Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Creating a single clinical commissioning group for Kirklees

Final Engagement Report

March 2021

Contents

1. Executive Summary

NHS North Kirklees and NHS Greater Huddersfield Clinical Commissioning Groups intend to merge and create a new organisation from 1 April 2021.

The purpose of the communications and engagement activity was to tell the general public and key stakeholders about our intention to merge and seek their views about the creation of a single commissioning organisation for Kirklees.

The engagement was undertaken over the Christmas and New Year periods and during a global pandemic when direct contact with individuals was limited. We therefore agreed to run a formal engagement process with the general public and key stakeholders over an eight-week period rather than the typical six-week period, starting week commencing 7 December 2020 and ending on 31 January 2021.

In addition, it was agreed that Community Voices training for new Community and Voluntary Sector (CVS) organisations, would include as part of their practical test asking their communities for their views on the CCG merger. As the practical test would be taking place during February 2021, after the engagement had closed, it was agreed that an interim report would be produced feeding back the findings from the main engagement activity, and this final report incorporating the feedback from the Community Voices would be produced in March 2021.

For the formal engagement process, we used a range of communication and engagement mechanisms to let people know about our plans and how they could have their say. We received feedback on the engagement via;

- **Engagement event** – 41 people attended with representatives from 17 groups / organisations
- **Discussion groups** – 7 people attended representing 6 groups / organisations
- **PRG Network meetings** – 21 people attended representing 14 GP practices
- **Community Voices meeting** – 7 people attended representing 6 organisations
- **Survey** – 116 people completed the survey

The key themes raised through these mechanisms were:

The majority of people were supportive of the change and felt that it was a natural progression which would give the CCG a stronger voice; provide consistency in commissioning decisions; improve partnership working and would be a better use of resources.

The main concern expressed was that it could lead to a Huddersfield centric organisation that is unable to meet the needs of all of its communities, particularly those in more deprived areas. This was a particular concern expressed by those that live in or represent North Kirklees, and people from a black ethnic group were more likely to express concerns about the impact on people from communities with higher levels of deprivation.

People were also concerned that:

- That this is a cost cutting exercise and to achieve equitable provision across Kirklees, rather than levelling up, service provision will be levelled down to save money. Leading to services no longer being provided or to people having to travel further to access services.
- A bigger overall footprint could lead to a loss of local knowledge and an inability to understand the needs of local communities.
- That the CCG would have a 'one size fits all' approach and would not be able to meet the needs of its diverse population and address health inequalities, specifically those in communities with higher levels of deprivation.
- That it could lead to a reduction in staff which in turn could mean an inability to commission services effectively, and a loss of local knowledge.
- Any changes being made now would support the direction of travel being proposed in the NHSE/I consultation on Integrated Care: next steps to build strong and effective integrated care systems across England.
- The challenges of working with two Acute Trust providers that provide services across other areas. And whether this could lead to neighbouring CCGs taking funding provided to Kirklees to support patients in Wakefield/Calderdale/ Leeds/Bradford.

Suggestions for how to provide assurance were to:

- Work and invest in deprived communities to tackle health inequalities

- Make sure that we don’t have a one size fits all approach and invest where investment is needed. And to recognise that across Kirklees different communities have different needs.
- Ensure that patients aren’t expected to travel to Huddersfield for services that they currently access in North Kirklees.
- Hold meetings in locations across Kirklees to show that the CCG represents all of Kirklees
- Ensure that Governing Body and CCG committees include representatives from across Kirklees

Feedback from our PRG Network meeting, discussion groups, and Community Voices was that the response from the public on the engagement would be low as the majority of the public are more interested in GP and hospital services.

In addition to the engagement with the general public and key stakeholders we also engaged with our staff. As we had previously received feedback from staff via a survey in summer 2019, the focus on the engagement this time was checking back with staff to see if their views had changed since they had last completed the survey, and to give any new staff the opportunity to have their say.

Through discussions via team meetings, staff briefing sessions, and staff forum the clear message that we received from staff was that they didn’t have any concerns about the merger and were happy with the mechanisms in place to keep staff updated.

2. Background

NHS North Kirklees and NHS Greater Huddersfield Clinical Commissioning Groups intend to merge and create a new organisation from 1 April 2021.

The NHS Long Term Plan and operational guidance signalled that CCGs needed to become leaner, more strategic organisations. A single CCG in Kirklees supports this direction of travel and will help us to deliver the priorities set out in the plan.

Greater Huddersfield and North Kirklees CCGs have been working closely together for some years and share a Chief Officer and senior management team. The Lay Members and Secondary Care Advisor on our Governing Bodies and many of our staff also work across both CCGs. The CCGs have a shared commissioning strategy as well as consistent policies and processes. In December 2019, the CCGs moved into a shared HQ. Becoming one CCG is the next logical step and the best way to support the needs of the population into the future.

In moving towards this position, we have been very clear about the importance of maintaining the relationships each CCG has with its local community. To support this, our staff are able to work from a range of premises across Kirklees, including those owned by Kirklees Council, NHS and community organisations. We also plan to keep our current local arrangements for engaging with people and health professionals.

A merger would not result in a change to commissioned services and it is therefore not a legal requirement for the organisations to formally consult the public. However, both CCGs recognised the high level of interest in their work and acknowledged that such a change could impact on their relationships with local people and stakeholders, and on that basis, it was good practice to seek views. Furthermore, NHS England strongly recommends that CCGs undertake proactive engagement in relation to mergers in their guidance published in June 2019.

We engaged with stakeholders, partners, the public and staff as part of a process to help shape the new organisation.

3. Our responsibilities, including legal requirements

The legislation we must work to when delivering any engagement is set out below.

a. Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure that health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals 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
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

The Act also updates Section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

b. The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act - age, disability, gender reassignment, marriage and civil partnership, pregnancy and maternity, race, religion and belief, sex and sexual orientation. Section 149 of the Equality Act 2010 states that all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance ‘Equality of Opportunity’, and c) foster good relations. All public authorities have this duty so partners will need to be assured that “due regard” has been paid through the delivery of engagement and consultation activity and in the review as a whole.

c. The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided, and
- In the decisions to be made affecting the operation of those services.

d. Principles for Communications and Engagement

The CCGs have a Communications and Engagement Strategy. The strategy has been developed alongside key stakeholders. The strategy sets out an approach to engagement and communications which describes what the public can expect from any engagement activity. The engagement and communications principles in the strategy state that in developing and delivering our communications and engagement activities we will:

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

The strategy sets out what the public can reasonably expect the CCGs to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met.

4. Engagement process for general public and key stakeholders

a. Aims and objectives

The purpose of the communications and engagement activity was to tell the general public and key external stakeholders about our intention to merge and seek their views about the creation of a single commissioning organisation for Kirklees.

The engagement was undertaken over the Christmas and New Year periods and during a global pandemic when direct contact with individuals was limited. We therefore agreed to run a formal engagement process with the general public and key stakeholders over an eight-week period rather than the typical six-week period, starting week commencing 7 December 2020 and ending on 31 January 2021.

In addition, it was agreed that Community Voices training for new Community and Voluntary Sector (CVS) organisations, would include as part of their practical test asking their communities for their views on the CCG merger. As the practical test would be taking place during February 2021, after the engagement had closed, it was agreed that an interim report would be produced feeding back the findings from the main engagement activity, and this final report incorporating the feedback from the Community Voices would be produced in March 2021.

b. Communications and Engagement mechanisms

No single communications channel would be effective in reaching all our audiences, so we used a range of different approaches. We used a survey as the main way to gather views and promoted this as widely as possible using a range of methods. We also identified and targeted a number of key stakeholders such as those we commission or work in partnership with, for example, local NHS providers and commissioners and Kirklees Council. The main audience groups for this engagement are set out below.

We used the following methods to engage:

i. Engagement document

An engagement document setting out the details of the engagement and how to respond was published in electronic format for circulation and use on websites (see Appendix A). The document was made available in alternative formats on request. The document had been developed using feedback from discussions held with our Patient Engagement Assurance Group (PEAG).

ii. Survey

An online survey was developed and used as the main way of gathering feedback. The survey was disseminated in electronic format and available on CCG websites (see appendix B). The survey was available in alternative formats on request. It was promoted via the mechanisms indicated below.

iii. Public engagement events

The CCGs hold joint quarterly public engagement events. These events provide an opportunity for us to seek views from members of the public, patients and community and voluntary sector colleagues. We highlighted the engagement opportunity at our event in December 2020 and gave participants an opportunity to have their say.

Due to current COVID-19 restrictions the event was held online.

iv. Discussion groups

We gave the key stakeholders and members of the public the opportunity to participate in one of two discussion groups that were held during January 2021.

v. Website

We published information on both CCG websites, including a core narrative, Q&As, and survey (see Appendix C).

vi. GP practices/patients

Given the current COVID-19 restrictions, it was difficult for our practices to share information with registered patients in the usual ways. Nevertheless, we asked them to use their own newsletters, websites, social media channels and patient groups to encourage participation.

We also shared this information with members of our CCG Patient Reference Group Networks and included it as a discussion topic at the meetings held in January 2021.

vii. Community and voluntary sector (CVS)

We disseminated the survey and related information to community and voluntary sector (CVS) contacts using our dedicated database. We encouraged CVS organisations to share the survey widely through their own networks.

And we shared with Kirklees Council's Community Plus team.

viii. Community Voices

Community Voices is about capturing the views of residents, especially those who are seldom heard, specifically in relation to health. The programme supports voluntary and community sector organisations to undertake training for their staff or volunteers to become an accredited 'Community Voice' and then seek the views of the organisation's members to inform health service changes. The CCGs commission Voluntary and Community (VAC) to deliver the Community Voices programme on their behalf. VAC is a charity championing, supporting and strengthening the positive impact of the Voluntary & Community Sector (VCS) on local lives and communities. Based in Calderdale, VAC supports organisations across Calderdale, Kirklees and further afield.

We shared with our Community Voices at a peer to peer meeting held in December 2020 and used this as an opportunity to gain their views on how best to engage with those who are seldom heard and their views on the merger.

