in all the decisions we make. During 2019/20 we heard about:

- the positive impact of a personal health budget on a patient's mental and physical health
- A patient's experience of care and treatment for lung cancer
- The experiences of both secondary and community care services from a patient with bipolar disorder
- The experience of a young person making the transition to adult outpatient services
- How the Kirklees Rapid Response Service had supported a patient after they were discharged from hospital.

2.9 Patient safety walkabouts

Patient safety walkabouts involve a small team of clinical and non-clinical staff along with volunteers from Healthwatch Kirklees visiting hospital premises to talk to patients and staff and learn first-hand about good practice and areas for improvement. Patients share their views on topics including whether they feel staff are caring, the quality of food, and the care and discharge planning. Feedback on findings is provided to hospital staff and where necessary, plans for improvement are developed.

2.10 Voluntary and community sector

We value the support and challenge provided by community and voluntary sector organisations in Kirklees. We invite representatives to attend our quarterly engagement events. We have also given community and voluntary sector organisations the opportunity to be part of project groups to support the development and improvement of services, and to be members of the Patient Engagement Assurance Group.

Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. By using this asset based approach, we have been able to involve people from diverse communities and seldom heard groups across Kirklees in the work of the CCGs.

2.11 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. The service:

- provides the public with information about the NHS including the complaints procedures
- helps to deal with patient enquiries and resolve concerns or problems
- helps improve NHS services by listening to concerns, suggestions and experiences
- provides an early warning system, identifying problems or gaps in services and reporting them.

In 2019/20, 368 PALS queries were made to NHS Greater Huddersfield CCG and 347 PALS queries to North Kirklees CCG. The top 5 queries related to:

NHS Greater Huddersfield CCG		NHS North Kirklees CCG	
Primary Care / NHS England	71	Primary Care / NHS England	60
Calderdale and Huddersfield NHS Foundation Trust	49	Mid Yorkshire Hospitals NHS Trust	42
Medicines Management / Pharmacy	38	Medicines Management / Pharmacy	31
Individual Funding Requests / Prior Approvals	29	Continuing Health Care	31
Contact Details	17	Mental Health	26

The Complaints and PALS Report 2019/20 can be accessed on the Greater Huddersfield CCG website at https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2020/06/GH-GB-10-06-20-PUBLIC-Pack.pdf

healthwatch

Healthwatch Kirklees is the consumer champion for both health and social care. Its aim is to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided within their locality. Local Healthwatch is an independent organisation and the CCGs continue to work alongside and with the input of the service, which helps to inform our work.

Care Opinion is a feedback platform for the public to share their story or experience of healthcare services. Anyone can post an opinion on the website. The CCGs use feedback about local providers as part of its quality and patient experience monitoring and to inform its commissioning decisions.

Care Opinion
What's your story?

2.12 Websites

Our websites provide up-to-date information about the work of the CCGs and plans for the future. We use the sites to promote all our activities, including Governing Body meetings, quarterly public engagement events and other opportunities for people to have their say, along with health information and guidance. The sites also contain a wealth of resources including minutes of meetings, policies and strategies.

2.13 Stakeholder bulletins

We publish a joint CCG e-bulletin every quarter, designed to update stakeholders and members of the public about the work of the CCGs, promote opportunities to get involved, and show how public and patient involvement has informed our commissioning decisions. The bulletin is sent to over 400 contacts including community and voluntary organisations, partners and providers, as well as members of the public. It's also published on our website.

2.14 Media

We frequently use local newspapers and other news media to help us engage with our local population and keep them informed about our work. Over the year, we issued press releases about a wide range of issues including:

- Support for the West Yorkshire & Harrogate Care Partnership 'Looking out for our neighbours campaign'
- The launch of the 'Healthy Hearts' campaign across West Yorkshire & Harrogate
- Award of contract for the home oxygen service
- Setting up of nine primary care networks in Kirklees

- 'Don’t Be the 1' campaign, highlighting the benefits of quitting smoking
- Award of contract for the posture and mobility service
- Additional funding for children and young people's mental health services
- GP surgeries in Kirklees rated as ‘Good’ in national survey
- Appointment of shared lay members to our Governing Body
- CCG safeguarding nurse awarded the honour of Queen's Nurse
- GP practices using signposting to direct patients to the most appropriate service
- Celebrating Patient Participation Week and the role of patients in GP practices
- Announcing the retirement of Dr David Kelly as CCG Chair
- Promoting our CCG public engagement events
- Showing how technology is helping to speed up hospital discharges
- Support for local 'back to school' asthma awareness campaign
- Changes to musculoskeletal services
- Promoting self-care and how to improve your own health
- The CCGs' move to new premises
- Award of termination of pregnancy service contract
- Winter health messages and signposting to local services
- The importance of flu vaccination for those in vulnerable groups
- Greater Huddersfield CCG recognised as a Disability Confident Employer
- How local people helped us to share important winter messages
- North Kirklees GP practice awarded 'Pride in Practice' after completion of LGBT inclusion programme
- Announcement of new Chair of Governing Body for North Kirklees CCG
- Kirklees named as national accelerator sites for the development of community-based urgent care services
- COVID-19 outbreak and public awareness messages
- How GP services are changing as a result of the pandemic.

2.15 Campaigns

As part of our efforts to help local people take greater control of their own health we support a range of national, regional and local campaigns each year. This year we highlighted:

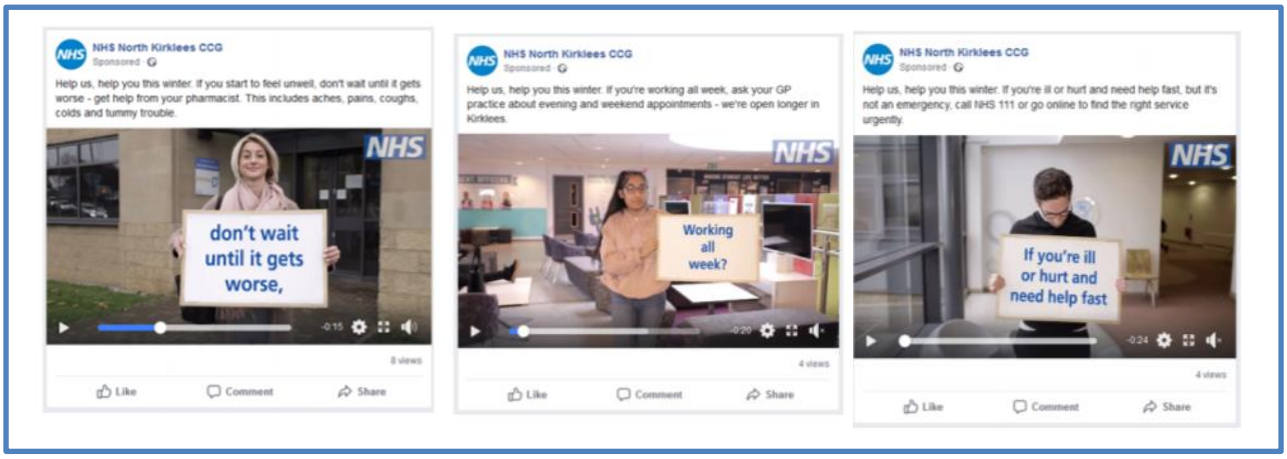
- Antibiotics awareness
- TB Awareness week (see image on the right)
- Diabetes prevention week
- Stoptober
- World suicide prevention day
- Looking out for your neighbours
- Healthy Hearts
- Summer health messages
- Winter health messages
- Be clear on cancer - signs and symptoms
- Patient participation group awareness week
- Change4Life
- Mental health awareness week
- GP extended hours (see images below)

During March 2020 we used our social media channels to share NHS/Government coronavirus information.

Case study: Winter messages

Each year we run a campaign to communicate winter self-care messages, encourage ordering of medications in good time for the holidays, and signpost to services including

pharmacy and NHS 111. This year, we added a local Kirklees voice to the campaign by producing a series of films featuring members of the public, health professionals and students from the University of Huddersfield. The six, 30 second films were specifically targeted at young adults and families - who are high users of A&E services. We shared the films via the CCGs' social media channels and through advertising on Facebook and Instagram. Over a two month period, they reached around 90% of our target audience with each user, on average, having the opportunity to see an advert twice.

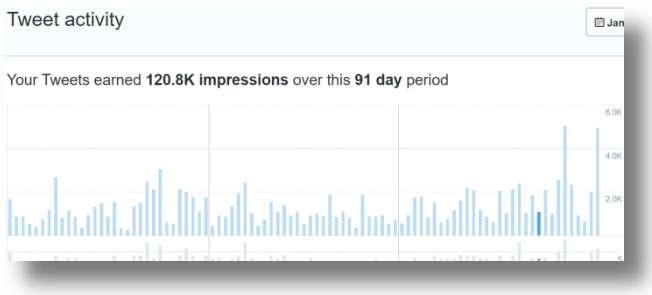


The CCGs also used Community Voices to connect directly with local people within the target audience as well as those who may not have access to the NHS winter messaging campaign due to language or other issues. Community Voices talked to over 500 individuals in a range of settings including parent and toddler groups, carers groups, groups supporting the over 60s and those people with long term conditions. Destitute Asylum Seekers Huddersfield (DASH) used a number of drop-in sessions to communicate messages to their clients. And Ready, Steady, Active - which provides sport and fitness opportunities to girls and women, with a focus on those from BAME backgrounds - incorporated winter health messages into their exercise sessions (see image on right).

2.16 Social media

We use social media to keep people informed of the work we do as well as letting our followers know about other local and national events, campaigns or opportunities that may interest them. Our social media accounts also provide a way for people to raise issues with us directly. Across the two CCGs we have around 12,000 followers on Twitter.

In order to evaluate the effectiveness of our Twitter accounts we regularly review 'impressions' (the number times people see our tweets) and 'engagements' (the number of times a user interacts with our tweets by clicking, liking retweeting etc). We received in excess of 500,000 impressions during the year, with views and engagement increasing in the second half of the year - October 2019 to March 2020.



Amongst the most popular content during the year were: 'Don't Be the 1' campaign; mental health support messages; awareness raising around children with asthma; CCG engagement events; GP extended access; the Healthy Hearts campaign; Looking after our neighbours campaign; and flu #jabathon. Tweets carrying messages about coronavirus or related content e.g. #clapforcarers; NHS volunteer scheme; and the NHS stay home, save lives campaign were also widely viewed.

2.17 Staff and GP member practices

Involving staff and GP member practices is one of the aims set out in our Communications and Engagement Strategy. We use a range of channels to reach staff including FYI – our monthly staff bulletin; a dedicated Intranet site; and fortnightly face-to-face staff briefings.

A Staff Forum provides an opportunity for everyone to have their say and get involved through a range of activities which this year included fundraising for local charities,

providing feedback on the CCGs' staff survey results, and taking part in health and fitness activities.

The CCGs' primary care teams are responsible for supporting and improving our engagement with GP member practices. Engagement activities are reported separately to Governing Bodies but include a GP e-bulletin as well as regular engagement meetings with practice representatives and Primary Care Network Clinical Directors.

In response to the COVID-19 outbreak and to ensure that key information was shared rapidly, during March 2020 we developed a new, daily bulletin for GP practices and put in place more regular staff updates. These communications were particularly important as the lockdown came into effect and staff were required to work from home.

3. Consultation and engagement activities between 1 April 2019 and 31 March 2020

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. For larger pieces of work, we make sure that 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 ongoing basis through the partnership arrangements we have in place with local patients and communities.

This year we have engaged with patients and members of the public in order to seek their views on a range of local health services. Feedback from this work has helped us to understand more about the experiences people have when using services as well as their expectations in relation to future services. Engagement during the past twelve months has included using face-to-face surveys, online questionnaires, events and meetings.

This section includes all the activities that have taken place and been completed during 2019/20 as well as those which have been started during the period of this report, but are not yet complete. These are:

- Equality Delivery System 2 (EDS2)
- Equality objectives: young people's experience of primary care
- Equality objectives: engaging with LGBT and young people update
- NHS Long Term Plan and CCG operational plan event
- Wheelchair services procurement
- The Nook Group practice consultation

Full reports of all our consultation and engagement activity can be found on the relevant CCG website.

In addition, working through the West Yorkshire and Harrogate Health and Care Partnership, the following consultation and engagement activities have been undertaken:

- Long Term Plan, unpaid carers engagement event
- Long Term Plan, voluntary and community sector engagement showcase event

- NHS Long Term Plan
- ‘Couldn’t Care Less’ young carers engagement event
- Healthy Hearts, cholesterol
- Specialised vascular services in West Yorkshire
- Assessment and treatment units in West Yorkshire

These reports can be accessed on the West Yorkshire and Harrogate Health and Care Partnership website at https://www.wyhpartnership.co.uk/engagement-and-consultation

3.1 What you’ve told us

Every engagement and consultation activity provides information and intelligence to support service development and design. Prior to embarking on a piece of work to gather views, we review any existing patient experience and engagement information. By working through this existing intelligence, we can identify emerging themes and also where there might be gaps in our understanding or in terms of the communities or individuals we have heard from. In addition, an Equality Impact Assessment (EQIA) helps us to understand the communities we have already reached or need to reach in line with our equality duties.

