

West and South Yorkshire and Bassetlaw
Commissioning Support Unit



Call to Action: Engagement Report
for Greater Huddersfield CCG

Author: Dawn Pearson

Date: 12th January 2014



1. Background

Nationally, the NHS launched its 'Call to Action' - a national debate to:

- Build a common understanding about the need to renew our vision of the health care service, particularly to meet the challenges of the future;
- Give people an opportunity to tell us how the values that underpin the health service can be maintained in the face of future pressures;
- Gather ideas and potential solutions that inform and enable CCGs to develop 3-5 year commissioning plan; and
- Gather ideas and potential solutions to inform and develop national plans, including levers and incentives for the next 5 – 10 years.

Every CCG was expected to play an active role in encouraging local people to participate in the 'Call to Action' key actions required to deliver this engagement included:

- Signposting and awareness – through local media, social networking, websites, internal and external bulletins and other local communication mechanisms on 'National Call to Action'.
- Active engagement of local communities – through face-to-face events, online discussions, public meetings and through conversations with key stakeholders.

There has been no additional resource to deliver the Call to Action communications, engagement and equality work and all activities have been resourced by the CCG. In addition, GP practices have been contacted directly to support the national campaign, specifically relating to a Call for Action on general practice. Each practice received promotional literature.

2. Purpose of report

The purpose of this report is to report on the engagement activity that has taken place to support the 'National Call to Action' from the period October to November 2013, to describe the methods of delivery and present the findings and:

- To inform the CCG that the findings of this report will also be combined with the findings of 'Call to Action' engagement activity from Calderdale CCG to support the public voice in the delivery of 'Calderdale and Huddersfield Strategic Review'.
- To inform the CCG that the local findings will also be shared with NHS England as part of a 'National Call to Action'.

3. Method of Engagement

The National Call to Action asked the public to give their views on four broad but fundamental questions, these questions were:

- **How can we improve the quality of NHS care?**
- **How can we meet everyone's healthcare needs?**
- **How can we maintain financial sustainability?**
- **What must we do to build an excellent NHS now and for future generations?**

An action plan (see appendix 1) and a survey (see appendix 2) were developed to collect public views on 'Call to Action'. The survey was developed using the 'Call to Action' broad questions and a number of more detailed questions contained in the accompanying document.

We used the detailed questions to engage with local people so they could respond to questions that were more relevant to individual experiences to ensure people could engage fully. This survey was made available in an online, electronic and paper version. The survey included a background to Call to Action along with a link to further national information provided by NHS England. The survey was then used to engage public, patients and carers through a number of activities. The approach for each is set out below:

3.1 Information about Call to Action was sent to all voluntary and community groups held on our **Relationship Matrix** with a link to the online survey and a printable copy of the survey. An invitation was also made for members of the CCG to attend a group's meeting to discuss Call to Action further. Two groups requested an attendance at their meeting they were; Huddersfield District Pensioners' Organisation and the Carers' Strategy Group.

3.2 The Patient Reference Group network was made aware of the Call to Action work at their October meeting and members were asked to complete the survey to share their ideas and thoughts.

3.3 Information about Call to Action was included on the **NHS Greater Huddersfield Clinical Commissioning Group website**, including a background to the project with a link to national information from NHS England, links to the online survey and the printable copy along with alternative contact details for further information.

3.4 Social media was used to reach those members of the public following NHS Greater Huddersfield Clinical Commissioning Group. This amounts to 2,663 followers on Twitter and 695 likes on Facebook. Each individual question from the survey was tweeted and posted several times during the period 30th October – 30th November 2013 always containing a link to the online survey.

3.5 'It's My Health Day' is a West Yorkshire wide event held for people with a Learning Disability. Staff from the Engagement team at NHS West and South Yorkshire and Bassetlaw Commissioning Support Unit attended the event with an adapted, easy read version of the 'Call to Action' survey. Seventeen responses were received from the event. Postcode and equality monitoring information was not captured using this survey.

4. Findings

We received responses from a number of responses from people in Greater Huddersfield using both social media and engagement activities. In total we received contributions from 195 people. The findings presented have identified the key local themes and comments from the public. In addition we have presented the social media and our findings from people with a learning disability separately.

4.1 Key messages from general survey.

There were **10 grass root themes** raised by local people in Greater Huddersfield. These themes have been rated by the number of times they were referred to during the engagement process. The table below identifies how many times the theme was raised and rates them in order of number of comments received.

Key message	Number of comments Greater Huddersfield
Invest in the community	47
Staff and training	44
Education and information	40
National solutions and campaigns	35
Self Care	33
Regular check ups	24
Working together	19
Improve access to health services	18
Discharge planning and better hospitals	10
Invest in technology	11

4.2 'Grass Root' themes in more detail

4.2.1 Invest in the community. Invest in community and primary care, as well as local community and voluntary groups that provide support for local people with health conditions.

- Utilise youth clubs and community centres and put services in existing community buildings
- Engage with work places in the local area
- Provide services on varying days and times
- Give communities choice and control – talk to us
- Look at transport, getting about in the area and parking
- Identify community representatives
- Reduce isolation and inequalities in health
- We want exercise classes, nutrition and cooking advice that are free or subsidised

4.2.2 Staff Training including changing the culture of the NHS, communication and transparency.

- Train all staff, including medical and administrative to change the culture of the NHS
- Improve communication with patients and ensure they understand their condition and treatment options and are able to make informed choices about their own care
- Make the NHS transparent at all levels
- Recruit the right staff who represent the language and culture of the local population
- Train specialist staff (or have a matron lead) who understand different disabilities and mental health

4.2.3 Education and information. All information from the NHS should be available in easy to understand formats and use a variety of different methods to reach the appropriate audience.

