Greater Huddersfield Clinical Commissioning Group
North Kirklees Clinical Commissioning Group

Communications and engagement

Annual report

April 2020 - March 2021

Contents

Acknowledgements

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

Foreword

This report sets out the various ways the North Kirklees and Greater Huddersfield Clinical Commissioning Groups have communicated, engaged and involved the public and patients over the last 12 months.

In a year that has continued to be dominated by the COVID-19 pandemic, much of the work this year has had to be adapted and refocused to ensure timely and relevant public awareness messages, including sharing information about changes to GP services, increasing knowledge about the vaccine and raising awareness to increase vaccination uptake.

Each year, the CCGs engage with patients and members of the public to seek their views on a range of local health services, helping the CCGs and partners to understand more about people's experiences using services. Two areas of notable mention this year include the work to improve engagement with black and minority ethnic groups, and the Maternity Services Review commissioned as a direct result of the effect of the pandemic on patient experience.

Throughout the year, the CCGs have carried out work to let the general public and others know about its intention to create a single clinical commissioning group; and to seek the views from the public and partners. Taking on board the feedback received, the new NHS Kirklees CCG will now need to fulfil its promise to invest in areas of most need, tackle health inequalities, and recognise Kirklees has different communities and different voices that need to be heard and engaged.

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

engagement team during this challenging year, and in receiving a Green Star rating, scoring ‘outstanding’ in all the domains of the NHS England's CCG Improvement and Assessment Framework against the patient and community engagement indicator.
And provide the utmost gratitude to the patients, public and partners who have taken the time to talk to us; and share their experiences during what has been an unprecedented and challenging time for all.

Beth Hewitt
Lay Member Public & Patient Involvement

1. Introduction

This report covers the period between 1 April 2020 and 31 March 2021. It describes how NHS Greater Huddersfield and NHS North Kirklees Clinical Commissioning Groups (CCGs) involved local people, shared information, and encouraged participation in line with our statutory duties, organisational strategies and plans.

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

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

1.1 What we do

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

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

1.2 Health in Kirklees

Kirklees is home to around 440,000 people. It's a mix of urban and rural communities with a diverse population including a large South Asian community. There are lots of good things about Kirklees including the diversity of the people who live here, but there are also a range of social, economic and health challenges that affect our residents and impact upon the work of the CCGs.

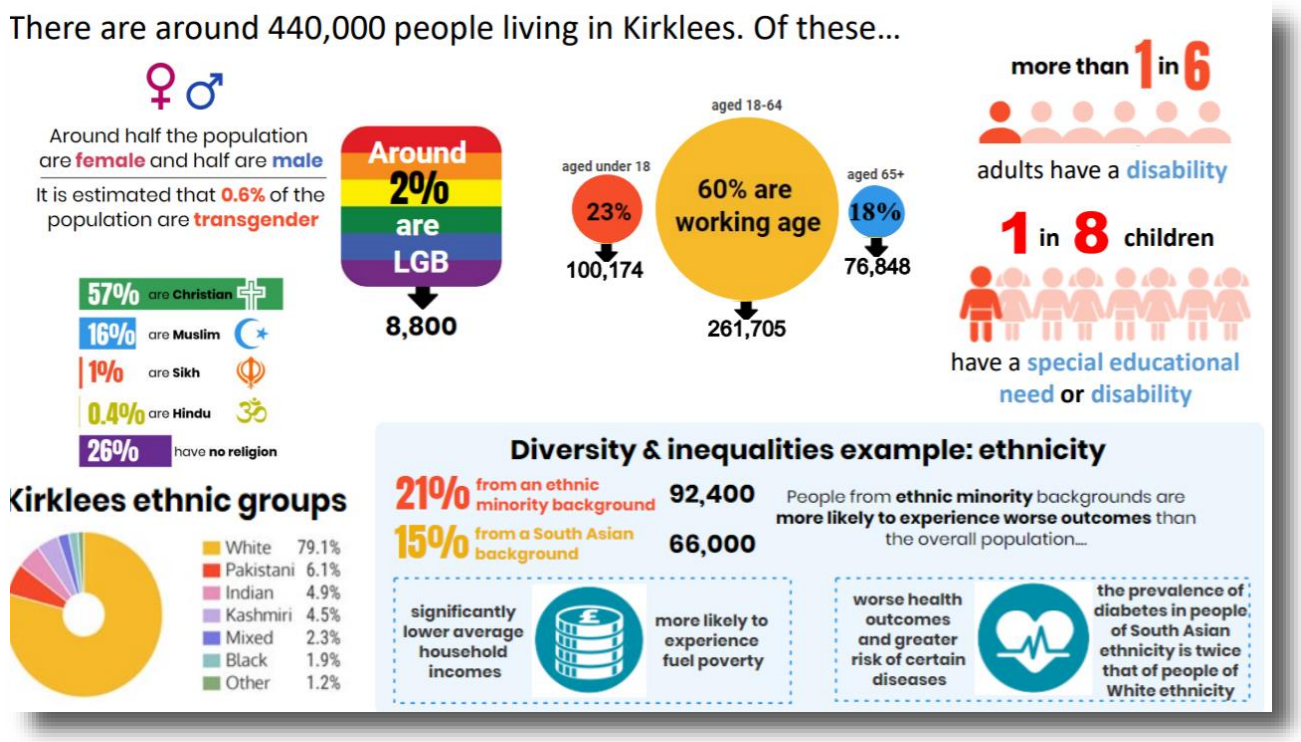
The population is projected to increase most in those aged 65+ and we will see over 30,000 more people in this age group in the next 22 years. This is important because older