The information sources we use are:

- Patient Advice and Liaison (PALS) queries
- Complaints
- Friends and Family Test
- Websites such as Care Opinion
- National and local surveys
- Findings from any previous engagement/consultation activity

Using information we already hold ensures that the CCGs make good use of the things people have told us over a period of time. It also helps to make sure that we do not ask the same questions multiple times, consult on the same topics or about the same services too frequently.

We have reviewed all the engagement that took place during 2019/20 to see if there were any common themes or messages about people’s expectations of the NHS. Across all the engagement undertaken, there were a number of issues that came up again and again. This is what you said:

- You want to be seen by the most appropriate person, quickly and in a setting that is appropriate for the care / treatment you require
- As many services as possible should be delivered close to home in local settings
- You feel that there should be a greater focus on prevention and early intervention.
- We should be encouraging the public to take more responsibility for their own health
- You want healthcare records to be shared by organisations, to enable health and social care professionals to be able to make a more informed decision about your care and so you don't have to repeat your story
- You want multi-disciplinary teams with partnership working between health, social care and the voluntary and community sector. With staff who are skilled, caring and competent and treat people with dignity and respect;
- And a seamless, co-ordinated service that wraps around the needs of the patient
- You want us to make sure that patients and their families / carers are fully involved in the development of their care plan and have continued involvement throughout their care. The development of care plans should start early enough to allow time for the care package to be put in place
- You said we could reduce pressure on NHS resources by educating the public on how they can self-care, and when and where they can access services
- You don't want a postcode lottery. You want consistency in the quality and availability of care, treatments and ongoing support across Kirklees. This should include the services provided by the voluntary and community sector too
- You're interested in the emerging digital solutions that could be used to support accessing health care but have concerns about how accessible they are to all.

We also reviewed all the engagement that took place during 2019/20 to see if there were any common themes or messages raised by people from protected groups[1]. This is what you said:

- You want to see the communication and support for carers improved

[1] Protected characteristics are the nine groups protected under the Equality Act 2010. They are: ages, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion or belief, sex, sexual orientation.

- You want us to use more innovative approaches to help people from protected groups to be able to engage with us, and to involve them in the development of campaigns and services to ensure that they meet needs
- You want access for those with different communication needs to be improved by providing access to language and BSL interpreters
- Wheelchair users highlighted the need for good quality equipment that supports independence and their lifestyle
- People with long-term conditions, the elderly and vulnerable want continuity of care.

3.2 Patient Engagement Assurance Groups

Since their establishment, each CCG has had a patient engagement group with a role to provide assurance that our organisations are involving patients, carers and members of the public in line with their legal responsibilities and other duties.

Both groups meet quarterly and are chaired by our Governing Body lay person with responsibility for public and patient involvement. The topics discussed at meetings during 2019/20 were:

Greater Huddersfield CCG Patient & Public Engagement & Experience Steering Group	**North Kirklees Patient Engagement and Experience Group**
• Statement of Involvement • The Nook Group Practice engagement • NHS Long Term Plan • A week of A&E Engagement • Future of the steering group • Communications and Engagement Strategy • Assurance framework	• Communications and Engagement Strategy • NHS Long Term Plan • Future of the group • Integration update • Improvement and Assessment (IAF) patient engagement indicator • Engagement Annual Report 2018/19 • Involvement with children and young people, LGBT+ and people with learning disabilities

3.2.1 Future arrangements for the engagement assurance groups

During 2019/20 the CCGs agreed that the engagement assurance groups for the two organisations should become a single, joint group - as had already happened with a number of CCG committees and groups.

How did we engage?

To support this change, engagement took place with group members. A review of the terms of reference for the two groups was also carried out.

We asked the members of each of the groups to share their views at meetings held in May and September 2019, and via an online survey. We received 12 responses to the online survey.

What did people tell us?

The key findings from the online survey and discussions were;

Time and length of meetings - the majority of respondents were happy to hold the meetings on a Tuesday morning for two hours. Although during discussions with the North Kirklees group they questioned whether it would be possible to cover all topics within two hours, as there could be more agenda items for a Kirklees wide group.

Location of meetings - North Kirklees respondents were concerned that if meetings were held in Greater Huddersfield, their voice might be lost. Greater Huddersfield respondents discussed whether the location of the meetings should be alternated.

Membership of the group

- Some felt that the membership was right, whereas others thought that it should be more diverse and include representation from the voluntary and community sector, service users and providers
- It was suggested that there should be an induction process for new members.
- And that it would be useful to include time for development of the group and for reflection about what is working and what needs to be improved
- During discussions at the North Kirklees meeting, some highlighted the need to review the current terms of reference and provide clarity for members as to their role, any potential conflicts of interest, and how we promote the impact the group has
- During discussions at the Greater Huddersfield meeting, there was some discussion about the inclusion of VAC as a member, because the organisation was not commissioned by both CCGs.

Support for the change

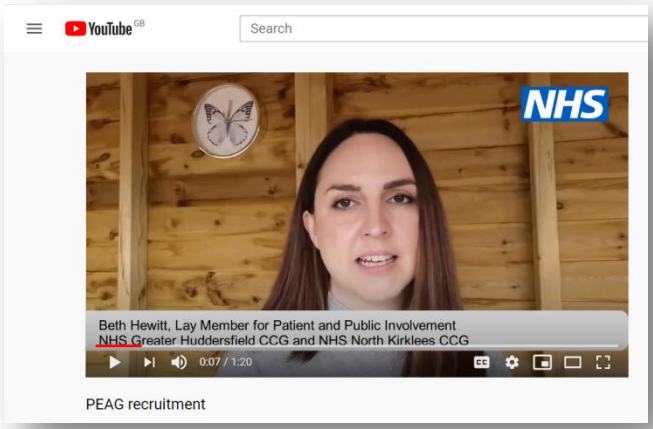
There was some support for having a joint group and people could see the potential benefits that this could bring. Some North Kirklees members expressed concern that the North Kirklees voice could be lost.