In addition, it was agreed that Community Voices training for new CVS organisations, would include as part of their practical test asking their communities for their views on the CCG merger. The following organisations signed up to the training:

- Stocksmoor Village Association
- Local Services 2U
- Al Mu'minun the believers
- Nia Community Collective

- Bizzychillsocials
- Pursuit of Happiness
- Dewsbury Community Street Kitchen
- Take Ten

ix. Letter

We wrote to key partners and sought their views. This included organisations we commission or work in partnership with, for example, neighbouring CCGs, local NHS providers and commissioners, Healthwatch Kirklees and Kirklees Council.

x. Partner and provider organisations

We provided information to our partners and providers across Kirklees and requested that they share it with their staff and services users.

xi. Media releases

We used press release/s to raise awareness of the survey with the wider public (see Appendix D).

xii. Social media

We shared details of the engagement opportunity via our social media channels and encouraged our followers to re-tweet and share content (see Appendix E).

xiii. Health Matters

We produce an e-bulletin every quarter, designed to update stakeholders and members of the public about the work of the CCG, 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 websites. The December issue of the bulletin included an article about the merger (see Appendix F).

xiv. Healthwatch Kirklees

Healthwatch Kirklees helped us to share our survey and further information using their website, patient groups and other communication channels.

c. Who we involved

Below, we have identified the main audience groups for this work and mechanisms that we used to reach them during the engagement process. A full stakeholder map can be found in appendix G.

Audience Groups	Delivery Method
General public/people who use services, carers and families	• Survey • Partner and provider communication channels • Community and voluntary sector communication channels • GP practices/patient groups • Media releases • Social media • CCG websites • CCG public engagement event • Discussion groups • Healthwatch
Health scrutiny function, Health and Well-being Board	• Meetings • Discussion
NHS and non-NHS provider organisations	• Letter • Information provided to cascade to staff and patients • Plus, all above mechanisms
Partner organisations including neighbouring CCGs, Kirklees Council Executive Team, West Yorkshire & Harrogate ICS	• Letter • Survey
Healthwatch	• Letter • Information provided to cascade to public • Follow-up calls to discuss how they wanted to be involved and how they could support the engagement

Audience Groups	Delivery Method
MPs and councillors	• Information provided via council channels • Face-to-face and written MP briefings • Plus, all above mechanisms
Media	• Media releases / s and statements
Member practices, federations & LMC	• Information provided for cascade to staff, patients and practice patient groups • Information provided through, for examples, GP bulletins, intranet, engagement meetings • Plus, all above mechanisms NB a separate engagement activity was undertaken to seek views of member practices, LMC and federations

5. Engagement process for staff

a. Aims and objectives

The purpose of the communications and engagement activity was to keep staff up to date on the discussions being held, the progress made, and to give them the opportunity to share their views.

As we had previously received feedback from staff via a survey in June 2019, the focus of the engagement this time was checking back with staff to see if their views had changed since they had last completed the survey, and to give any new staff the opportunity to have their say.

A separate process was set up to manage the HR process for Governing Body members and TUPE arrangements for staff.

b. Communications and Engagement mechanisms

We used the following methods to ensure staff were kept up to date and to give them the opportunity to share their views:

i. Survey

An online survey was developed and promoted via the mechanisms indicated below (see Appendix H).

ii. Staff briefings

Regular updates on the progress being made, and reminders of how people could share their views were provided at the following staff briefings.

- 3 November 2020
- 17 November 2020
- 24 November 2020
- 8 December 2020
- 15 December 2020
- 22 December 2020
- 5 January 2021
- 12 January 2021
- 19 January 2021
- 2 February 2021

Due to current COVID-19 restrictions staff briefings were held online.

iii. FYI newsletter

The CCGs publish a fortnightly newsletter which is emailed to all staff and published on the intranet. Articles were included in the following editions:

- **6 November 2020** – advising that discussions had commenced with GP practices.
- **20 November 2020** – advising of progress made with the discussions and that Governing Body would be holding an Extra Ordinary meeting to discuss the proposal to merge.
- **4 December 2020** – update that there was support from Governing Bodies to move forward with plans to create a single CCG for Kirklees from April 2021
- **8 January 2021** – advising of progress to develop a new joint Governing Body, and informing staff of how to share their views, ask questions or find out more information
- **22 January 2021** – reminder on how to share their views, ask questions or find out more information. And information on the TUPE process.

iv. Intranet

We set up a dedicated page on the staff intranet about the merger of the CCGs. This included an overview of progress to date and next steps; the implications for staff, including TUPE information; and FAQs.

v. Team meetings

Teams were also encouraged to discuss the merger and to feedback any questions / comments / suggestions.

vi. Email

In addition to the above mechanisms, staff were also emailed updates on progress if it was deemed that it would not be appropriate to wait until the next edition of FYI or staff briefing.

vii. Staff Forum

At their meeting on 14th January 2021, they discussed whether they wanted to be more involved in the process and if they had any suggestions of how staff should be engaged.

Members of Staff Forum agreed that they were happy with the current mechanisms in place for staff to share their views and did not feel any additional involvement by the Staff Forum was required.

6. Equality

To ensure the engagement process met the requirements for equality, the CCGs must evidence that due regard has been paid to their equality duties.

Engagement activity was designed to ensure it was appropriate to the target audience, with materials adjusted to ensure accessibility where necessary. Care was taken to ensure that seldom-heard interests were engaged with and supported to participate. Our links with GP practices, community and voluntary groups was helpful in ensuring that we reached a wide audience, including those from protected groups. Our equality team helped us to ensure that all adjustments and arrangements were made to enable protected groups to fully participate in the engagement process. We ensured that our

communications were accessible to the public and, where requested, we provided documents in accessible formats.

The initial equality impact assessment undertaken in relation to a merger of the two CCGs did not identify any specific or adverse impact upon protected groups in Kirklees; it will be refreshed and reviewed against additional evidence received through the engagement process.

To assess if the survey respondents were representative of the population of Kirklees an equality monitoring form was attached to the survey (see appendix B) and this would usually be used to consider if a representative sample was reached (see appendix N for a summary of the equality monitoring data). However, for many of the questions on the equality monitoring form, less than one hundred people answered the questions and as such it has made comparisons difficult.

The feedback from the survey has also been analysed to establish if there were any trends in relation to the protected groups, to see if one group reported different opinions than another. It is acknowledged that due to the low number of survey responses and equality monitoring forms it is difficult to draw any real conclusions from the data, however, a couple of differences did emerge, and these are included on page 29 of this report.

7. Assurance

The Communications and Engagement plan developed to support the engagement process was shared with the CCGs' Patient Engagement Assurance Group in November 2020. The group provided assurance that the plan was in line with our engagement principles and practice. We also sought the support of Healthwatch Kirklees and the local Health Scrutiny function in relation to the document and the methods we used to engage.

8. Analysis of existing engagement

In exploring the potential for merger, the CCGs had undertaken discussions with a range of stakeholders including:

- NHS England

- CCG Staff
- Governing Bodies
- GP membership
- Primary Care Network Clinical Directors
- Local Medical Committee
- GP Federations
- Local MPs
- Health Scrutiny
- Key partners and providers including NHS and non-NHS provider organisations, neighbouring CCGS, West Yorkshire and Harrogate Health and Care Partnership, Health and Wellbeing Board, and Healthwatch.
- Members of the public
- Community and voluntary sector (CVS)

The feedback is summarised below.

a. Staff

Most staff felt it made sense to create one Kirklees CCG although some issues were highlighted. Staff described how they were already working across the two organisations and felt this would be strengthened by the move (in December 2019) to a shared HQ. Key points raised were (see Appendix J):

- Reduce duplication
- Reduce costs/support running cost reduction
- Support place-based working
- Management of North Kirklees CCG financial deficit
- Loss of local identity/voice
- Possible conflict of interest of GP membership
- Impact on jobs
- Cost of and practicalities involved in creating a single organisation
- Potential impact of not merging.

b. GP membership

There has been significant engagement with GPs over the past two years with a range of issues being raised and addressed as discussions have progressed. These included:

- Clinical leadership and representation
- Maintaining local identity
- Impact on patients and local services
- Sustainable financial position
- Organisational structure of new CCG
- Accountability and transparency

c. Members of the public and Community and Voluntary Sector (CVS)

To support the process discussions took place at an engagement event held in February 2020 with members of the public and the CVS (see Appendix K). Key points raised were:

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 could lead to a variation in the quality of services
- Impact on health inequalities

9. Analysis of engagement feedback

a. Engagement event feedback

The CCGs hold regular events to give the public an opportunity to hear about the work that the CCGs have been doing, our priorities and plans for the future.

The events are usually held in public but due to Covid-19 they are currently being held online. The event was held on Wednesday 2nd December 2020 and focused on the latest news since our last event in September including our application to create a single CCG for Kirklees.

84 people signed up to attend the event and **41 people attended** with representatives from 17 groups / organisations (see Appendix B).

A presentation was delivered providing an overview of the proposals to merge and the engagement process. Attendees were invited to ask questions or provide comments. The following questions / comments were raised:

- An attendee suggested that as part of the engagement on the future configuration of the CCGs, patients and the public should be informed about how services will change because of the merger.
- An attendee commented that they felt it was good news and a sensible decision.
- An attendee queried why the GPs in North Kirklees had changed their minds and were now supporting the merger, and asked how many were now supportive of the merger.
- An attendee queried whether the Dewsbury area would continue to have its fair share of representation.

b. Discussion groups feedback

We gave the stakeholders and members of the public the opportunity to participate in one of two discussion groups that were held during January 2021. We had **7 people** attend the discussion group sessions with representatives from:

- Carers Count
- Healthwatch Kirklees
- Huddersfield Mission

- North Kirklees CCG PRG Network
- Royal Voluntary Service
- VAC

The key points raised during the discussions were (see appendices L and M):

Attendees supported the change and felt it would create a stronger, more effective organisation. They felt it would be easier for other organisations as they would now only need to link in with one CCG, and that there would now be a consistent approach from the CCG, whereas at the moment VCS organisations can receive different responses from different CCGs.