people are more likely to have multiple health conditions and complex needs, require different types of facilities and greater access to health and care services. Some parts of Kirklees have high birth rates and will see their younger population increase over the coming years, which has implications for maternity and child health services.

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

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

Further information about our area can be found in the Kirklees Joint Strategic Assessment that can be accessed on the Kirklees Council website.



1.3 Our engagement approach

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

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

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

- our commitment to put local people at the heart of the decision-making process
- our legal duty to involve people in the commissioning of local services under the NHS Act 2006 (see appendix A)
- the way we work in partnership across Kirklees and the wider West Yorkshire and Harrogate area.

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

We will:

1. Provide information that is clear and easy to understand, free of jargon and in plain language
2. Be timely, targeted and proportionate in how we communicate and engage
3. Foster good relationships and trust by being open, honest and accountable
4. Ask people what they think and listen to their views
5. Talk to our communities including those most likely to be affected by any change
6. Provide feedback about decisions and explain how public and stakeholder views have had an impact

7. Work in partnership with other organisations in Kirklees and West Yorkshire when appropriate
8. Use resources well to make sure we get the most out of what we have
9. Review and evaluate our work, using learning to make improvements.

1.4 Equality and diversity

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

The nine protected characteristics

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

1.5 Assurance

Our overall engagement approach and activity is subject to review through NHS England's CCG Improvement and Assessment Framework 'patient and community engagement indicator'. For 2019 / 20, both CCGs received a Green Star rating, scoring 'outstanding' in all the domains (see appendix B).

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

2. How do we engage and involve the public?

2.1 Patient Engagement Assurance Group (PEAG)

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

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

2.2 Local patient reference groups (PRGs)

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

2.3 Patient Reference Group Networks (PRGN)

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

2.4 Your health, your say network

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

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

2.5 Events

The CCGs hold regular joint engagement events which are open to members of the public and representatives of voluntary and community sector organisations. They provide an opportunity to find out more about what the CCGs do, participate in discussions, and ask questions. We publish reports of all our events on our website.

2.6 Kirklees Equality Health Panel

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

2.7 NHS Challenge commissioning game

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

2.8 Patient stories

Patient stories have continued to be a part of our Governing Body meetings. These stories highlight how important it is that we consider the experience of patients in all the decisions we make. During 2020/21 we heard about:

- The positive impact of advanced care planning
- Two patients' experiences of the Kirklees Rapid Response Service
- The experience of a patient and his family with the Community Matron Service provided by Locala
- A patient story in the form of a Channel 4 television news report entitled "'I don't deserve to be alive' – how two patients recovered from COVID-19" that focused on 'long COVID'.

2.9 Voluntary and community sector

We value the support and challenge provided by community and voluntary sector organisations in Kirklees. We invite representatives to attend our quarterly engagement events. We have also given community and voluntary sector organisations the opportunity to be part of project groups to support the development and improvement of services, and to be members of the Patient Engagement Assurance Group. We also work with community organisations on specific engagement projects and encourage them to share important health messages.

2.10 Community Voices

Community Voices are individuals working in the voluntary and community sector who are trained to engage with the local population on our behalf. Working with these assets strengthens and increases the feedback we receive, particularly from seldom heard groups. We currently have around 32 Community Voices that represent 24 organisations across Kirklees.

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 and community sector (VCS) on local lives and communities. Based in Calderdale, VAC supports organisations across Calderdale, Kirklees and further afield.

2.11 Patient advice and liaison service (PALS)

PALS helps the NHS to improve services by listening to what matters to patients and their families and making changes when appropriate. The service:

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

2.12 Healthwatch

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

2.13 Care Opinion

Care Opinion is a feedback platform for the public to share their story or experience of healthcare services. Anyone can post an opinion on the website. The CCGs use feedback

about local providers as part of its quality and patient experience monitoring and to inform its commissioning decisions.

2.14 Website

Our website provides up-to-date information about the work of the CCGs and plans for the future. We use the site to promote all our activities, including Governing Body meetings, quarterly public engagement events and other opportunities for people to have their say, along with health information and guidance. The site also contains a wealth of resources including minutes of meetings, policies, and strategies. During the year we launched a new, single website to support both organisations.