What did we do next?

Using the feedback from the survey and discussions, draft terms of reference and code of conduct for a single group were developed.

A joint session with all the existing members was held in October 2019, to give them the opportunity to share their views on the draft documents, and to discuss the recruitment of new members. The group were keen to ensure that the membership of the group was more diverse and included representation from the voluntary and community sector and service users. It was agreed that recruitment should take place in January and the first meeting of the new group would be in March 2020.

In January 2020, a campaign was launched to encourage members of the public and community / voluntary sector representatives to sign up to be a member of the group. This included a press release, newsletter articles, FAQs, and a social media campaign which included a film featuring the Chair.



The campaign resulted in the recruitment of five new members which means we now have representation from five voluntary organisations and six members of the public.

The new, joint group was scheduled to hold its first meeting in March 2020 but due to the COVID-19 outbreak this was postponed.

3.2 Patient Reference Group Networks

Each CCG has its own Patient Reference Group Network (PRGN). These networks support local patient reference groups (PRGs) within GP practices to enable engagement at practice level. Members of the networks are encouraged to cascade information to the wider practice population and encourage them to participate in CCG engagement activities. The networks also provide opportunities to work with the CCGs, learn more about commissioning priorities and take part in discussions about future plans. Network members are hugely important, they provide the CCGs with:

- Ongoing feedback about local health matters at practice level and beyond
- Feedback on communication and engagement plans, documents and reports, which helps to shape our approach
- Feedback on plans and proposals for local services, which contribute to the commissioning process
- An identification of patient priorities and concerns which helps to shape the agenda and work of the group overall.

The sharing of good practice between members and learning from others is another key feature of the group and participants have been able to develop and improve their own patient groups as a result.

The PRG networks also provide an opportunity for members to raise concerns or queries about the work of each CCG or healthcare providers. The topics that were discussed at the Patient Reference Group Network meetings in 2019/20 were:

Greater Huddersfield CCG PRG Network	North Kirklees CCG PRG Network
• GP extended access • Cancer care & screening • NHS App • Primary care networks • Non-weight bearing pathway • Hospital reconfiguration plans • Urine testing kits • Hospice support for patients and families	• 'Looking out for our neighbours' campaign • Stroke services update • Care navigation in GP practices • NHS Long Term Plan • GP extended access update • NHS app and GP online services • Primary care networks

Greater Huddersfield CCG PRG Network	North Kirklees CCG PRG Network
• Care navigation / active signposting in GP practices • GP national survey • Wheelchair services • CCG accommodation • Patient group GP practice audit • Barriers to effective patient groups • Introduction of GP online consultations • West Yorkshire Healthy Hearts initiative	• GP practice survey • Carers Count service • Embedding personalised care approaches in Kirklees • CCG Joint Operational Plan 2019/20 • Winter health campaign • Patient group awareness campaign • Patient group GP practice audit • Young people's survey

3.3 Engagement events

We invite the public and representatives of voluntary and community sector organisations to attend our engagement events. Events are just one example of our commitment to involve and engage local people in decisions about healthcare provision, keep them updated about our work, and demonstrate how public feedback has impacted upon the CCG's work. Below you will find further information about the events held during the year.

July 2019

What was the engagement about and when did it take place?

The engagement event was held on Thursday 4 July 2019 at Batley Town Hall and its main focus was primary care networks.

How did we engage?

The following presentations were delivered;

- **Update** - focused on Governing Body lay representatives; GP patient group awareness week; care navigation; Healthy Hearts campaign; and suicide prevention
- **CCGs' Operational Plan 2019/20** - provided details of the seven themes within the plan
- **Primary care networks update** - information on the development of primary care networks in Kirklees
- **Examples from primary care networks in Kirklees** - details of the work taking place in two primary care networks in Kirklees.

Following the presentations, five facilitated table-top discussions took place. The groups were asked to discuss the following questions:

- What do you hope the primary care networks will achieve / deliver?
- What are your worries about primary care networks?

What did people tell us?

Around 40 people attended, representing 11 voluntary and community sector organisations. In addition there were also participants from patient reference groups, Kirklees Council, South West Yorkshire Partnership NHS Foundation Trust, and Mid Yorkshire Hospital NHS Trust.

From the discussions some key themes emerged, these were:

What do you hope the Primary Care Networks will achieve / deliver?

- **Better use of resources** - will lead to an improvement in access to services, with reduced waiting times, an improvement in quality, and the range of services that are provided locally.
- **Prevention** - opportunity to work closely with existing organisations such as the 'community hubs and sure start school provision' to support early education around areas such as healthy eating and exercise. This in turn could reduce demand on services in later life. The role of social prescribing link workers was also seen as an opportunity to reduce the need for acute services.
- **Ability to specialise** - a primary care network or one practice within each network to take the lead on a particular health specialism such as mental health, learning disabilities, hard of hearing, autism. There was a hope that the primary care networks would specialise in things that matter most to their local populations.
- **Engaging with the public** - people were keen to be involved in the development of the primary care networks and would like to be kept informed as services become available. It was suggested that information could be emailed or sent via text to patients.

What are your worries about primary care networks?

- **Social prescribing link workers** - people were concerned that the social prescribing link workers may not be aware of all the services available in the area. There was also some concern that the voluntary sector would not be able to meet demand, and there would be a need to review funding to the voluntary sector.
- **Funding** - there was some concern about how the primary care networks are going to be run and where the staffing, training and other resources were coming from.
- **Continuity of care** - there was concern about the possible loss of continuity of care if patients are expected to travel to other GP practices for services. People did not want to have to repeat 'their story' with different clinicians.
- **Travel** - some people highlighted the difficulties in travelling to different GP practices to access care, and how this would need to be taken into account when developing services.
- **Provision of services** - some felt that there had been a lack of information about how the roles of advanced practitioners and community pharmacists would be delivered.

- **Plans** - there appeared to be no connection between the CCGs' operational plan and the primary care network plans. It was queried whether the primary care networks should identify priorities rather than CCGs.

  Some of the voluntary organisations at the event felt that they had not been engaged in the development of the primary care networks and that this needed to be addressed. There were comments about more joined up working between the CCGs, council and voluntary sector.

Where can you find out more information about this work?

A copy of the report from this event can be accessed here https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2019/08/Engagement-Event-July-2019-Report-FINAL.pdf

October 2019

What was the engagement about and when did it take place?