There was a hope that any good practice in an area would now become good practice across the whole of Kirklees, and that the CCG would work towards reducing health inequalities.

There was concern that some people may feel that it could lead to a negative impact on North Kirklees. As it was felt that there is a perception in North Kirklees that everything tends to be based in Huddersfield and North Kirklees doesn't see the same level of investment.

Suggestions on how to reassure people that the change would not lead to a reduction in services in North Kirklees were:

- Working and investing in deprived communities to tackle health inequalities
- Having a consistent approach across the patch in service provision
- Ensure that patients aren't expected to travel to Huddersfield for services that they currently access in North Kirklees.
- Hold meetings in locations across Kirklees to show that the CCG represents all of Kirklees

One group discussed the NHSE/I consultation on ICS and wanted reassurance that any changes being made now would support the direction of travel.

They also wanted reassurance that the PCNs won't lead to a postcode lottery and that irrespective of which PCN you live in, you can still access the same services.

We also had a couple of people who were unable to attend so sent through their comments and questions.

- One person commented that they were not particularly concerned with the merger; they were more concerned with losing services at HRI and having to travel to Calderdale, especially as they live nearer to Barnsley.
- Another queried about the impact of the NHSE/I consultation and rather than merging North Kirklees & Greater Huddersfield CCGs shouldn't a Yorkshire regional CCG be created in line with other mergers to be more efficient? Looking at the trends creating a new entity which will then be merged again within a short period of time doesn't appear to be in patients' best interests.
- How will the new CCG improve its communication methods to the patients it represents?

c. PRG Network meetings feedback

Both CCGs held their PRG Network meetings during January 2021 and included the CCG merger as a discussion item on their agendas. **Eight patient reps** attended the North Kirklees meeting and **13 patient reps** attended the Greater Huddersfield meeting. The key points raised during the discussions were (see appendices N and O);

Members of both PRG Networks felt that it was a good idea to merge and made sense as the CCGs had been slowly moving in that direction of travel. Also, by merging now would ensure that we have a stronger voice when we have to compete at a West Yorkshire level.

The main concern was ensuring that residents across Kirklees are assured that money is spent fairly across Kirklees. As people in North Kirklees may feel that more is spent in Greater Huddersfield and vice versa. Members of North Kirklees PRGN were particularly concerned about the impact on North Kirklees.

It was suggested that to provide this assurance we would need to ensure that we have representatives on committees from across Kirklees. And make sure that we don't have a

one size fits all approach and invest where investment is needed. And also recognise that across Kirklees different communities have different needs.

Several questions were also raised:

- Would the merger result in the deficit in North Kirklees being reduced?
- How would the Committees operate in the organisation and would they all become Kirklees wide or would some continue with a focus on specific areas?
- Would having a mayor for West Yorkshire have any impact on the NHS?
- Currently have different contracts with service providers, which has led to different levels of service provision how will this be resolved when the organisations merge?

It was also felt that the response from the public on the engagement would be low as most of the public are more interested in GP and hospital services.

d. Community Voices feedback

Community Voices held a peer to peer meeting in December 2020 and we used this as an opportunity to gain their views on how best to engage with those who are seldom heard and their views on the merger.

We had **7 people** attend the peer to peer session, with representatives from:

- Age Concern
- Carers Count
- Kirklees Visual Impairment Network
- Moldgreen United Reform Church
- Huddersfield Mission
- Edensforest

All those that attended were in favour of the merger.

However, the Community Voices felt that this wasn't a topic that their communities would be interested in being engaged about, as they didn't know what CCGs were, and were more interested in changes to services that they may receive. Although the organisations

were interested in being kept up to date with developments and it was suggested that this could be done through existing communication channels.

e. Survey feedback

We received feedback on the engagement via **116** completed surveys. Appendix P provides a breakdown of the protected characteristics of the survey respondents.

Q1. Are you responding as…

The table below shows who responded to the survey. As can be seen the majority of responses identified as Other, this is due to the majority of those that completed the survey as part of the Community Voices practical identified the Community Voice organisation they represented rather than whether they were a member of the public or community / voluntary sector organisation.

	Number	%
A member of the public	38	34%
CCG representative	0	0%
Local Authority representative	1	1%
GP practice	0	0%
Other NHS service provider	6	5%
Community / voluntary sector organisation	8	7%
Other (please specify):	60	53%
Total	**113**	
skipped	**3**	

Of those that selected other they all provided more details:

- A salaried GP with my own views
- PRGN member
- KCRASAC
- Also, on local PPG and a member of the public
- Patient representative on NKPCCC
- Community Stoma Nurse
- Member of the public and patient rep on NKPCCC
- Kirklees Mental Health Partnership Board

- Community Voice responses from - Al Mu'Minun The Believers; Dewsbury Community Street Kitchen; Nia Community Collective; Pursuit of Happiness CIC; and Take Ten

Q2. What benefits can you see from a single CCG for Kirklees?

107 (92.2%) respondents provided a comment. Most responses (91, 85%) were supportive of the change and could see many benefits in creating a single CCG for Kirklees. The key benefits listed were:

- A stronger voice for Kirklees.
- Being coterminous with Kirklees Council leading to better partnership working and a more streamlined service for people accessing health and social care services.
- A reduction in duplication and administrative costs.
- One point of contact for organisations leading to improved communication and building stronger relationships.
- Having a single vision and decision-making process for Kirklees.
- Equitable service for all residents of Kirklees leading to a reduction in health inequalities.
- Clarity and consistency regarding service provision would save time and make the system fairer and easier to navigate for both the public and health and social care colleagues.

16 (15%) of people that responded stated that they couldn't see any benefits of there being a single CCG for Kirklees, with a couple referring to previous changes in the NHS. And one person expressed concern that it would lead to everything being in Huddersfield.

Some people were unsure what the role of a CCG is and as such didn't feel that they could comment on whether it would lead to benefits or not.

Q3. Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?

109 (94%) respondents provided a comment, of those 39 (35.8%) people commented that they didn't have any concerns. Of those that did have concerns (70, 64.2% of those that provided a comment) the main themes raised were:

- 12 people (17.1% of respondents that expressed a concern) commented that they were concerned that the change could result in the organisation becoming too Huddersfield centric and North Kirklees could lose out. Whilst 4 people (5.7% of respondents that expressed a concern) were concerned that it could impact negatively on the Greater Huddersfield area.
- That this is a cost cutting exercise and to achieve equitable provision across Kirklees, rather than levelling up, service provision will be levelled down to save money. Leading to services no longer being provided or to people having to travel further to access services.
- A bigger overall footprint could lead to a loss of local knowledge and an inability to understand the needs of local communities.
- That the CCG would have a 'one size fits all' approach and would not be able to meet the needs of its diverse population and address health inequalities, specifically those in communities with higher levels of deprivation.
- That it could lead to a reduction in staff which in turn could mean an inability to commission services effectively, and a loss of local knowledge.
- The challenges of working with two Acute Trust providers that provide services across other areas. And whether this could lead to neighbouring CCGs taking funding provided to Kirklees to support patients in Wakefield/Calderdale/ Leeds/Bradford.

A few people made suggestions on how these concerns could be addressed:

- Ensure equal representation from across Kirklees on Governing Body and committees.
- Continue with engagement sessions where patients and public can speak up. And when we are back to face to face meeting hold them around Kirklees not just in Huddersfield.
- Ensure that organisations are kept up to date with changes and are informed who will be leading each service area.

And a question was raised:

What will happen with services that only cover one CCG currently?

Q4. Is there anything else you'd like to tell us?

76 (65.5%) respondents provided a comment, of these:

- 29 people (38.2%) stated that they didn't have anything else to add.
- 15 people (19.7%) reiterated that they supported the change.
- 5 people (6.6%) were not supportive of the changes, as they had concerns that it would not lead to improvements.

And the remaining 27 people (35.5% of those that provided a comment) expressed a wide range of comments:

- 11 people (14.5%) suggested that this could be an opportunity to improve how the CCG currently operates, with suggestions such as understanding the needs of GP practices; holding meetings across the patch; employ more staff from ethnic minorities at senior levels; strengthen the role of PCNs; improve involvement of staff; clearer allocation of resources to deprived areas; improving assessments of care homes; and improving mental health provision.
- A few people commented on the engagement and felt that it should have been promoted more widely and the survey should have included more questions.
- A couple of people referred to Calderdale and whether the merger would result in a negative or positive impact in relation to Calderdale.
- A couple of people commented on the future of CCGs and that they were to be abolished.
- A couple of people expressed concerns that this would lead to privatisation of the NHS.
- A couple of people commented on their frustrations at the provision of acute care in Kirklees, and how they feel the CCGs should have done more to retain and improve those services.
- One person suggested that rather than merge improve the existing organisations.
- One person questioned how they could be more involved in the launch, delivery and functioning of the CCG.

Analysis of survey responses by protected groups

The survey responses were also analysed to establish if there were any trends in relation to the protected groups, to see if one group reported different opinions than another. It is acknowledged that due to the low number of survey responses and equality monitoring

forms it is difficult to draw any real conclusions from the data, however, a couple of differences did emerge:

- People from all ethnic groups expressed concern that the CCG would not be able to meet the needs of its diverse population and address health inequalities, however, people from black ethnic groups were more likely to express these concerns and talked specifically about people from communities with higher levels of deprivation.
- People from across Kirklees expressed concern about losing the voice of their area, however, this concern was raised more by people who live in a North Kirklees postcode.

f. Staff feedback

As we had previously received feedback from staff via a survey in summer 2019, the focus on the engagement this time was checking back with staff to see if their views had changed since they had last completed the survey, and to give any new staff the opportunity to have their say.

Through discussions via team meetings, staff briefing sessions, and staff forum the clear message that we received from staff was that they didn't have any concerns about the merger and were happy with the mechanisms in place to keep staff updated.

3 surveys were completed. The main issue raised related to the possible impact on staff having to deal with the merger, Covid, business as usual, and then the emotional stress of further changes to the CCGs next year. As the survey responses were being monitored during the engagement period these concerns were able to be addressed at a staff briefing session and through FAQs.