2.15 Stakeholder bulletins

We publish a joint CCG e-bulletin every quarter, designed to update stakeholders and members of the public about the work of the CCGs, promote opportunities to get involved, and show how public and patient involvement has informed our commissioning decisions. The bulletin is sent to over 300 contacts including community and voluntary organisations, partners and providers, as well as members of the public. It's also published on our website.

2.16 Media

We frequently use local newspapers and other news media to help us engage with our local population and keep them informed about our work. Over the year, we have covered:

- COVID-19 public awareness messages
- How GP services are changing because of the pandemic
- COVID-19 vaccine public awareness messages and information
- Support for the West Yorkshire & Harrogate Care Partnership 'Looking out for our neighbours campaign'
- During Carers week highlighting the role of the UK's unpaid carers during the COVID-19 outbreak
- Promoting our CCG public engagement events
- Introduction of new 24 hr mental health helpline available to all residents
- Help us Help you - GP practices in Kirklees reminding patients to get in touch if they need medical help
- DadPad, a free online app for new dads and fathers-to-be was launched
- Men's Health Week, focusing on the theme of 'Take Action on COVID-19'
- Healthy Hearts, which was awarded the 'Cardiovascular Care Initiative of the Year' at the HSJ Value Awards 2020
- New resources to help people talk about end-of-life care
- Local GPs urging people to get their flu jab
- My Pregnancy Journey, digital care planning tool for women in West Yorkshire and Harrogate
- A celebration of ethnically diverse staff during Black History Month
- Pride in Practice, GP practices in Kirklees that have received recognition for meeting the needs of their lesbian, gay, bisexual and transgender (LGBT) patients

2.17 Social media

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

In order to evaluate the effectiveness of our Twitter accounts we regularly review 'impressions' (the number times people see our tweets) and 'engagements' (the number of times a user interacts with our tweets by clicking, liking retweeting etc). We received in excess of one million impressions during the year, with views and engagement increasing during the winter period.

Amongst the most popular content during the year were our films featuring local health professionals giving important messages about COVID-19 guidelines and the vaccination in English and Urdu.

Together with local health and care partners we have provided reminders about how to get the right help and support using #MakeTheRightChoice and #KirkleesCares. Messages showing a simple graphic of all local services received the most engagement.

This year, we received an increased number of questions via our social channels compared to previous years. Most questions related to the COVID-19 vaccine.

The post that received the most engagement across all our channels was an open letter thanking partners and the public on the achievement of 100,000 COVID-19 vaccinations in Kirklees.

2.18 Campaigns

We re-prioritised our communications effort to focus on sharing national NHS information about COVID-19, supporting local public health messaging, and providing information about how local health services were working – particularly GP services.

We supported the NHS flu vaccination campaign; highlighted winter messages; and encouraged people to continue to use NHS services during the pandemic.

During self-care week in November 2020 we focused on a different topic each day; diabetes, health at home, mental health, physical activity, COVID-19 signs and symptoms, flu jab and antibiotics.

We also supported the 'Looking out for our neighbours' campaign over the winter period. This took the form of a short docu-series to show how neighbourly kindness is making a difference to people's lives during the pandemic.

In February 2021 we launched the Check-In campaign. The campaign is aimed at our own staff and supported across the West Yorkshire and Harrogate Health and Care Partnership. It aims to prevent staff suicide and promote a wellbeing culture by normalising the conversation around suicide and mental health as well as providing training, resources, and signposting to support. Our on-going commitment to supporting this campaign and work to date was highlighted in the Check-In evaluation report April 2021.

Case study: Winter messaging

For the second year running, we commissioned VAC and the local community and voluntary sector to help us communicate important winter messages to target groups across Kirklees. Key audiences for this work were:

- Parents of children under 12 years, particularly those aged 0 – 5 years
- People aged under 40 with minor health conditions
- More vulnerable adults and their families/carers/friends. Particularly those with long-term conditions or underlying health problems such as COPD.

Due to the restrictions placed upon us all by the pandemic, we encouraged VAC to seek innovative ways of engaging, promoting good health, and encouraging appropriate use of NHS services.

Three Community Voices in North Kirklees undertook the following activities:

20:20 Foundation

Charity and community group 20:20 Foundation produced a series of short videos featuring a local Imam promoting key winter messages. These were shared via Twitter as well as through a number of What's App Groups in Dewsbury and Batley, reaching an audience of around 1,500 people.

Key winter messages were also discussed on a series of online calls with groups which included elderly people, young people, people with learning disabilities and young people who take part in sporting activities.

In addition, 20:20 developed a social media campaign on Facebook which reached around 3,000 people from North Kirklees. They also shared information on Instagram and Snapchat with a further 400 people.