The engagement event was held on Thursday 17 October at Brian Jackson House, Huddersfield. It focused on the wide range of child and adolescent mental health services (CAMHS) that are available in Kirklees and was run in a marketplace format.

How did we engage?

The following presentations were delivered;

- **Update** - looked at the results from the GP Patient Survey; NHS App; CCG Annual Performance Assessments; and current CCG campaigns
- **CCGs' Joint Operational Plan 2019/20** - update on the development of the plan
- **Thriving Kirklees, our journey in the second year** - provided an overview of the work that Thriving Kirklees had undertaken to date and plans for the future.

Following the presentations attendees were able to visit the following stalls in the marketplace.

- **Thriving Kirklees CAMHS (South West Yorkshire Partnership NHS Foundation Trust)** - assessment and help for children and young people with persistent and significant mental health issues.
- **Thriving Kirklees 0-19 services (Locala)** - meeting the health needs of children, young people and their families.
- **Children's Emotional Wellbeing Service (Northorpe Hall Child and Family Trust)** - helping children and young people aged between 5 and 18 through short-term mental and emotional health support.
- **Kooth** - anonymous, online counselling and support service for children and young people.
- **ChatHealth** - Thriving Kirklees' text messaging service for children and young people and parents/carers.

What did people tell us?

Approximately 35 people attended (not everyone signed in). The discussions on stalls included:

- What does the service provide?
- Who runs the service?
- What training and support do the staff receive that delivers the service?
- Who can access the service and how do they access it?
- What are the waiting times to access the service?
- What are the opening hours of the service?
- How is the service promoted?

Where can you find out more information about this work?

A copy of the report from this event can be accessed here https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2020/01/Engagement-Event-October-2019-Report-FINAL.pdf

February 2020

What was the engagement about and when did it take place?

The engagement event was held on Wednesday 26 February at Textile Centre of Excellence in Huddersfield. It focused on the future configuration of the CCGs in Kirklees and the Digital Strategy being developed by Calderdale and Huddersfield NHS Foundation Trust.

How did we engage?

The following presentations were delivered;

- **Update** - focused on young people's survey on GP practices; the urgent community response service; and winter messages. The new Chair of NHS North Kirklees CCG was introduced.
- **Hospital services in Halifax and Huddersfield, next steps** - update on the reconfiguration of hospitals services
- **Future configuration of the CCGs in Kirklees** - an overview of the work that has been taking place to look at the future organisation of the CCGs
- **Digital Strategy** - an overview of the work that Calderdale and Huddersfield NHS Foundation Trust had been undertaking

Following the presentations five facilitated discussion groups took place and notes were taken of each of the discussions. The groups were asked to discuss two topics

- Future configuration of the CCGs in Kirklees
- Using digital technology

What did people tell us?

43 people signed up to attend the event and approximately 28 people attended. The key themes from the discussions were:

Future configuration of the CCGs in Kirklees

Benefits

- Reducing duplication for commissioners and providers
- Better use of resources

- Stronger voice
- Provide consistency in commissioning decisions
- Natural progression

Concerns

- Centralisation of services
- Loss of local voice
- Reduction in resources
- Different acute trust footprints
- Access to services
- Primary care networks leading to variation in the quality of services

Anything else?

- Impact on health inequalities
- Transparency of savings
- Perception of CCGs
- Communicate benefits to patients, staff and providers

Using digital technology

What is the most frustrating thing you see for patients and their families every day?

- Poor communication
- Patient records not being shared across services
- Lack of continuity of care
- Difficulties accessing services

How do we think digital can help?

- Being able to access services online such as booking appointments, and service directories
- Not everyone has access to online services

What's the barrier to using digital? What's the 'yes, but…' that is holding digital back?

- Lack of understanding about how to use technology

- Cost of using technology
- Privacy and security
- Knowing who to trust online
- Not everyone wants to use technology

What 'digital thing' has transformed a part of your day, or your family's life?

People talked about the benefits digital technology had brought to them as individuals with visual impairments, hearing impairments, wheelchair user, problems with short-term memory, dyslexia and allergies. Some examples of how this had helped them were:

- **App for people with autism** - provides advice, guidance and support of what to do in situations, such as the bus doesn't turn up
- **iPhone** - benefits for person with visual impairment has enabled them to access books, newspapers, GPs, can take a photograph of a person and phone will identify who it is, and travel information
- **Apple watch** - has ability to detect if you fall over and can make an emergency call. Can monitor heart rate
- **Google translate** - have allergies but can use this when on holiday to be able to communicate in restaurants to tell them about allergies and also read the menu
- **Doorbell** - has facility to flash in another room so person with hearing impairment is aware that someone is at the door
- **Virtual appointments** - could be of benefit for some people, especially those that are unable to leave the house due to physical and / or mental health reasons
- **Not for everyone** - Need to be mindful that not everyone uses / can use technology.

Stand in the digital future - how will we know we've been successful? What will things look and feel like?

- Improvement in patient experience
- Patient records are shared
- Improvement in communication
- Use of a wide range of technology
- Improved efficiencies

Describe great service that you received that involved 'digital'.

- **Apps** - such as Uber, 'what 3 words', and google maps
- **Virtual assistants** - such as google home, and being able to turn their heating on before getting home
- **Online services** - being able to book online, do online courses, access NHS online counselling services that were available such as Kooth, and live chat services
- **Text services** - being able to receive text message reminders
- **Monitoring** - discussion about dementia care and how digital support e.g. where people could be monitored remotely for falls etc
- **Not for everyone** - acknowledged that some people did not want to/could not engage with digital resources

Where can you find out more information about this work?

A copy of the report from this event can be accessed here https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2020/03/Engagement-Event-February-2020-Report-FINAL.pdf

3.4 Equality delivery system 2 (EDS2)

What was the engagement about and when did it take place?

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 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.

The CCGs worked in partnership with South West Yorkshire Partnership NHS Foundation Trust, Mid Yorkshire Hospitals NHS Trust, and Locala to deliver a joint approach to engaging with local communities and delivering the EDS2.

In response to feedback from participants and organisations from the previous EDS2 activities, the format of the EDS2 event in 2019-20 was changed from a formal panel to a more informal market place style. The event was held at the Huddersfield Mission and the theme this year was patient experience and complaints. The half-day event was held on 11 March 2020.

How did we engage?

To maximise attendance and increase diversity, invitations were sent out from each organisation to their stakeholders. These included members of the Community Voices programme, NHS trust members, local equality forums, patient reference groups and the voluntary, community and social enterprise sector representing a range of protected characteristics.