10. Summary of key themes from existing data and engagement

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

The majority of people were supportive of the change and felt that it was a natural progression which would give the CCG a stronger voice; provide consistency in

commissioning decisions; improve partnership working and would be a better use of resources.

The main concern expressed was that it could lead to a Huddersfield centric organisation that is unable to meet the needs of all of its communities, particularly those in more deprived areas. This was a particular concern expressed by those that live in or represent North Kirklees, and people from a black ethnic group were more likely to express concerns about the impact on people from communities with higher levels of deprivation.
People were also concerned that:

- That this is a cost cutting exercise and to achieve equitable provision across Kirklees, rather than levelling up, service provision will be levelled down to save money. Leading to services no longer being provided or to people having to travel further to access services.
- A bigger overall footprint could lead to a loss of local knowledge and an inability to understand the needs of local communities.
- That the CCG would have a 'one size fits all' approach and would not be able to meet the needs of its diverse population and address health inequalities, specifically those in communities with higher levels of deprivation.
- That it could lead to a reduction in staff which in turn could mean an inability to commission services effectively, and a loss of local knowledge.
- Any changes being made now would support the direction of travel being proposed in the NHSE/I consultation on Integrated Care: next steps to build strong and effective integrated care systems across England.
- The challenges of working with two Acute Trust providers that provide services across other areas. And whether this could lead to neighbouring CCGs taking funding provided to Kirklees to support patients in Wakefield/Calderdale/ Leeds/Bradford.

Suggestions for how to provide assurance were to

- Work and invest in deprived communities to tackle health inequalities
- Make sure that we don't have a one size fits all approach and invest where investment is needed. And to also recognise that across Kirklees different communities have different needs.

- Ensure that patients aren't expected to travel to Huddersfield for services that they currently access in North Kirklees.
- Hold meetings in locations across Kirklees to show that the CCG represents all of Kirklees
- Ensure that Governing Body and CCG committees include representatives from across Kirklees

Feedback from our PRG Network meeting, discussion groups, and Community Voices was that the response from the public on the engagement would be low as the majority of the public are more interested in GP and hospital services.

In addition to the engagement with the general public and key stakeholders we also engaged with our staff. As we had previously received feedback from staff via a survey in summer 2019, the focus on the engagement this time was checking back with staff to see if their views had changed since they had last completed the survey, and to give any new staff the opportunity to have their say.

Through discussions via team meetings, staff briefing sessions, and staff forum the clear message that we received from staff was that they didn't have any concerns about the merger and were happy with the mechanisms in place to keep staff updated.

11. Next steps

This report will be published on CCG websites. We will use social media, media release and the stakeholder bulletin to highlight the report's publication to stakeholders, CVS and the general public.

In addition to publishing the report, the findings from this engagement will be used to support the formation of a new, single commissioning organisation for Kirklees.

The Equality Impact Assessment for the merger will be reviewed in the context of feedback from the engagement process. And the Joint Communications and Engagement Strategy for Greater Huddersfield and North Kirklees CCGs will also be refreshed in the context of the engagement feedback, to create the strategy for Kirklees CCG.

Appendix A – Engagement document

Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Have your say!

Creating a single clinical commissioning group for Kirklees

NHS England has given conditional approval for the formation of a single clinical commissioning group (CCG) for Kirklees.

NHS North Kirklees and NHS Greater Huddersfield Clinical Commissioning Groups intend to merge and create the new organisation from 1 April 2021.

We're engaging with stakeholders, partners and the public as part of a process to help shape the new organisation.

What is a clinical commissioning group?

Clinical commissioning groups (CCGs) are NHS organisations set up by the Health and Social Care Act 2012 to plan, purchase and monitor (commission) NHS services.

CCGs are responsible for commissioning a range of healthcare services on behalf of local people, including:

- Emergency and urgent health care
- Ambulance services
- Community health services
- Maternity services
- Hospital care
- Rehabilitation services
- Services for those with mental health conditions and learning disabilities
- Prescriptions for medicines
- GP services

All CCGs are clinically-led, which means that doctors and nurses are actively involved in the development of strategies and plans as well as in day-to-day decision making. CCGs are membership organisations with GP practices as

their members. NHS England and NHS Improvement have recently invited views about potential future changes to CCGs.

What are the current arrangements?

At the moment, there are two NHS clinical commissioning organisations in Kirklees.

NHS Greater Huddersfield CCG serves a population of approximately 243,000 registered patients in Huddersfield and the Valleys. It has a membership of 37 GP practices.

NHS North Kirklees CCG serves a population of approximately 194,000 registered patients across the towns and villages of Dewsbury, Batley, Mirfield, Heckmondwike, Cleckheaton and Birstall. It has a membership of 27 GP practices.

The two CCGs are separate organisations. Each has their own legal duties and responsibilities and receives a budget which is used to commission NHS services for their respective populations.

Each CCG is overseen by a Governing Body which includes elected general practice members, CCG staff, clinical specialists and lay members.

The CCGs have been working closely together for some years and share a Chief Officer and senior management team.

Most of our staff work across both organisations, and in December 2019 we moved into shared headquarters in Huddersfield town centre.

We hold public and other meetings in a range of venues across Kirklees. There is a shared commissioning plan for Kirklees as well as consistent policies and processes.

The two CCG Governing Bodies and most of our committees operate ‘in common’. This means they meet at the same time, in the same room.

What will the new arrangements look like?

From April 2021 there will be one clinical commissioning group for Kirklees.

It will serve a registered population of around 440,000 and have a membership of 64 GP practices.

The new organisation will keep its headquarters in Huddersfield town centre and continue to hold public and other meetings across Kirklees. Its functions will remain broadly the same.

We will need to make changes to our constitution and governance arrangements, including setting up a new Governing Body.

Why are we making this change?

The NHS Long Term Plan says that CCGs need to become leaner, more strategic organisations. A single CCG in Kirklees supports this direction of travel and will help us to deliver the priorities set out in the plan.

Having the same boundary as Kirklees Council, will make it easier to join up health and social care services.

As two separate organisations we have different budgets and financial pressures. Continuing as separate CCGs means our decisions could lead to

an increase in health inequalities. As a single organisation, we will be able to tackle inequality and ensure people get the same access to care, wherever they live.

By working as one CCG, we will be able reduce duplication even further and focus our resources on things that have the most impact on local health services.

As a single voice for the NHS in Kirklees, we will be able to make a stronger case for national and regional investment that can be used to improve services.

Many CCGs across England have already taken a decision to merge, e.g. in Leeds, Bradford, and North Yorkshire. In Kirklees, we have been considering a merger for some time and believe this is the right thing to do for our population.

Will this impact on local patients or health services?

The creation of a single CCG for Kirklees won't result in changes to local NHS services or impact directly on patients, their families or carers.

Our priority will continue to be better care and improved outcomes for our population. We will carry on working with our partners to develop services that meet the needs of local people in Kirklees.

As individual CCGs we have worked hard to develop and maintain relationships with patients, communities and organisations and to put local people's views and experiences at the heart of decision making.

As a single organisation, we will continue to build on these relationships, strengthen collaborative working, and meet our statutory duty in relation to involving patients.

When will this happen?

NHS England has given conditional approval for this change from 1 April 2021

What would you like my views about?

We are seeking your views about the creation of a single commissioning organisation for Kirklees. The feedback we receive will be used to inform and support the setting up of a new commissioning organisation.

You can give your views using our online survey at https://www.smartsurvey.co.uk/s/Kirkleesccgs/

This document and related survey are available on CCG websites. If you would like printed copies or require this information in an alternative format, please call the engagement team on 01484 464 000 or email nkccg.nkghengagement@nhs.net

Closing date for responses is Sunday 31 January 2021

Appendix B – Stakeholder survey

Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Survey

Creating a single clinical commissioning group for Kirklees

NHS North Kirklees and NHS Greater Huddersfield Clinical Commissioning Groups intend to merge and create a single clinical commissioning group for Kirklees from April 2021. As part of the process, we are continuing to seek views from the general public, patients and key stakeholders. The feedback we receive will be used to inform and support the formation of a new commissioning organisation.

Please read the engagement document before you complete this survey.

The engagement document and survey are available on CCG websites. If you would like printed copies or require this information in an alternative format, please call the engagement team on 01484 464 000 or email nkccg.nkghengagement@nhs.net

Fill in and return this survey to the FREEPOST address below. You can also complete this survey online at https://www.smartsurvey.co.uk/s/Kirkleesccgs/

Closing date for responses is Sunday 31 January 2021

Thank you for your support.

1. **Are you responding:**

    As a member of the public

Or on behalf of an organisation? please select one of the following:

    CCG

    Local authority

    GP practice

    Other NHS service provider

    Community/voluntary sector

    Other, please state:

2. **What benefits can you see from a single CCG for Kirklees?**

3. **Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?**

4. **Is there anything else you'd like to tell us?**

Equality Monitoring Form

In order to make sure we provide the right services and avoid discriminating against any groups, it is important to collect and analyse the following information. When we write reports no personal information will be shared. Your information will be protected and stored securely in line with data protection rules. If you would like to know how we use this data please see our privacy notice, which you will find on the CCG websites.