The charity also took the opportunity to include our winter health leaflets in food parcels distributed to around 700 households.

Kumon Y'All

Community group Kumon Y'All asked the young people involved to produce their own winter messages to be shared via What's App. The messages had a potential reach of more than 4,500 people, mainly of South Asian origin, across North Kirklees.

A member of the group filmed a video interview with a local pharmacist, highlighting the services available and giving advice on when to seek help. This was also shared widely via social media.

Ready Steady Active

Local community organisation Ready Steady Active incorporated winter messages into their children's multisport holiday programmes. The programmes were delivered over the Christmas school holiday and were aimed at children between seven and 17 years. All sessions included an educational activity where young people were able to discuss issues including mental health, COVID safety and staying well in winter as well as choosing the right health service. They were also given copies of an NHS information leaflet to take home. The activity engaged over 45 children and 36 families.

During the February school half term holiday, the organisation ran an activity designed to encourage children from vulnerable families to maintain physical activity and keep healthy. As part of the programme, winter messages were shared with around 50 families and discussed via a Zoom meeting. Families also received copies of NHS information leaflets.

Ready Steady Active carried out a survey to understand the feelings and needs of participants. The survey included questions on using the right health service and winter messages. Questions included which service people would use for different scenarios and how they could keep themselves safe and warm in winter. A total of 81 surveys were returned and demonstrated a good understanding of services and how to use them.

2.19 Staff and GP member practices

Involving staff and GP member practices is one of the aims set out in our Communications and Engagement Strategy.

We use a number of tools to engage with staff and GP practices including regular meetings, bulletins, and intranet. As CCG staff moved from office-based to online working this year, we adapted our activities to reflect the new environment. This included increasing the frequency of the staff newsletter and replacing a face-to-face briefing with a longer weekly online session. The national NHS People Pulse survey has helped us gain a greater understanding of how staff are feeling each month and what additional support they might need. The CCG Staff Forum has had a key role to play in engaging with staff, providing suggestions for improvement, and delivering new activities.

Our regular GP bulletin was replaced by a daily COVID-19 focused update compiled by the CCG primary care teams. This reflected the increase in information and guidance that had to be shared during the pandemic. GP engagement activities are reported separately to Governing Bodies and include regular engagement meetings with practice representatives and Primary Care Network Clinical Directors.

3. Consultation and engagement activities between 1 April 2020 and 31 March 2021

When there are decisions to be made which affect how local NHS services are commissioned, we make sure we talk to those patients who will be most affected. For larger pieces of work, we make sure that the general public are made aware of any proposals so they too have the chance to have their say. We carry out one off pieces of work as well as involving patients and the public on an ongoing basis through the partnership arrangements we have in place with local patients and communities.

This year we have engaged with patients and members of the public in order to seek their views on a range of local health services. Feedback from this work has helped us to understand more about the experiences people have when using services as well as their expectations in relation to future services. Engagement during the past 12 months has included using online questionnaires, online events, and online discussion groups.

This section includes all the activities that have taken place and been completed during 2020 / 21 as well as those which have been started during the period of this report but are not yet complete. These are:

- Creating a single clinical commissioning group for Kirklees
- Broughton House surgery
- Equality objectives – improving engagement with BAME and carers
- Using maternity services during COVID-19

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

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

- Coronavirus engagement for stabilisation and reset
- ‘Looking out for our neighbours’
- Working together - virtual consultations
- Assessment and Treatment Units

- Green social prescribing
- Maternity Services Community Action

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

3.1 Patient Engagement Assurance Group

The primary role of the Patient Engagement Assurance Group (PEAG) is to assure the CCGs and local people that we are involving patients, carers and members of the public in line with our legal responsibilities when we plan, develop and commission or discontinue services.

The group meets quarterly and is chaired by a member of our Governing Body who is a lay person with responsibility for patient and public involvement. The group also includes CCG staff, six members of the public, and representatives from Healthwatch Kirklees, Kirklees Council, VAC and the following community and voluntary groups:

- Royal Voluntary Service
- 20:20 Foundation
- Home Group
- Pakistan and Kashmir Association
- Kirklees Vision Impairment Network

During 2020 / 21 in response to COVID-19 and the restrictions in place we held all our meetings online using Microsoft Teams. The topics discussed at the Patient Engagement Assurance Group meetings in 20/21 were:

- Communications and Engagement Strategy review
- Communications and Engagement work plan
- Creating a single clinical commissioning group for Kirklees
- Equality Objectives engagement
- Broughton House Surgery
- Supporting service change through the COVID19 pandemic
- Integration
- Primary Care Networks
- Personalised care
- Terms of Reference – Annual Review

3.2 Patient Reference Group Networks

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

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

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

The PRG networks also provide an opportunity for members to raise concerns or queries about the work of each CCG or healthcare providers.