The CCGs showcased the work it had undertaken on improving the access and experience of people with learning disabilities, patients using wheelchair services, and patient participation groups.

Attendees visited each of the stalls and had the opportunity to ask questions. Following these conversations they then used stickers to grade the evidence. They were allowed to vote once per organisation on the evidence.

What did people tell us?

A total of 24 voluntary, community and social enterprise and patient reference group representatives, plus members of the public attended the event.

The CCGs self-assessed as **developing.** The panel acknowledged that some aspects of the work around patient access and experience for protected groups are extremely good but the overall score for the CCGs was **developing**. This means that the health needs of people from **some** protected groups are considered.

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

- Translation and interpreting service provision should be improved to enable better access to and experience of mental health services for BAME communities
- Mental health services provided outside of Kirklees were less likely to have cultural/faith awareness or employ BAME staff leading to poorer patient experience and outcomes. There should be mechanisms for BAME patients to give feedback
- Informing people and engaging with people about changes to services could be improved by: informing people earlier, lengthening timescales for engagement, and improving accessibility to enable more meaningful engagement
- Accessibility in health services needed improvement, particularly for disabled people and those with impairments. Both in relation to access and experience, and being able to provide feedback which is responded to in a timely manner and acted upon
- Concerns were expressed that some people were excluded from joining patient reference groups because of access issues or accessibility needs not being met.

After the event attendees were emailed an evaluation survey, a paper version was also made available. Five people completed the survey. The majority found the event interesting and informative. Most people appreciated the change to a more informal event, though there were recommendations for further improvements in relation to accessibility. They appreciated the venue but would have preferred more space. Some felt there was still too much information, though it was easier to understand and digest, and would have valued more time with providers to discuss the information. People who had not previously participated in an EDS2 event would have liked more information prior to the event and guidance around participating.

There was feedback about the content of the boards being inaccessible - accessible versions of content were not available from some organisations, some displays used smaller sized fonts and people couldn't get close enough to see them.

Presenters said they preferred the approach as they were able to showcase their improvements and were more able to have a dialogue with attendees and understand their needs better.

What did we do?

The comments and recommendations made by the grading panel and the assessment of workforce related performance will be used to inform new equality actions for the CCGs.

The CCGs and local healthcare providers are committed to continuing the positive dialogue with local stakeholders representing protected groups and will support this work by attending regular Equality Health Panels throughout the year.

Where can you find more information about this work?

A copy of the report can be accessed here https://www.northkirkleesccg.nhs.uk/about-us/equality-and-diversity/

3.5 Equality objectives: young people's experience of primary care

What was the engagement about and when did it take place?

Our CCGs agreed a set of shared equality objectives for 2018 - 2022. These objectives have been developed following involvement with the local voluntary, community and social enterprise sector, staff and public sector partners. They include:

Objective 1: Improve access to GP practices for specific equality groups

Years 1 & 2 - LGBT & young people

Years 3 & 4 - BME & Carers

To support the delivery of objective 1, we carried out engagement to capture the views of young people about their experience of attending their GP practice. We were asked to target those aged between 12 and 25 years, registered with a GP in Kirklees.

The engagement was scheduled to run for 6 weeks from Monday 20 January 2020 to Monday 2 March 2020. However, a number of organisations requested that this be extended to allow them more time to engage. The deadline was therefore extended to 16 March 2020.

How did we engage?

We provided the opportunity for people to have their say using a survey. We shared the survey widely with community and voluntary groups and other partners across Kirklees.

In addition, we commissioned Healthwatch Kirklees to develop visual content to support a targeted promotional campaign aimed directly at young people. Initial visuals were tested with the audience and refined before being used.

The visuals were incorporated into a poster, which was circulated to schools, GP practices and youth organisations. Posters included a QR code for ease of access on smartphones. We shared copies of the survey with GP practices so that they could be

made available to patients. The visuals were also used extensively across our social media channels.

We also worked with Community Voices - individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. We identified and made contact with Community Voices that have a focus on young people to offer them the opportunity to support the engagement. Community Voices were encouraged to use the most appropriate engagement mechanism for young people they would be engaging with. This could include creative methods such as focus groups and capturing case studies.

What did people tell us?

We received 283 completed surveys. The key themes from existing data and this survey were as follows:

- **Health concerns** - if young people were concerned about their health they would be most likely to discuss it with a family member, ring the GP surgery or use Google.

  Children and young people aged 16 and under were more likely to discuss it with a family member or ring the surgery. Those aged 17-25 had a stronger preference than the younger age group for checking an online website or app (like NHS Choices), Google, or ringing 111.

- **Booking appointments** - nearly all children and young people aged 16 and under had their appointments booked for them by their parent or carer, whilst those aged 17-25 were more likely to book their own appointment. For some of those that have their parent or carer book their appointments this is due to having to discuss the reason for their appointment with the receptionist. Most people made their appointments over the phone.

- **Availability of appointments** - most young people had not found it difficult to access appointments. Those that had found it difficult said they would prefer a more flexible, easy-to-use booking system with quicker access and shorter waits to be seen. They also wanted there to be same-day and advance appointments available.

- **Communication** - most felt that they understood what they had been told and felt that the doctor / health professional used simple terms. Some described how they felt confident to ask questions if they were unsure. Although some said their doctor / health professional sometimes used complex language.

- **Treatment** - many felt that they had been listened to and provided with the care / support that they needed. Although some people described how they didn't feel that their doctor / health professional understood their condition, took the time to listen to their concerns or answered their questions. This left them feeling that they hadn't received the correct treatment for their condition. A few people described how not all the doctors / health professionals they came into contact with treated them with the same level of care and understanding.

- **Overall experience** - the majority of people described their experience of using their GP practice as either fantastic or good. They felt they had been listened to and provided with the care / support that they needed. Some described how caring and understanding the doctors / health professionals had been with them. And talked positively about the receptionists at their practice.

  Those, that didn't feel their experience was fantastic or good said they didn't feel their doctor / health professional understood their condition or took the time to listen to their concerns or answer their questions. A few people mentioned difficulty in accessing appointments, and also having to spend a long period of time in the waiting room.

Of those that responded to the survey, 16% (41) of respondents said that they identified as LGBT and 4% (10) were not sure. Based on feedback from this and previous engagement activity the main issues raised were:

- **LGBT issues** - many young people identifying as LGBT feel that GPs and health professionals don't have an understanding of LGBT issues, especially those around gender. They feel that GPs need to be educated about LGBT issues and they need to listen to young people.