1. Who is this form about?

- Me
- Someone else – using their information

2. First part of your postcode? Example: WF12

Yours:

- Prefer not to say

3. What is your gender?

- Male
- Female
- I describe my gender in another way (please write in):
- Prefer not to say

4. How old are you? Example: 42

Yours:

- Prefer not to say

5. Which country were you born in?

- United Kingdom
- Other (please write in):

- Prefer not to say

6. Do you belong to any religion?

- Buddhism
- Islam
- Hinduism
- Judaism
- Christianity (all denominations)
- Sikhism
- No religion
- Prefer not to say
- Other (please write in):

7. What is your ethnic group?

- Prefer not to say

Asian or Asian British

- Indian
- Pakistani
- Bangladeshi
- Chinese
- Other Asian background (please write in):

Black or Black British

- African
- Caribbean
- Other Black background (please write in):

Mixed or multiple ethnic groups

- White and Black Caribbean

- White and Black African
- White and Asian
- Other Mixed background (please write in):

White

- English/Welsh/Scottish/Northern Irish/ British
- Gypsy or Irish Traveller
- Irish
- Other White background (please write in):

Other ethnic groups

- Arab
- Any other ethnic background (please write in):

8. Are you disabled?

- Yes
- No
- Prefer not to say

9. Do you have any long term conditions, impairments or illness?

(please tick any that apply)

- Physical or mobility impairment(such as using a wheelchair to get around and / or difficulty using your arms)
- Sensory impairment (such as being blind / partially sighted or deaf / hard of hearing)
- Mental health condition (such as having depression or schizophrenia)
- Learning disability (such as having Downs Syndrome or dyslexia) or a cognitive or developmental issue (such as autism or a head-injury)

- Long term condition (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)
- Other (please write in):
- Prefer not to say

10. Are you a carer? (Do you provide unpaid care/support to someone who is older, disabled or has a long term condition)

- Yes
- No
- Prefer not to say

11. Please select the option that best describes your sexual orientation

- Bi/Bisexual
- Gay
- Lesbian
- Heterosexual/Straight
- Prefer not to say
- I prefer to use another term (please write in)

12. Do you consider yourself to be a Trans person? (Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth)

- Yes
- No
- Prefer not to say

13. Do you/or anyone you live with get any of these types of benefits?

(We are asking this question to help us understand if being on a lower income affects experiences of services or health)

Universal Credit | Housing Benefit | Income Support | Pension Credit – Guarantee Credit Element | Child Tax Credit | Incapacity Benefit/ Employment Support Allowance | Free School Meals | Working Tax Credit | Council Tax Benefit

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

14. Are you pregnant or have you given birth in the last 6 months?

- ☐ Yes
- ☐ No
- ☐ Prefer not to say

15. Are you a parent/primary carer of a child or children, if yes, how old are they?

- ☐ 0-4
- ☐ 5-9
- ☐ 10-14
- ☐ 15–19
- ☐ Prefer not to say

Thank you for taking the time to complete this form.

Please return your completed form by **Sunday 31 January 2021** to:

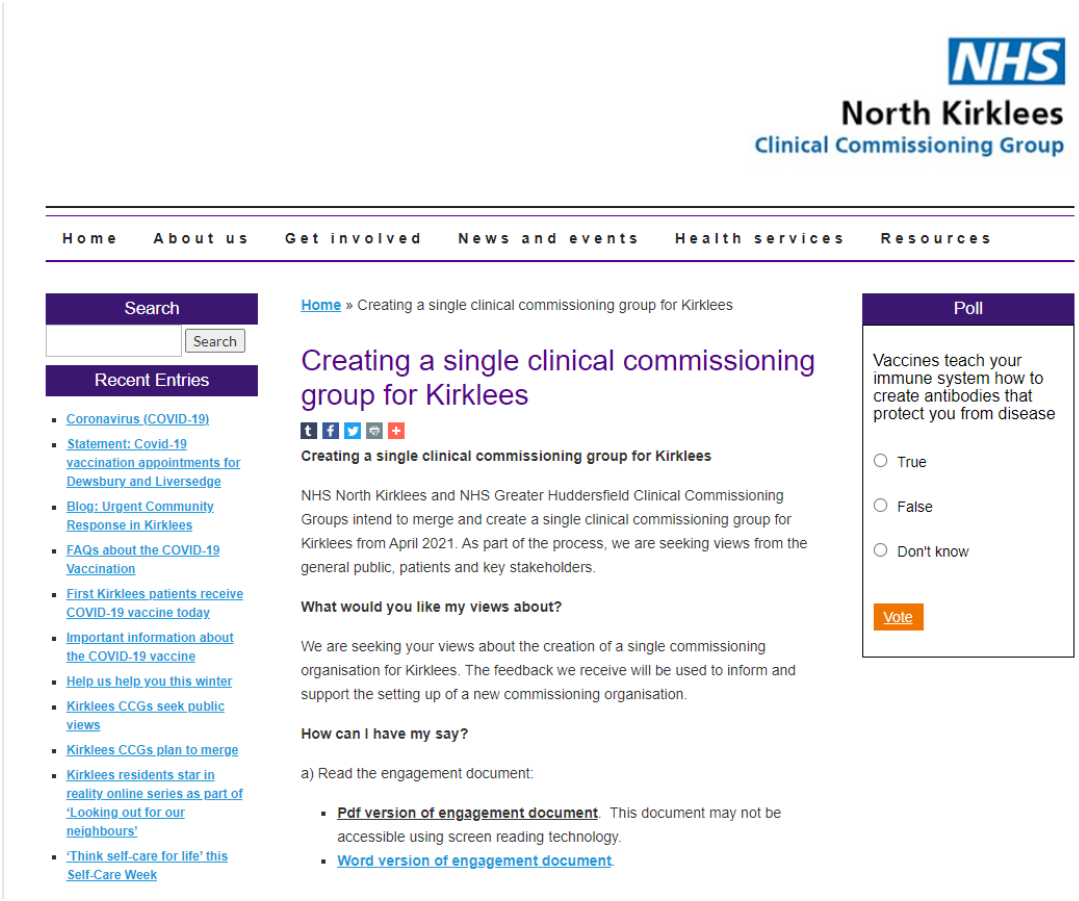
NHS Greater Huddersfield and North Kirklees CCGs
Freepost RUBC–XUTK–GUUC
Engagement team,
Norwich Union House

2nd Floor,

High Street,

Huddersfield HD1 2LF

Appendix C – Information on CCG websites



NHS
North Kirklees
Clinical Commissioning Group

Home | About us | Get involved | News and events | Health services | Resources

Search
Search

Recent Entries

- Coronavirus (COVID-19)
- Statement: Covid-19 vaccination appointments for Dewsbury and Liversedge
- Blog: Urgent Community Response in Kirklees
- FAQs about the COVID-19 Vaccination
- First Kirklees patients receive COVID-19 vaccine today
- Important information about the COVID-19 vaccine
- Help us help you this winter
- Kirklees CCGs seek public views
- Kirklees CCGs plan to merge
- Kirklees residents star in reality online series as part of 'Looking out for our neighbours'
- 'Think self-care for life' this Self-Care Week

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Creating a single clinical commissioning group for Kirklees

Creating a single clinical commissioning group for Kirklees

NHS North Kirklees and NHS Greater Huddersfield Clinical Commissioning Groups intend to merge and create a single clinical commissioning group for Kirklees from April 2021. As part of the process, we are seeking views from the general public, patients and key stakeholders.

What would you like my views about?

We are seeking your views about the creation of a single commissioning organisation for Kirklees. The feedback we receive will be used to inform and support the setting up of a new commissioning organisation.

How can I have my say?

a) Read the engagement document:

- **Pdf version of engagement document**. This document may not be accessible using screen reading technology.
- **Word version of engagement document**.

Poll

Vaccines teach your immune system how to create antibodies that protect you from disease

- True
- False
- Don't know

Vote

Appendix D – Media release

Kirklees CCGs seek public views

NHS Greater Huddersfield and NHS North Kirklees CCGs have today launched an eight week long public engagement to inform and support the formation of a single CCG for Kirklees.

The CCGs have received conditional approval from NHS England to become a single, merged organisation on 1 April 2021.

The two organisations have been working closely together for some years and share a Chief Officer and senior management team. Most staff work across both CCGs and last December moved into shared headquarters in Huddersfield. The CCGs have a single commissioning strategy and hold Governing Body and most committee meetings in the same place, at the same time.

Chief Officer Carol McKenna said, “Becoming one CCG is the next logical step for us and the best way to support the needs of our population into the future. A new commissioning organisation won’t simply be a bigger version of what we have now. This is an opportunity for local people, patients and other stakeholders to have their say.”

Members of the public can get involved by completing a short survey. The CCGs are also holding two stakeholder events. More details about the merger and how to have your say are on the **North Kirklees** and **Greater Huddersfield** CCG websites.

The creation of a single CCG for Kirklees will not result in any change to local health services or impact directly on patients, their families or carers.

NHS England and NHS Improvement have recently invited views about potential future changes to CCGs.

Appendix E – Example tweet

Appendix F – Health Matters article

Share

Kirklees CCGs plan to merge

The Governing Bodies of NHS Greater Huddersfield and NHS North Kirklees CCGs have agreed to support an application to dissolve the two organisations and create a single CCG for Kirklees on 1 April 2021. This has received conditional approval from NHS England.

Chief Officer for the two CCGs, Carol McKenna said: "Becoming one CCG is the next logical step for us and the best way to support the needs of our population into the future. Having the same boundary as Kirklees Council, will make it easier for us to work together to improve health and social care services for local people."

The creation of a single CCG for Kirklees will not result in any change to local health services or impact directly on patients, their families or carers.

The CCGs are now seeking the views of the public, patients and key stakeholders to inform and support the creation of a new commissioning organisation for Kirklees. This includes a survey and two online events on Wednesday 13 and Wednesday 20 January. The closing date for feedback is Sunday 31 January 2021. Find out more on the CCG websites; Greater Huddersfield CCG or North Kirklees CCG.