During 2020 / 21 in response to COVID-19 and the restrictions in place we held all our meetings online using Microsoft Teams. The topics that were discussed at the Patient Reference Group Network meetings in 2020 / 21 were:

Greater Huddersfield CCG PRG Network	North Kirklees CCG PRG Network
• Feedback from PRG Audit Survey • Online consultation – eConsult • National GP survey results 2020 • Contacting PALS • Flu vaccination update	• PRG Audit update • Young People survey update • GP Online consultation / video consultation • North Kirklees CCG Recovery Plan

Greater Huddersfield CCG PRG Network	North Kirklees CCG PRG Network
• Primary Care / PCN update • COVID-19 vaccination update • Calderdale & Huddersfield NHS Foundation Trust Reconfiguration and Service Reset • Creating a single clinical commissioning group for Kirklees • Advance Care Planning	• GP patient survey – update on results • Flu campaign • Primary Care Network update • Creating a single clinical commissioning group for Kirklees • Advanced Care Planning • COVID-19 vaccine • Healthwatch Kirklees engagement report

3.3 Engagement events

We invite the public and representatives of voluntary and community sector organisations to attend our engagement events. Events are just one example of our commitment to involve and engage local people in decisions about healthcare provision, keep them updated about our work, and demonstrate how public feedback has impacted upon the CCGs' work.

During 2020 /2 1 in response to COVID-19 and the restrictions in place we held all our events online using Microsoft Teams Live Events. Using this format, we found that more people signed up and attended than when held face-to-face, so we were able to reach a wider audience. However, the format does limit interaction between the presenters and attendees. This works well when the focus of an event is sharing information.

Below you will find further information about the events held during the year.

June 2020

What was the event about and how did you engage?

The online event was held on 24 June 2020. Ninety-three people registered and 52 people attended with representatives from 21 organisations.

The following presentations were delivered:

Update – delivered by Dr Khalid Naeem (Chair of NHS North Kirklees CCG) – provided an update on the future configuration of the CCGs in Kirklees; West Yorkshire vascular consultation; Impact of COVID-19; and Healthwatch Kirklees engagement.

Kirklees Primary Care COVID-19 Response – delivered by Catherine Wormstone (Head of Primary Care Strategy and Commissioning) – provided an overview of the work taking place in primary care to support GP practices, and shielded patients.

GP experience during COVID-19 – delivered by Dr Steve Ollerton (Chair of NHS Greater Huddersfield) – provided an overview of the changes that GP practices have seen during COVID-19.

Where can you find out more information about this work?

A copy of the report from this event can be accessed on the CCG website.

September 2020

What was the event about and how did you engage?

The online event was held on 16 September 2020. Ninety-one people registered and 54 people attended with representatives from 19 groups / organisations

The following presentations were delivered:

Update - delivered by Dr Steve Ollerton (GP and Chair of NHS Greater Huddersfield CCG) – provided an update on how NHS services are restarting; and how the NHS and Kirklees Council are responding to health inequalities.

Flu vaccination programme – delivered by Catherine Wormstone (Head of Primary Care Strategy and Commissioning) – provided an overview of the current flu vaccination campaign and how this differs from previous campaigns.

COVID in Kirklees - delivered by Emily Parry-Harries (Consultant in Public Health, Kirklees Council) – provided an overview of the public health messages in relation to COVID-19, what to do if people have symptoms, the current testing process, and what the current restrictions are both locally and nationally.

North Kirklees CCG recovery plan – delivered by Vicky Dutchburn (Head of Planning, Performance & Delivery) – provided an overview of the current financial situation for North Kirklees CCG and what plans are in place to develop a recovery plan.

What did people tell us?

All those that had registered to attend the event were also offered the opportunity to take part in a discussion about the North Kirklees CCG recovery plan. The session was delivered on MS Teams which enabled people to turn on their cameras and mics and take part fully in the discussion.

The key themes raised from the discussion were:

- **To review how organisations can be added to the social prescribing list** – currently some organisations are finding it difficult to be added to the list. And as such we are missing out on a lot of services that support both physical and mental health, which we could be referring people to.
- **Focus on prevention** – need to be more proactive in preventing ill health
- **Use patient stories to support development of services** – it was felt that having a greater understanding of a patients' journey would bring greater insight in how to develop / commission services.
- **Holistic approach** – adopt a holistic approach to health and social care.
- **Use the learning from COVID-19** – during the past six months many organisations have worked differently, such as using more online services. Need to understand what worked and what didn't
- **Use the learning from other areas** – look at good practice across the country when developing services. Example given was weight management service in Sheffield.
- **Improve joint working across health, social care and third sector** – patients often have to access services from a wide range of providers, need to make it easier for patients to access these services, and for the services to be more joined up.
- **Role of Primary Care Networks** – PCNs were seen as an opportunity to look at providing specialist services in the community, and to work closely with the local authority and third sector to provide these services.
- **Impact on other services** – consideration needs to be given to how changes to one service can impact positively or negatively on other services. For example, a reduction

in social prescribing could lead to an increase in mental health and / or weight management issues.