  In previous engagement activity some of the young people felt that they had a better understanding than the GP about the referral process to the gender clinic and were

frustrated when referrals weren't put in place. They also felt that GPs need to understand that names may change when young people are transitioning.

We also analysed the feedback by protected characteristics to understand if there were any trends or differences in responses by particular communities or groups. The following recommendations were made by the CCGs' Equality Team:

- Training for clinicians, particularly GPs, in relation to the clinical and other needs of LGBT patients, young people with disabilities or mental health needs; and overall, improving communication skills with younger age groups
- Training for reception staff in customer care and equality, particularly around the needs of LGBT people, BAME communities, and those who have disabilities or mental health needs
- Provision of more accessible online systems, both for prescriptions and appointments or reasonable adjustments made
- Greater flexibility in appointments and waiting times to be improved
- Practices to meet their obligation in relation to the Accessible Information Standard and to audit the accessibility of practice buildings and address access issues or make reasonable adjustments
- Provision of unisex or gender neutral toilets
- Improved provision of and access to sexual health services
- Quiet waiting room for people with anxiety or neuro-diverse conditions.

What did we do?

The report of findings will be shared with the following groups within the CCGs, Calderdale and Kirklees Equality Objectives Steering Group, the Patient Engagement Assurance Group and the Practice Quality and Contracting Group.

The Primary Care Team will also support GP practices to ensure that young people and those identifying as LGBT are supported in the right way. The information will be used to identify any service improvements and access to GP practices by individual practices.

Where can you find more information about this work?

A copy of the engagement report can be accessed here https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2020/06/Young-people-engagement-report-FINAL-May-2020.pdf

3.6 Equality objectives – update on improving engagement with LGBT and young people

What was the engagement about and when did it take place?

Our CCGs have agreed a set of shared equality objectives for 2018 - 2022. These objectives have been developed following involvement with the local voluntary, community and social enterprise sector, staff and public sector partners. They include:

Objective 2: Improve engagement with specific equality groups:

- **Years 1 & 2 – LGBT & young people**
- Years 3 & 4 – BME & Carers

How did we engage?

In 2018/19, as part of a two-year programme of work, we commissioned VAC, a charity which provides a range of infrastructure services to local organisations, to undertake a project to help us understand how the CCGs could improve engagement with two specific equality groups: LGBT and young people. You can find details of the work undertaken and feedback here.

During 2019/20, we used the feedback and recommendations from VAC to commission the Brunswick Centre, a charity providing a range of counselling, support and training services predominantly for the LGBT community, to develop a specialised toolkit to support the CCGs and our partners to better engage adults and young people from LGBT communities.

We also commissioned VAC, to produce a separate toolkit to help us develop and improve our engagement approach with young people.

What will we do next?

Once finalised, these toolkits will be used by the CCGs to improve how we communicate and engage with LGBT communities and with young people. We will monitor our engagement activity to establish if our approach leads to an increase in engagement from these groups. We have also agreed to share these toolkits with partners across Kirklees and the wider West Yorkshire and Harrogate area.

Where can you find more information about this work?

We will publish the toolkits on our websites once they have been completed.

3.7 NHS Long Term Plan and CCG Operational Plan event

What was the engagement about and when did it take place?

The purpose of the event was to provide an overview and explain the content of the CCGs' joint Operational Plan and the NHS Long Term Plan. There was a focus on personalisation and digitalisation.

How did we engage?

The event included a presentation on the CCGs' Operational Plan and the NHS Long Term Plan. Following the presentation there was an introduction to the interactive zones and participants were asked to visit each zone and share their views. The interactive zones were:

- Feedback wall - digital technology
- Discussion group - personalised care
- Film - general thoughts and ideas on the NHS
- Artwork - CCGs' Operational Plan and NHS Long Term Plan

In addition people were able to make a pledge.

What did people tell us?

65 people attended the event and shared their views.

Feedback wall - digital technology

We asked people to tell us how they currently use the digital technology.

Key themes

- Prescriptions online: people found this service easy to use
- Online appointments
- Blood pressure monitoring

- Using technology to ensure services are more efficient
- Good idea to have information available online and can be used in conjunction with pharmacy/ local services
- Some liked the idea of talking to a healthcare professional via SKYPE and felt it would fit in with their busy lives, reduce time off work and the need to travel, and for people with complex needs who struggle with or do not like clinical settings
- Online conversations could involve more than one health care professional to support complex health needs and integrated working

Discussion group - personalised care

We asked people to tell us the three most important things about the care they receive.

The key messages from these discussions were:

- Listen to me, I know my body
- Explain my medication
- Make time to listen and understand
- Treat me as an individual
- Make things easier to navigate, simplify things
- Give carers a break and include them
- Help people get the services they need
- Jointly discuss and co-produce together
- Continuity of care means seeing the same person

Film zone - general thoughts and ideas

Twelve films were produced from the film zone. Prior to attending the film zone each participant was provided with the following questions to give them the opportunity to think about what they would like to say:

- Tell us up two things you do to stay healthy
- Tell us up two things the NHS could do differently to help you stay healthy
- What are the three most important things to you when talking to professionals about your care? Would you like to suggest anything else?
- If you could change one thing about the NHS what would it be?

When it came to the filming, people were given the option to answer the questions they had been provided with or focus on a particular topic or ‘burning issue’ that they had. Nine chose to answer the questions provided, whilst four people focused on a ‘burning issue’.

The additional themes were:

- Staying healthy
- Communication
- Improvements to NHS

Artwork zone – CCGs' Operational Plan and NHS Long term plan

Those attending created a piece of artwork to describe their hopes for the NHS Long Term Plan and the service areas the Operational Plan could address.

What did we do?

The feedback from the event was used to support the further development of the CCGs' Operational Plan 2019/20.

Where can you find more information about this work?

A copy of the report from this event can be accessed here https://www.northkirkleesccg.nhs.uk/wp-content/uploads/2019/07/LTP-EVENT-REPORT.pdf

3.8 Wheelchair services procurement

What was the engagement about? When did it take place? How did we engage?

Over the past few years, the CCGs in Kirklees and Calderdale have been working with Healthwatch, voluntary and community sector organisations and service users to listen to their experiences of using the wheelchair service and to work together to develop a new service specification to better meet the needs of local people. You can find more details about the work undertaken to date here.