Appendix G - Stakeholder Map

Stakeholder group	Organisation
NHS related partners and provider organisations	Yorkshire Ambulance Service Calderdale & Huddersfield NHS Foundation Trust The Mid Yorkshire Hospitals NHS Trust South & West Yorkshire Partnership NHS Foundation Trust West Yorkshire & Harrogate Health and Care Partnership Healthwatch Kirklees Locala CIC West Yorkshire and Harrogate CCGs Local Care Direct Kirkwood Hospice Community Pharmacy West Yorkshire NHS England/Improvement
Local government partners	Kirklees Council Executive Team Kirklees Health and Wellbeing Board Kirklees Health Overview and Scrutiny Panel
Local economy partners	West Yorkshire Police West Yorkshire Fire & Rescue Service Kirklees College University of Huddersfield
Membership	GP practices in Kirklees Local Medical Council GP federations
General public	Patients/service users and their representatives GP practices & patient groups Community groups Voluntary sector organisations Students' Union
Community and voluntary sector organisations	Community groups Voluntary sector organisations Faith-based groups Carers groups Third Sector Leaders

Elected representatives	Councillors MPs
Media	Editors/journalists, local newspapers HSJ Editors/journalists, radio and TV news stations Online news outlets
Staff Staff side	CCG

Appendix H – Staff survey

In summer 2019 we asked staff members for their views about a potential merger of Greater Huddersfield and North Kirklees CCGs. Most staff felt it made sense to create one Kirklees CCG although some issues were highlighted. Staff described how they were already working across the two organisations and felt this would be strengthened by the move (in December 2019) to a shared HQ. Key points raised were:

- Reduce duplication
- Reduce costs/support running cost reduction
- Support place-based working
- Management of North Kirklees CCG financial deficit
- Loss of local identity/voice
- Possible conflict of interest of GP membership
- Impact on jobs
- Cost of and practicalities involved in creating a single organisation
- Potential impact of not merging.

As the survey was carried out in summer 2019, we wanted to find out if your views had changed. The feedback we receive will be used to inform and support the formation of the new organisation.

Thank you for taking part.

Q1. Following on from the CCGs' decision to move forward with a merger, have your views changed since the last survey?

Q2. If you have any concerns, how do you think we should address them?

Q3. What good things/positive things do we need to take into the new organisation?

Q4. We will continue to keep you updated about the merger process in a number of ways: weekly staff briefing; FYI; via your own team meetings; and through ad hoc emails as appropriate. Do you have any other suggestions about how we can keep you updated?

Appendix I – Groups / organisations that attended the engagement event

As previously mentioned due to how people signed in we were unable to track all of the attendees on the day, however of those that signed in the following groups / organisations were represented;

1. Action for Children
2. Age UK Calderdale and Kirklees
3. Calderdale and Huddersfield NHS Foundation Trust
4. Carers Count
5. CVAC
6. Kirklees Council
7. Kirklees Visual Impairment Network
8. Kirkwood Hospice
9. Locala
10. Local Care Direct
11. Mid Yorkshire NHS Trust
12. PRG Member from Brookroyd Surgery
13. PRG Member from Parkview practice
14. South West Yorkshire Partnership NHS Trust
15. St Anne's Community Services
16. United Response
17. Yorkshire Children's Centre

Appendix J – Staff survey results from July 2019

The survey was emailed on 20th June 2019 to 241 names on the staff email distribution list, and people were given 4 weeks to complete the survey. Responses were received from 71 (29.5%) people. It should be noted that whilst the survey was intended for CCG staff, the email distribution list included Governing Body members and as such some of the responses may include comments made by Governing Body members.

The survey consisted of the following three questions;

Q1. Is there anything you'd like to say about the future configuration of Greater Huddersfield and North Kirklees CCGs?
Q2. In thinking about the future for our two CCGs, is there anything we have missed?
Q3. In relation to your job role, is there anything you feel we need to consider?
The key themes raised from these questions were;

Q1. Is there anything you'd like to say about the future configuration of Greater Huddersfield and North Kirklees CCGs?

68 (95.7%) people provided a response to this question. The key themes that emerged were;

Support for creating one Kirklees CCG

Most staff felt that it made sense to create one Kirklees CCG. With some describing how they were already working across the two organisations, and how once the organisations move to one building it would start to feel even more like one organisation.

Some felt that as this was the national direction of travel it was inevitable that at some point the CCGs would become one, and as such it would be better for the organisations to be in control of this decision rather than being mandated to do so by NHS England.

Of those that were supportive of the change they also talked about the benefits of creating one Kirklees CCG;

- **Reduce duplication** - staff talked about how they currently have to do things twice, such as attending meetings, writing reports, producing accounts etc. By creating one organisation staff would have more time to focus on other tasks.

- **Reduce costs** – some staff mentioned the need to reduce costs by 20% and felt that creating one Kirklees CCG would help towards this. They also talked about how the organisations need to be making the best use of public money and that the current arrangement is leading to money being wasted on duplication.
- **Supports place based working –** some mentioned place based working and how having one CCG in Kirklees place would give the organisation a stronger voice which would improve working with partners, and an improvement in services provided.

Concerns for creating one Kirklees CCG

Whilst the majority of staff supported creating one CCG for Kirklees some did raise concerns. The main areas of concern were;

- **Financial deficit** – some staff were concerned about the North Kirklees financial deficit and questioned how this would be managed.
- **Local identity** – some staff were concerned that the voice of local communities, in particular North Kirklees, would be lost. Although it was suggested by some that the Primary Care Networks would help to maintain the local identity.
- **Conflict of interest** – some staff questioned the decision making process and the possible conflict of interest of members in making the decision about the future of the CCGs. For some there was a lack of clarity as to the reasons as to why members did not support creating one Kirklees CCG.
- **Impact on staff** – some staff were really concerned about the impact on jobs and questioned how the organisations would be able to make the 20% savings without becoming one Kirklees CCG. But some also queried whether creating one Kirklees CCG would also lead to a loss of jobs.

Practicalities of creating one CCG

Some staff also queried about the practicalities of creating one Kirklees CCG and wanted to know;

- How would the change be managed so it wouldn't feel like one CCG is taking over?
- How would it work when there are two acute trust providers across different footprints? And would it be better to have one CCG across Calderdale, Kirklees and Wakefield.
- How much would it cost to become one Kirklees CCG?

- How would the variation in quality and availability of services across Kirklees be managed?

Q2. In thinking about the future for our two CCGs, is there anything we have missed?

60 (84.5%) people provided a response to this question. 27 (45%) people stated that they didn't have anything else to add, and some felt that the report was comprehensive and they didn't feel that anything had been missed. Of those that provided a response, the key themes were;

Impact on not creating one Kirklees CCG

- Staff wanted to know how the CCGs would save 20% if one Kirklees CCG was not created. And queried whether this would lead to redundancies.
- People were interested in understanding whether NHS England would mandate at a later date that one CCG should be created, and if so, could it be that the one CCG could be across a wider footprint than Kirklees, such as Calderdale, Kirklees and Wakefield.
- Some queried what support would be put in place for staff if one Kirklees CCG was not created. They described how currently there is a lot of duplication which adds to work pressure and impacts on staff health and wellbeing.
- People queried whether it would be possible have more shared working to save money but still retain two CCGs. One suggestion was that the governing body could be reduced to help save money.

Decision making process

- Some staff were unclear as to why the membership had not supported creating one Kirklees CCG and wanted to be provided with more information about this. And some felt that the membership should also consider the impact on staff if they choose not to create one Kirklees CCG.
- A couple of responses made reference to the CCGs being member organisations and need to ensure that they hear the views of all members before making any decisions. It was suggested that a survey should be sent to all GP practices to enable them to share their views rather than just taking the views of the representatives.

- To support the decision making process it was suggested that the CCGs could learn from other areas that have already changed.
- It was suggested that the public should be consulted on any possible change to the CCGs.

Q3. In relation to your job role, is there anything you feel we need to consider?

66 (93%) people provided a response to this question. 13 (19.7%) people didn't have anything else to add. Of those that provided a response, the key themes were;

Support for creating one Kirklees CCG

- Of those that responded most felt that creating one Kirklees CCG would have a positive impact as it would reduce duplication; particular mention was made with regards to the impact on finance, contract management and corporate governance. It was also felt that the reduction in duplication would create more capacity within teams to focus on other tasks which would add value to the organisation, such as supporting primary care.
- For some their role is already a joint role across the two CCGs and as such they couldn't see what impact creating one Kirklees CCG would have. Although some mentioned only having to represent one organisation would make their role easier.
- As contracts come up for renewal it would be an opportunity to look at developing a Kirklees wide approach to delivering services.

Practicalities of creating one Kirklees CCG

- If one Kirklees CCG is created, structures and roles within the organisation should be reviewed to ensure that the organisation can meet its statutory obligations. Although there would be a need to take into account the possible impact on staff, at times of change this can create anxiety about job security and changes to ways of working. This needs to be managed and lessons need to be learned from previous organisational changes.
- Some were keen on ensuring that the organisation works towards retaining the voice and identity of local areas. And some were keen to retain their knowledge and expertise of a geographical area, and maintain the relationships they have developed in those areas. Specific mention was made with regards to primary care.

- Need to take into account the planning required to create one Kirklees CCG and the impact on finance and contracting to facilitate this change.

Impact on not creating one Kirklees CCG

It was felt that if one Kirklees CCG is not created changes need to be made to how teams are structured. Currently there are some teams that work jointly and others that don't, and there is a need for consistency across the organisations and teams.

Ongoing changes

- People want to be kept informed of any future discussions and changes, and felt that the current mechanisms that are in place have worked well.
- A few people mentioned the new headquarters and the negative impact this would have on them in terms of increased costs, increased travel time, and childcare arrangements. People also wanted clarity on what ‘agile working’ actually means and suggested that the organisations could start this way of working before the move to the new office.

Appendix K – Feedback from engagement event held in February 2020

The CCGs hold regular events to give the public an opportunity to hear about the work that the CCGs have been doing, our priorities and plans for the future. This event focused on future configuration of the CCGs in Kirklees and the Digital Strategy being developed by Calderdale and Huddersfield NHS Foundation Trust.

Around 28 people attended the event, with representatives attending from the following organisations:

- Creative Scene
- Elim Pentecostal Church
- Kirklees Active Leisure
- Kirklees Council
- PCAN
- Patient Reference Group reps from across Kirklees
- South West Yorkshire Partnership Foundation Trust
- West Yorkshire Research and Development
- VAC

A presentation was delivered which provided an overview of the work that has been taking place to look at the future configuration of the CCGs in Kirklees. Following the presentation each table was asked to discuss the following questions;

- What benefits could you see from a single CCG for Kirklees? As a patient or member of the public? As a service provider or partner organisation?
- Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?
- Is there anything else you'd like to tell us?