Where can you find out more information about this work?

The comments / questions raised in the main event and the feedback from the discussion group session will be used to support the development of the North Kirklees CCG recovery plan.

A copy of the report from this event can be accessed on the CCG website.

December 2020

What was the event about and how did you engage?

The online event was held on 2 December 2020. Eighty-four people registered and 41 people attended, with representatives from 17 groups / organisations.

The following presentations were delivered:

- **Update** – Dr Steve Ollerton, Chair of NHS Greater Huddersfield CCG provided updates on the future configuration of the CCGs in Kirklees, and the COVID-19 vaccination programme; reminded people to have their flu vaccination, and which services to access when they are unwell.

- **Update on stabilisation and reset** – Natalie Ackroyd, Business Planning and Performance Manager talked about the guidance that CCGs and providers have been following since August to get to near-normal levels of non-COVID health services; the impact wave 2 was having on services; and the infection rates in Kirklees.

- **Calderdale and Huddersfield NHS Foundation Trust update on Hospital Services Reconfiguration –** Mark Davies, Clinical Lead and A&E Consultant and Nicola Bailey, Transformation Programme Manager provided an update on the progress being made with the hospital services reconfiguration.

It had also been planned to hear from Emily Parry-Harries (Consultant in Public Health, Kirklees Council) on the current testing process, and what the current restrictions are both locally and nationally. In Emily's absence Dr Steve Ollerton gave a brief verbal update.

Where can you find out more information about this work?

A copy of the report from this event can be accessed on the CCG website.

3.4 Creating a single clinical commissioning group for Kirklees

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

NHS North Kirklees and NHS Greater Huddersfield Clinical Commissioning Groups planned 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 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 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 a task where they asked their communities for views. This work took place during February 2021.

How did we engage?

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. 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 Kirklees Council.

In addition to the survey we raised awareness and held discussions at:

- Engagement event held in December 2020
- Two discussion groups in January 2020
- PRG Network meetings held in January 2020
- Community Voices peer to peer meeting held in December 2020

What did people tell us?

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 its communities, particularly those in more deprived areas. This was a particular concern expressed by those that live in or represent North Kirklees. 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.
- A bigger overall footprint could lead to 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 hospital trusts 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 of how to provide assurance were:

- 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. Recognise that 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 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.

What will we do next?

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. The Joint Communications and Engagement Strategy for Greater Huddersfield and North Kirklees CCGs will be refreshed in the context of the engagement feedback, to create an updated strategy for Kirklees CCG.

Where can you find out more information about this work?

A copy of the report can be accessed on the CCG website.

3.5 Broughton House surgery

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

The contract for the GP practice at Broughton House Surgery is due to come to an end on 31 March 2022 and the CCG needs to decide what to do next. This contract was originally due to end on the 31 March 2021, however due to the COVID-19 pandemic, it was extended for a year.

The aim of the engagement was to identify how GP services can be delivered in the longer term. The views gathered will be used to identify the future provision of services for the practice population registered at Broughton House Surgery.

An engagement activity ran from 15 March 2021 – 25 April 2021. Following analysis of the feedback received, we identified that it was not representative of the practice population, although we received many responses. We decided to extend the engagement so that we could target specific groups and encourage them to share their views. The deadline was extended by 3 weeks to 17 May 2021, to ensure that it fell after Eid.

How did we engage?

The following mechanisms were used:

- **Patients** - All households registered with Broughton House Surgery were sent a text message or letter informing them of the engagement. They were invited to take part in the survey and given the opportunity to attend an online meeting.
- **Local councillors and MPs** - A briefing about the CCG's engagement activity and timeline was shared with local councillors, MPs and the overview and scrutiny committee.
- **Practice staff with Broughton House Surgery** -The CCG worked closely with senior practice staff
- **Local health providers e.g. other GP practices in the area** - A briefing about the CCG's engagement activity and timeline was shared with GP practices and pharmacists within a three-mile radius of Broughton House Surgery.
- **Health partners e.g. Healthwatch Kirklees** - A briefing about the CCG's engagement activity and timeline was shared with Healthwatch.

What will we do next?

The findings from the engagement will be analysed and a report of findings will be submitted to the CCG's Primary Care Commissioning Committee (PCCC) in June 2021 with a proposal for next steps. It is expected that if any new arrangements are agreed to be put in place, they will start from 1 April 2022.

The CCG will contact the patients again at the beginning of 2022 to inform them of the outcome of the decision and any next steps that need to be taken.

Where can you find out more information about this work?

Once the report of findings has been produced a copy of the report will be available on the CCG website.