The service specification was agreed by the Governing Bodies of the three CCGs in February 2019, and the procurement process began. To support and inform the procurement we set up a service user reference group. All those that had been involved in the development of the service specification were invited to be part of the procurement process. Their involvement included:

Wednesday 13 March 2019 – a meeting was held with the service user reference group to explain the procurement process and to agree the questions that the bidders would be asked to answer as part of their presentation on the bidder presentation day.

Friday 29 March 2019 - bidder evaluation session. The service user group met to go through each of the bids. Their task was to review the responses to the questions and agree a score for each. Questions for the evaluations were created from the findings of all the engagement and service specification content.

Tuesday 23 April 2019 – bidder presentation day. The presentation was based on questions designed by the group. Members of the group were invited to listen to the presentations and provide feedback on the strength of the presentations.

Feedback was shared with the procurement panel for consideration as part of the evaluation process.

Friday 10 May 2019 – a consensus meeting was held to go through the scores for each of the questions. A representative from the service user reference group was invited to attend the part of the meeting where the questions that they had scored were being discussed.

What did people tell us?

We captured the views of the people that had been involved in the procurement process on video https://youtu.be/cqourbFooRg

They told us that they were pleased that we had involved wheelchair users as part of the procurement process; that they had felt that they had been able to share their views and opinions; that we had listened to them; and they felt that they had been able to help develop a service that will meet the needs of wheelchair users.

They also gave suggestions on how the new provider could continue to involve them in the development of the service.

What did we do?

In October 2019 the new provider took over the contract for the provision of wheelchair services. As part of their commitment to ongoing user involvement, the provider has developed its own service user engagement activity that reflects and builds on the learning and experience gained by the CCGs over the past several years.

Where can you find more information about this work?

You can access more information here https://www.northkirkleesccg.nhs.uk/get-involved/you-saidwe-did/wheelchair-services/

3.9 Nook Group practice consultation

What was the engagement about and when did it take place?

In spring 2018, the GP for the Nook and Clifton House practice in Huddersfield resigned. NHS Greater Huddersfield CCG put temporary measures in place to ensure that patients registered at the practice could continue to access GP services until consultation was undertaken with patients and a permanent solution was agreed.

Oakland Health Centre took over the practice on a temporary basis. It was not able to provide services from the Clifton House premises so patients were offered the option of attending at Slaithwaite Health Centre or existing premises in Salendine Nook. The practice was renamed The Nook Group Practice

In line with NHS guidance and legal duties, the CCG undertook a consultation process with patients and key stakeholders to inform the decision-making process.

Oakland Health Centre indicated that they were only able to provide GP services on a temporary basis as other commitments prevented them from doing so permanently. This meant the CCG had two options on which to consult:

- Option 1: The CCG will look for someone else to provide GP services
- Option 2: Close The Nook Group Practice and support patients to register with another practice. This option is known as 'list dispersal.'

How did we engage?

To support the decision making process an eight week consultation (27 August 2019 – 21 October 2019) took place. Letters were sent to every household registered at the practice to let them know about the consultation and to give them the opportunity to share their views. In addition, drop-in sessions were held and information was included on the practices website and placed in the waiting area.

Information was also circulated to Kirklees Health and Adult Care Scrutiny Panel, local councillors, MP and Healthwatch Kirklees.

What did people tell us?

We received 165 responses to the survey and one letter. The drop-in sessions were attended by 47 people.

Of those completing the survey:

- 93% (148) felt that they had received enough information about the options
- 68% (110) felt that there would be an impact on them if the CCG found a new provider (option 1)
- 81% (127) felt that having to registering with another practice in the local area would have an impact on them (option 2)

The key themes from the feedback were:

- People were keen to retain the service at Salendine Nook
- Many talked about the convenient location and how easily accessible the practice is via public transport, on foot and by car
- People mentioned the convenience of having a chemist located nearby
- Most people were happy with the service that they were receiving
- People were concerned about having to travel further to access a GP practice. They talked about the difficulties of using public transport and the extra time and cost of having to travel further
- Some people were worried about having to develop a relationship with a new GP, especially those that had been patients for many years
- They queried how they would register with a new practice and whether the CCG would allocate them a practice or if they had a choice
- People were worried about local GP practices' capacity, and whether it could lead to surgeries being oversubscribed – impacting on quality of services and waiting times
- There were comments about an increase in patient numbers due to new housing developments
- A few people mentioned that they were accessing services at Slaithwaite and would continue to do so.

What did we do?

The information gained through this consultation was considered by the CCG's Primary Care Commissioning Committee. A decision was made by the Committee to look for someone else to provide GP services (a new service provider).

A procurement process was carried out and in February 2020, Fieldhead Surgery was awarded the contract to provide GP services for patients. The practice was re-named Nook Surgery.

Patients registered with The Nook Group Practice were automatically registered with the new provider and are only able to access GP services at Salendine Nook. Patients were also provided with information about how to register with a different GP if these arrangements did not suit them.

Where can you find more information about this work?

You can view a copy of the consultation report here https://www.greaterhuddersfieldccg.nhs.uk/wp-content/uploads/2020/01/Nook-Consultation-Report-Final-1.5.pdf

Appendix A - 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 here

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).

Appendix B - Patient and Community Engagement Indicator

In 2017/18 a new 'patient and community engagement' indicator was introduced. The indicator is part of the CCG Improvement and Assessment Framework (IAF) and as such it forms part of our overall CCG assessment.

The indicator is based on assessing 10 'key actions' which enable CCGs to demonstrate they meet their statutory duties. The ten 'key actions' for CCGs and NHS England on how to embed involvement in their work are:

Domain	Rating 2018/19	
	GHCCG	NKCCG
Domain A – Governance • Involve the public in governance • Implement assurance and improvement systems • Hold providers to account	Outstanding	Outstanding
Domain B – Annual Reporting • Demonstrate public involvement in Annual Reports	Good	Good
Domain C - Practice • Explain public involvement in commissioning plans • Promote and publicise public involvement • Assess, plan and take action to involve • Provide support for effective engagement	Good	Good
Domain D – Feedback and evaluation • Feedback and Evaluate	Good	Good
Domain E – Equalities and health inequalities • Advance equality and reduce health inequality	Good	Good
Overall RAG rating	Green	Green

Get in touch | Contact details

If you would like to be involved in the future work of NHS Greater Huddersfield and North Kirklees Clinical Commissioning Groups or would like to share your views on local health services, please contact us in any of the following ways. If you need this report in another format, for example, large print, audio tape or in another language, please call our Communications Team on 01924 504900.

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