Five facilitated discussion groups took place and notes were taken of each of the discussions. The key themes that came out of the discussions were;

Benefits

- **Reducing duplication for commissioners and providers** – people talked about how staff currently have to do things twice, such as attending meetings, writing reports, producing accounts, bidding for contracts etc. By creating one organisation staff in the CCGs and providers would have more time to focus on other tasks.
- **Better use of resources** – by reducing duplication this in turn would lead to a better use of resources and a reduction in running costs.
- **Stronger voice** - having one CCG in Kirklees would give the organisation a stronger voice which would improve working with partners, and an improvement in services provided. People could also see the benefits of being co-terminus with Kirklees Council and how it would help to improve links between health and social care.
- **Provide consistency in commissioning decisions** – some people talked about differences in service provision and how having services commissioned across Kirklees would ensure this doesn't happen.
- **Natural progression** – most staff are already working across the two CCGs, there is already one Governing Body meeting, and shared lay members.

Concerns

- **Centralisation of services** – some people were concerned that the CCG being based in Huddersfield could mean that Huddersfield would benefit from more investment than other areas.
- **Local voice** - some people were concerned that the voice of local communities, in particular North Kirklees, would be lost. Although it was suggested by some that the Primary Care Networks would help to maintain the local identity.
- **Reduction in resources** – there was some concern that the merger could lead to fewer people working across a wider area which could impact on services.
- **Different acute trust footprints** - As both CCG's cover different acute hospitals, (CHFT and Mid Yorkshire) how will this be addressed.
- **Access to services** – some felt that the health care service is very fragmented for patients and public, and wanted to know if this would make it harder for patients to navigate as a bigger footprint.
- **Primary Care Networks** – some concern was expressed that PCNs could lead to variation in the quality of services people receive across Kirklees. As some PCNs are more developed than others.

Anything else

- **Impact on health inequalities** – people wanted to know how the merger would support tackling health inequalities.
- **Transparency of savings** – people wanted to know what savings would be made, how any savings would be used and would these be used to improve services.
- **Perception of CCGs** – some felt that most members of the public are not aware of the CCGs and would probably not be really interested in whether they merge or not; their main priority is the availability and quality of services that they receive.
- **Communication** – need to communicate what the benefits will be to patients, staff and providers. Use examples from other areas to show the benefits of CCG mergers.

Questions raised

- Is there any resistance between the CCGs to work together?
- What are the benefits to staff?
- How will contractors be scrutinised. Will a merge stop private contracts for NHS services?
- Why not West Yorkshire and Harrogate CCG
- Will PCNs be independently funded?
- Who is doing the steering of PCN's? Does the CCG control PCNs?
- How will the merger help to address health inequalities in Kirklees, particularly in areas such as Batley and Dewsbury?
- Why not have one CCG for all of West Yorkshire and Harrogate?
- Concern that North Kirklees is losing out and services are moving to Greater Huddersfield.
- As part of the upcoming engagement you should look at other areas that have already done this e.g. Greater Manchester and use such examples to alleviate any concerns and show how it can work in Kirklees.

Appendix L - Notes from discussion group held on 13/01/21

Seven people had signed up to attend the session, on the day three people attended with representatives from VAC, North Kirklees CCG PRG Network, and Healthwatch Kirklees. Rachel Carter led the discussion and was supported by Kirsty Wayman.

Rachel Carter delivered a short presentation providing details of the background to the decision; whether the merger would impact on patients; how we were engaging; and the next steps.

Following the presentation attendees discussed the following questions;

1. What benefits can you see from a single CCG for Kirklees?
2. Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?
3. Is there anything else you'd like to tell us?
4. How would you like us to keep you updated about the merger and formation of the new organisations?

The key points raised during the discussion were;

What benefits can you see from a single CCG for Kirklees?
Attendees supported the change and could see how it would create a stronger, more effective organisation. They felt it would be easier for other organisations who would now only need to link in with one CCG. And there would be benefits by being co-terminus with Kirklees Council.

It was assumed by the attendees that this would save money which was also seen as a positive outcome of the merger.

Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?
There was concern that some people may feel that it could lead to a negative impact on North Kirklees. As it was felt that there is a perception in North Kirklees that everything

tends to be based in Huddersfield and North Kirklees doesn't see the same level of investment.

There was some discussion looking at what could be done to reassure people that the change would not lead to a reduction in services in North Kirklees.

- Ensure that patients aren't expected to travel to Huddersfield for services that they currently access in North Kirklees.

- It was suggested that the CCG could look at how this had been managed in other areas where CCGs had merged.

- There was some discussion about whether it would be useful to have a Comms campaign to reassure people that no negative impact on residents of either North Kirklees or Greater Huddersfield. As it was acknowledged that the majority of residents are not aware or interested in the work of the CCG. People tend to be primarily concerned with services provided by their GP practice and secondary care provider.

- VAC mentioned how at a recent Community Voices peer to peer event the CCG merger engagement was discussed. The Community Voices felt that this wasn't a topic that their communities would be interested in being engaged about, as they didn't know what CCGs were and were more interested in changes to services that they may receive. Although the organisations were interested in being kept up to date with developments and it was suggested that this could be done through existing communication channels.

- There was some discussion about where meetings should be held and whether the agenda should be reflective of the location of the meeting. For example discuss Calderdale and Huddersfield NHS Foundation Trust topics when the meeting is being held in Huddersfield. It was agreed that whilst changing the location of the meetings was good and showed to people that the CCG represented all of Kirklees, it was felt that the agenda should include all topics and not be specific to an area.

- It was questioned as to whether presenting information at a Primary Care Network (PCN) level would be useful but again it was felt that the public have little knowledge or

interest in PCNs. Although it was felt that PCNs need to start engaging with their communities.

How would you like us to keep you updated about the merger and formation of the new organisations?

It was agreed that this could be done through existing communication channels.

Appendix M - Notes from discussion group held on 20/01/21

The meeting link was sent to eight people, those people that had signed up to attend the session plus to those that had not been able to attend the session the previous week. On the day 4 people attended with representatives from Carers Count, Huddersfield Mission and Royal Voluntary Service. Rachel Carter led the discussion and was supported by Kirsty Wayman.

Rachel Carter delivered a short presentation providing details of the background to the decision; whether the merger would impact on patients; how we were engaging; and the next steps.

Following the presentation attendees discussed the following questions;

1. What benefits can you see from a single CCG for Kirklees?
2. Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?
3. Is there anything else you'd like to tell us?
4. How would you like us to keep you updated about the merger and formation of the new organisations?

The key points raised during the discussion were;

What benefits can you see from a single CCG for Kirklees?

Attendees supported the change and could see how it would create a stronger, more effective organisation. And made sense as most staff were already working across both CCGs. They also felt it would be easier for other organisations who would now only need to link in with one CCG, and that there would now be a consistent approach from the CCG, whereas at the moment VCS organisations can receive different responses from different CCGs (example given was carers champion scheme).

There was a hope that any good practice in an area would now become good practice across the whole of Kirklees, and that the CCG would work towards reducing health inequalities.

People were interested in how much money would be saved by merging the organisations and whether this money had already been allocated.

Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?

There was quite a bit of discussion with regards to the NHSE/I consultation on ICS, what this would mean for CCGs and why we were still proceeding with the merger if CCGs may no longer exist in a year. People wanted reassurance that any changes being made now would support the direction of travel and wouldn't be a waste of resources. If this was the case then that would be reassuring to communities.

There was also real concern that it could lead to a negative impact on North Kirklees. It was felt that there is a perception in North Kirklees that everything tends to be based in Huddersfield and North Kirklees doesn't see the same level of investment. Examples were given re the CCGs setting up its HQ in Huddersfield; the difficulties organisations currently face in being able to promote their services with GP practices in North Kirklees, specific mention was made re the carers champion and befriending services; and how already there feels to be inequity so how would this be addressed with the merger?

There was some discussion looking at what could be done to reassure people that the change would not lead to a reduction in services in North Kirklees.

- Shift resources to deprived areas to tackle health inequalities
- The name of the CCG should be Kirklees, and need to move away from describing as North Kirklees, South Kirklees, Greater Huddersfield etc.
- Working and investing in deprived communities
- Having a consistent approach across the patch in service provision
- Even though it will be just one organisation may still need to have teams that cover specific areas, so people aren't expected to travel further to access services. Example was given of how DAT set up management teams in Huddersfield and Dewsbury to meet the needs of each area.

Is there anything else you'd like to tell us?

There was some discussion about the Primary Care Networks and how Third Sector Leaders (TSL) had worked with the VCS to ensure each PCN had an 'anchor'

organisation. Whilst it had been challenging to build the relationships with the PCNs and understand how VCS organisations would fit in, it was felt that the relationships between PCNs and the VCS would be positive. Although it was too early to tell whether it had made a difference, and the pandemic had meant that the development of these relationships had been delayed.

Wanted reassurance that the PCNs won't lead to a postcode lottery and that irrespective of which PCN you live in, you can still access the same services.

Appendix N - Notes from North Kirklees PRG Network meeting held on 19/01/21

Eight patient reps attended the meeting, with representatives from;

- Parkview Surgery, Cleckheaton
- Brookroyd House, Heckmondwike Health Centre
- The Greenway Medical Practice, Cleckheaton
- St John's Surgery, Cleckheaton
- Eightlands Surgery

Rachel Carter delivered a short presentation providing details of the background to the decision to merge; whether the merger would impact on patients; how we were engaging; and the next steps.

Following the presentation Rachel asked the members of the group for their views on the following questions;

1. What benefits can you see from a single CCG for Kirklees?
2. Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?
3. Is there anything else you'd like to tell us?
4. How would you like us to keep you updated about the merger and formation of the new organisations?

The members felt that it was a good idea to merge and made sense as the CCGs have been slowly moving in that direction of travel with having a joint Chief Executive, Governing Body meetings, HQ etc.

A question was raised as to whether the merger would result in the deficit in North Kirklees being reduced. Rachel confirmed that it would be significantly reduced.

Question was asked about how the Committees would operate in the organisation and whether they would all become Kirklees wide or whether some would continue with a focus on specific areas. Rachel advised that the intention is to have Kirklees wide committees

but will be ensuring that they include representatives from across Kirklees, and gave the example of the Governing Body and how this will include a representative from each Primary Care Network.