3.6 Equality objectives – improving engagement with Black Asian and minority ethnic people (BAME), and Carers

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

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

Improve engagement with specific equality groups:

Years 1 & 2 – Lesbian, Gay, Bisexual and Transgender (LGBT), and young people

Years 3 & 4 – Black Asian and minority ethnic people (BAME), and Carers

The Communications and Engagement Annual Report for 2019/20 included an update on the progress made in years 1 and 2 with LGBT, and young people.

To support the delivery of the objective for years 3 and 4, we commissioned Voluntary and Community (VAC) to:

- Identify which Community Voices represent the views of BAME people and carers.
- Identify any gaps in BAME (with a focus on newly emerging communities) and carers' communities represented, and any gaps by geographical area.
- Identify any groups to fill the gaps.
- To engage with BAME and carer organisations and seek insight on how the NHS can engage with them better about health services.
- Undertake campaign to recruit BAME and carer organisations to undertake the training.

How did we engage?

VAC held focus groups, one for Community Voices who engage with BAME groups in North Kirklees, and one for Community Voices who engage with carers in Huddersfield. These were delivered in October 2020. The purpose of the focus groups was to understand:

- What can VAC do to support you all in your roles as Community Voices?

- How can we attract members from existing and newly emerging BAME communities / carers in Kirklees to become Community Voices given that they have to belong to a community group or charity to do so?
- What methods should VAC and Community Voices be using to communicate effectively with BAME / carer communities?

What did people tell us?

- They are unsure who the other Community Voices are and would find it useful to know more to support the development of links between organisations.
- Current Community Voices could spread the word with other communities that they work with to encourage people to undertake the training.
- Would be useful to understand what gaps exist in the Community Voices and who they should be targeting.
- Community messages should be delivered by people in the community not by NHS or Kirklees Council. People are prepared to listen to someone they know and trust.
- Suggestions for how to gain feedback and get messages out were:
  - Community Voices using their What's App groups
  - Mosques
  - One to one conversations
  - Al Mubarak radio
- For Carers Count to receive the support of the GP practices to raise awareness and refer people to their service.

What did we do next?

The BAME focus group feedback has been used to:

- Help identify BAME organisations and encourage them to sign up to train to be a Community Voice. This has resulted in an increase in the number of BAME organisations signing up to participate in the training delivered in January 2021.
- Inform the delivery of the winter messaging campaign.
- Develop relationships with key BAME groups.

The carers' focus group feedback highlighted a gap in reaching BAME carers and a dedicated meeting between a carers' organisation and BAME groups will take place to generate ideas.

Attendees of both focus groups will be offered the opportunity to attend a follow up focus group to discuss progress made.

In response to feedback, a peer to peer network has also been established so all Community Voices can meet and understand more about each other's work. The first Coffee and Chat virtual session was held in December 2020.

Where can you find out more information about this work?

A copy of the report can be obtained from the Engagement Team.

3.7 Using maternity services during COVID-19

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

At the onset of the COVID-19 pandemic, all NHS maternity services had to make changes to protect staff, service users and their babies, and to ensure continued provision of essential care. The local Maternity Voices Partnerships (MVP), Clinical Commissioning Groups (CCG), local authorities and NHS wanted to understand the impact of these changes on expectant and new parents, and families.

Local engagement was launched to gather the views of those using maternity services at Calderdale and Huddersfield NHS Foundation Trust (CHFT) and Mid-Yorkshire Hospitals NHS Trust (MYHT). This survey went live on 30 July 2020 and was open for 4 weeks.

How did we engage?

A survey was developed for service users and their partners who had received care during the pandemic. It looked at aspects of the maternity journey, from booking through to postnatal care at home. The survey consisted of satisfaction measures and open-ended free text questions. Socio-demographic data were also collected.

The survey was made available online and in hard copy and was distributed across Calderdale, Kirklees and Wakefield via the following routes:

- Online link via websites, social media and inclusion in NHS, local authority and community newsletters
- Online link and hard copy surveys distributed via the two hospitals, using all their ways of reaching service users – inclusive of social media groups dedicated to maternity services, maternity staff and communication with service users and families
- Children and young people services including health visiting
- Clinical Commissioning Groups' websites, newsletters and social media
- Maternity Voices Partnerships social media and communications to linked groups
- Healthwatch organisations across the area

- Feeding and family support groups
- Community and voluntary sector groups with focus on maternity and supporting service users, including groups that may support service users considered to be more vulnerable.

What did people tell us?

In total there were 606 responses: 60% (361) from Calderdale and Huddersfield Foundation Trust and 38% (231) from Mid Yorkshire Hospitals NHS Trust; for the remaining 14 people who responded, the Trust was not specified. All those who responded, or their partners, received maternity care from 23 March 2020.

Key messages

- Most service users were satisfied with their experience of maternity services and appreciated the care provided during a challenging time. Those that experienced continuity of care felt they benefited from this.
- Although interactions with individual health professionals were largely described as positive, some service users and partners felt disregarded and lost in or let down by the system.
- The impact of restrictions on partners, family members or birthing companions was a major area of concern. This was commented on in relation to every element of care, in particular ultrasound appointments and postnatal care.
- Service users experienced both the pandemic and care/restrictions in response to the pandemic and this has had an impact on their emotional and psychological wellbeing. Some felt that mental health had not been addressed.
- Virtual contact is not a substitute for face-to-face contact. Service users wanted more contact and for more of the contact to be face-to-face.
- The pandemic and associated restrictions/changes may compound existing inequalities. Service users from BAME communities were less satisfied with the care they received than others.

Recommendations

- Trusts need to find a way to involve partners more fully in the childbirth journey.
- There is a need to ensure that emotional/mental health support is not compromised, particularly at a time of heightened need.

- Enhanced signposting and clear communication is necessary to ensure that service users do not get lost in the system and that they and their families have trust in the system.
- Although there was an acknowledgement of the need to restrict face-to-face appointments, in some circumstances more contact was needed than had been provided. Virtual appointments should not be a substitute for face-to-face care in the longer-term for most service users.
- Issues of equity need to be considered. There is a need to ensure that minoritised groups are not further marginalised by changes. How to improve the experience and care of service users from BAME communities; addressing issue of health literacy and digital inclusion; and recognising diverse family forms are particular aspects that need to be addressed.

What will we do next?

These findings have been discussed with local stakeholders and individual place-based action plans are being developed in response. A number of changes have already been implemented at trust level.

Where can you find out more information about this work?

A copy of the report can be accessed on the CCG website.

Appendix A - Legal duties in relation to patient and public engagement

Section 14P - Duty to promote NHS Constitution

(1) Each clinical commissioning group must, in the exercise of its functions—

(a) Act with a view to securing that health services are provided in a way which promotes the NHS Constitution

Section 14U - Duty to promote involvement of each patient

(1) Each clinical commissioning group must, in the exercise of its functions, promote the involvement of patients, and their carers and representatives (if any), in decisions which relate to—

(a) The prevention or diagnosis of illness in the patients, or

(b) Their care or treatment.

Section 14Z2 - Public involvement and consultation by clinical commissioning groups

(1)This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

(2) The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

(a) In the planning of the commissioning arrangements by the group,

(b) In the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

(c) In decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

NHS Constitution (Refreshed March 2013)

The NHS Constitution produced by the Department of Health establishes the principles and values of the NHS in England. It sets out rights to which patients, public and staff are

entitled, and pledges which the NHS is committed to achieve, together with responsibilities, which the public, patients and staff owe to one another to ensure that the NHS operates fairly and effectively. The Secretary of State for Health, all NHS bodies, private and voluntary sector providers supplying NHS services, and local authorities in the exercise of their public health functions are required by law to take account of this Constitution in their decisions and actions.

A copy of the refreshed NHS Constitution and supporting handbook can be accessed here

Seven key principles guide the NHS in all it does. They are underpinned by core NHS values which have been derived from extensive discussions with staff, patients and the public. Principle Four focuses around patient engagement and involvement and is emphasised through the Patient's Rights Section.

Principle Four

The NHS aspires to put patients at the heart of everything it does. It should support individuals to promote and manage their own health. NHS services must reflect, and should be coordinated around and tailored to, the needs and preferences of patients, their families and their carers. Patients, with their families and carers, where appropriate, will be involved in and consulted on all decisions about their care and treatment. The NHS will actively encourage feedback from the public, patients and staff, welcome it and use it to improve its services

Patient Rights - Involvement in your healthcare and in the NHS:

You have the right to be involved, directly or through representatives, in the planning of healthcare services commissioned by NHS bodies, the development and consideration of proposals for changes in the way those services are provided, and in decisions to be made affecting the operation of those services.

The NHS also commits:

- To provide you with the information and support you need to influence and scrutinise the planning and delivery of NHS services (pledge);
- To work in partnership with you, your family, carers and representatives (pledge);

- To involve you in discussions about planning your care and to offer you a written record of what is agreed if you want one (pledge); and
- To encourage and welcome feedback on your health and care experiences and use this to improve services (pledge).

Appendix B - Patient and Community Engagement Indicator

In 2017/18 a new 'patient and community engagement' indicator was introduced. The indicator is part of the CCG Improvement and Assessment Framework (IAF) and as such it forms part of our overall CCG assessment. We were advised this year, that for 2019 / 20 both CCGs received a Green Star rating, scoring 'outstanding' in all the domains (see table below).

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

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

Get in touch | Contact details

If you would like to be involved in the future work of NHS Kirklees Clinical Commissioning Group or would like to share your views on local health services, please contact us in any of the following ways. If you need this report in another format, for example, large print, audio tape or in another language, please call our Communications Team on 01484 464000.

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