The main concern raised was that the organisation could become too Huddersfield centric and North Kirklees could lose out. By having the HQ in Huddersfield there is a concern that North Kirklees could be forgotten about. Examples were given of Mid Yorkshire Hospitals NHS Trust and how the changes have led to the majority of services being provided at Pinderfields meaning patients have to travel, rather than being able to access services at Dewsbury District Hospital.

This led to a discussion about when patients are admitted to Pinderfields Hospital and how those patients that live in Spen Valley are classed as out of area, which leads to difficulties in accessing follow-up care and GPs receiving discharge notes.

To reassure people that North Kirklees hasn't been forgotten need to ensure that invest in North Kirklees; committees include representatives from the North Kirklees areas; and communicate what is happening.

It was felt that the response from the public on the engagement would be low as the majority of the public are more interested in GP and hospital services.

Appendix O - Notes from Greater Huddersfield PRG Network meeting held on 26/01/21

13 patient reps attended the meeting, with representatives from;

- Almondbury
- Slaithwaite Health centre
- Lockwood
- Newsome surgery
- Lindley Group practice
- The Grange
- Elmwood surgery
- Lepton/Kirkheaton
- Meltham group

Rachel Carter delivered a short presentation providing details of the background to the decision to merge; whether the merger would impact on patients; how we were engaging; and the next steps.

Following the presentation Rachel asked the members of the group for their views on the following questions;

1. What benefits can you see from a single CCG for Kirklees?
2. Do you have any concerns about a single CCG for Kirklees and how would you like us to address them?
3. Is there anything else you'd like to tell us?
4. How would you like us to keep you updated about the merger and formation of the new organisations?

One person commented that they could see that the benefits of a single CCG would be economies of scale; made sense as CCGs are already working together; and will match the footprint of Kirklees Council. Also by merging now will ensure that we have a stronger voice when we have to compete at a West Yorkshire level next year.

Their concerns were ensuring that residents across Kirklees are assured that money is spent fairly across Kirklees. As people in North Kirklees may feel that more is spent in Greater Huddersfield and vice versa. To provide this assurance need to ensure that have representatives on committees from across Kirklees.

Need to make sure that we don't have a one size fits all approach and invest where investment is needed and recognise that across Kirklees different communities have different needs.

Although an example was given by one attendee of how currently there are different levels of service provision across Kirklees for Low Vision Aid services, with a better service in North Kirklees. They asked how this would be tackled if there are different contracts for different areas, and how would we involve service users in this.

A question was also raised as to whether having a mayor for West Yorkshire would have any impact on the NHS.

Appendix P – Equality monitoring data from patient and stakeholder survey

Q1. Who is this form about?

	%	Number
Me	83.0%	93
Someone else - using their information	17.0%	19
	answered	112
	skipped	4

Q2. What is the first part of your postcode? (E.g. HX1, WF11, HD6)

	%	Number
BD16	0.9%	1
BD19	3.6%	4
HD1	19.6%	22
HD2	9%	10
HD3	9.8%	11
HD4	4.5%	5
HD5	1.8%	2
HD7	5.4%	6
HD8	4.5%	5
HD9	3.6%	4
HX3	0.9%	1
OL14	0.9%	1
WF1	0.9%	1
WF11	0.9%	1
WF12	4.5%	5
WF13	8.9%	10
WF14	1.8%	2
WF15	3.6%	4
WF16	2.7%	3
WF17	12.5%	14
	answered	112

	%	Number
	skipped	4

GH postcodes	**Number**	**NK postcodes**	**Number**
HD1	22	BD19	4
HD2	10	WF12	5
HD3	11	WF13	10
HD4	5	WF14	2
HD5	2	WF15	4
HD7	6	WF16	3
HD8	5	WF17	14
HD9	4		
HX3	1		
WF1	1		
Total	67		42
%	61.5%		38.5%

Q3. What is your gender?

	%	**Number**	**Kirklees Census profile %**
Male	35.0%	35	49.4%
Female	62.0%	62	50.6%
Prefer not to say	2.0%	2	
I describe my gender in another way (please tell us)	1.0%	1	
	answered	**100**	
	skipped	**16**	

Q4. How old are you? (E.g. 42)

	%	Number	Kirklees Census profile %
0-15	0%	0	20.4%
16-29	9.5%	9	18.5%
30-44	23.2%	22	20.57%
45-64	44.2%	42	25.3%
65+	23.2%	22	15.2%
	answered	**95**	
	skipped	**21**	

Q5. Which country were you born in?

	%	Number
East Timor (see Timor-Leste)	1.1%	1
India	1.1%	1
Ireland	1.1%	1
Jamaica	2.2%	2
New Zealand	1.1%	1
Spain	1.1%	1
United Kingdom	90.1%	82
	answered	**91**
	skipped	**21**

Q6. Do you belong to any religion?

	%	Number	Kirklees Census profile %
Buddhism	0.0%	0	0.2%
Hinduism	0.0%	0	0.4%
Judaism	0.0%	0	0.0%
No religion	28.7%	27	23.9%
Christianity (all denominations)	44.7%	42	53.4%
Islam	19.1%	18	14.5%
Sikhism	0.0%	0	0.8%
Other (please tell us)	2.1%	2	0.3%

	%	Number	Kirklees Census profile %
Prefer not to say	5.3%	5	
	answered	**94**	
	skipped	**22**	

Q7. What is your ethnic group?

	%	Number	Kirklees Census profile %
Prefer not to say	7.1%	7	
Asian or Asian British:			16.0%
Indian	5.1%	5	
Pakistani	13.3%	13	
Bangladeshi	0.0%	0	
Chinese	0.0%	0	
Other Asian background	0.0%	0	
Black or Black British			1.9%
Caribbean	15.3%	15	
African	0.0%	0	
Other Black background	0.0%	0	
Mixed or multiple ethnic groups:			2.3%
White and Black Caribbean	3.1%	3	
White and Black African	0.0%	0	
White and Asian	0.0%	0	
Other mixed background	3.1%	3	
White:			76.7%
English/Welsh/Scottish/Northern Irish/British	50.0%	49	
Irish	0.0%	0	
Gypsy or Irish Traveller	1.0%	1	
Other White background	0.0%	0	2.5%
Other ethnic groups:			0.6%
Arab	0.0%	0	
Other Ethnic group (please tell us):	2.0%	2	

	%	Number	Kirklees Census profile %
	answered	**98**	
	skipped	**18**	

Q8. Are you disabled?

	%	Number	Kirklees Census profile %
Yes	12.2%	11	17.7%
No	80.0%	72	
Prefer not to say	7.8%	7	
	answered	**90**	
	skipped	**26**	

Q9. Do you have any long term conditions, impairments or illness? (If yes please tick any that apply)

	%	Number
Physical or mobility (such as using a wheelchair to get around and / or difficulty using their arms)	18.2%	6
Sensory (such as being blind / partially sighted or deaf / hard of hearing	9.1%	3
Mental health(such as having depression or schizophrenia)	30.3%	10
Learning disability (such as having Downs syndrome or dyslexia or a cognitive impairment or developmental issue such as autism or a head-injury)	6.1%	2
Long term condition(such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)	33.3%	11
Prefer not to say	18.2%	6
Other (please tell us):	21.2%	7
	answered	**33**
	skipped	**83**

Q10. Are you a carer? (Do you provide unpaid care to someone who is older, has a long term condition, is disabled or has other support needs?)

	%	Number	Kirklees Census profile %
Yes	27.1%	26	10.4%
No	65.6%	63	
Prefer not to say	7.3%	7	
	answered	**96**	
	skipped	**20**	

Q11. Which of the following best describes your sexual orientation?

	%	Number
Bi/Bisexual	0.0%	0
Gay	2.1%	2
Lesbian	1.1%	1
Heterosexual/Straight	88.3%	83
Prefer not to say	5.3%	5
I prefer to use another term (please tell us):	3.2%	3
	answered	**94**
	skipped	**22**

It should be noted that accurate demographic data is not available for these groups as it is not part of the census collection. The most up to date information we have about sexual orientation is found through the Office of National Statistics (ONS), whose Integrated House Survey for April 2011 to March 2012 estimates that approximately 1.5% of the UK population are Gay/Lesbian or Bisexual. However, HM Treasury's 2005 research estimated that there are 3.7 million LGB people in the UK, giving a higher percentage of 5.85% of the UK population.

Q12. Do you consider yourself to be a Trans* person? *Trans is an umbrella term used to describe people whose gender is not the same as the sex they were assigned at birth.

	%	Number
Yes	0.0%	0

	%	Number
No	93.7%	89
Prefer not to say	6.3%	6
	answered	**95**
	skipped	**21**

Transgender and Trans are an umbrella term for people whose gender identity and/or gender expression differs from the sex they were assigned at birth. One study suggested that the number of Trans people in the UK could be around 65,000 (Johnson, 2001, p. 7), while another notes that the number of gender variant people could be around 300,000 (GIRES, 2008b).

Q13. Do you/or anyone you live with get any of these benefits? **

Universal Credit, Housing Benefit, Income Support, Pension Credit – Guarantee Credit Element, Child Tax Credit, Incapacity Benefit/Employment Support Allowance, Jobseekers Allowance, Free School Meals, Working Tax Credit, Council Tax Benefit, Disability Living Allowance/Personal Independence Payment

**We are asking this question to help us understand if being on lower income affects their experience of services or health.

	%	Number
Yes	33.0%	31
No	59.6%	56
Prefer not to say	7.4%	7
	answered	**94**
	skipped	**22**

Q14. Are you pregnant or have you given birth in the last 6 months?

	%	Number
Yes	1.1%	1
No	94.6%	87
Prefer not to say	4.3%	4
	answered	**92**
	skipped	**24**

Q15. Are you a parent/primary carer of a child or children who live with you, if yes, how old are they? (Tick any that apply)

	%	Number
0-4	14.3%	7
5-9	22.4%	11
10-14	20.4%	10
15-19	30.6%	15
Prefer not to say	12.2%	6
	answered	**49**
	skipped	**77**