- There needs to be more information about how to maintain health and wellbeing and how to avoid preventable conditions
- More information on the services available and how to access them
- Education courses should be available for specific conditions and general health and wellbeing, preferably delivered by people with the condition themselves to provide peer support
- Education on diet, nutrition and lifestyle especially health heating and cooking skills.
- More education and information for young people – start at school, use Sure Start centres
- Educate people in public places – free classes in the community

4.2.4 National solutions and campaigns are needed; there were calls for changes to be made on a national scale. This included:

- changes made by government, such as charging for unhealthy lifestyles such as high taxes on sugar, junk food, alcohol and smoking to help subsidise healthier lifestyles
- Campaigns to raise awareness of exercise and healthy food options
- Acknowledgement that society needs to change, rather than or along with the NHS

4.2.5 Self Care the term used by respondents was not 'Self Care' but self-help, self-management (manage) or 'helping people cope'. Self-management (care) was a strong theme, this is how it was described:

- Care that is personalised with the support of specialist staff
- Access to support groups with clinicians attending
- Places where you can drop in to get advice, support, assistance and equipment in the local community
- Courses on self-management, nutrition, prescribed exercise
- Involvement of wider networks such as carers and families
- Community assistants, champions and buddy schemes
- Advice and helplines available 24/7
- 'Self Care' to support those who are well to ensure prevention – well-being courses for the community, particularly for young people
- Look after the health of carers, support them and give them breaks
- Consider complimentary therapies
- Encourage people to form relationships with local pharmacists to manage medication

4.2.6 Regular check-ups including annual check-ups or possibly more frequent depending on the age and condition for everybody.

- To be offered a wide variety of health and wellbeing checks, many people described this as an MOT or health review
- Also a call for more targeted check-ups for those groups at particular risk
- More routine scans and screening
- Early diagnosis can ensure early intervention including self help

4.2.7 Working together, all agencies, not just health, should work together to improve health and wellbeing.

- Joint teams that are managed centrally, not just teams that work together

- Sharing of information and the ability to access a shared, patient owned record for those that need to
- All public services should have a remit to improve health and well being
- Third sector should be an equal partner
- Utilise community assets and work with local communities on tackling inequalities and wider determinants of health such as housing

4.2.8 Improve access to health services. This included opening times and appointment availability, particularly aimed at GP practices and primary care.

- Awareness of building access issues to all staff, especially around disabilities
- One point of access for people with a long term condition
- Longer appointment times for some people, spend more time with the patient and listen
- Improve home visits and bring GP services to community settings
- Reduce waiting times for appointments and change the booking system
- Have appointments at evenings and weekends, ring fence appointments for people who work
- Employ the right staff who can communicate in the right language or format
- Have specialist staff in GP practices

4.2.9 Discharge planning and better hospitals. The public told us some of the things we should consider improving our hospitals there was a lot of focus on discharge.

- Ensure that when people are discharged they have a robust plan that is backed up with a health and social care services 24/7.
- Ensure patients are fully recovered before they are discharged
- Assign a professional to keep regular daily contact in the first week, fund and use local VCS organisations to support the individual
- Train and support carers in their duties so they can manage
- More staff in hospitals, under resourced
- Hospitals need to be clean and serving nutritional food to support recovery
- Bring hospital services into community settings

4.2.10 Invest in technology. Use technology better and invest in future technology, especially for monitoring and sharing information between services and patients.

- Education by social media
- Leave things as they are if they work
- Train people to use computers and offer access to technology for those who do not have a computer
- Consider using Apps to support people and train them in their use

4.3 Key messages from specific target audiences

4.3.1 People with a learning disability

Key messages

- Appropriate information and practical sessions to raise awareness, educate and promote healthier lifestyle choices i.e. healthy eating, exercise, smoking, alcohol.
- Ensure all information is accessible and easy to understand for all the population.

- Ensure ALL staff have 'Learning Disability' awareness training.
- Encourage support mechanisms for elderly and vulnerable people.
- Ensure information and resources are shared between services to help them work together better for the patient.
- Make accessing healthcare easy – this will help everybody.
- Communicate better with patients and be more open about decisions.

4.4 Social Media and Twitter

We cannot track how many people may have completed the survey as a result of social media activity, but conversations were stimulated and responded to through Twitter and we engaged with a number of people using this method. The table below sets out the activity.

Twitter		Facebook	
Tweets	47	Posts viewed on Facebook	108
Retweets	32		
Favourites	8		
Comments	5 (2 responses)		

Below we have highlighted a number of comments raised through twitter using the questions to prompt the comment. The feedback has been included in the main themes but we thought it may be useful to highlight this activity and the types of responses received to our questions.

'What should the NHS do to help people recover better following illness?

#NHSCallToAction <http://ow.ly/qkzo5>

More community support and better access to those services - @roynightingale2'

How should the NHS support people with long term conditions to better manage their own conditions? #NHSCallToAction <http://ow.ly/qkulR>

nationalvoices.org.uk/principles-care-support-planning ... is a good place to start - @zcbw
 Done survey - but concerned about assumptions in questionnaire. Does this count as a public consultation? - @dochawking
 (@dochawking Thanks. It'll help shape a national long-term strategy & identify local priorities which we'll then talk to local people about - @nhsghccg)

What should the NHS do to increase diagnosis rates and post-diagnosis support for dementia? #NHSCallToAction

Help fund community groups 2 keep elderly mentally/physically active & provide peer support reducing loneliness&diagnosing symptoms - @jamesoflynn

What should the NHS & individuals, families, employers & communities do to facilitate sustainable weight loss and other healthy behaviours?

Anywhere we can send proposals? - @jamesoflynn
 (@jamesoflynn Hi James, please send them in here: <http://ow.ly/qkuCL>)

4.4 Equality Monitoring

We received limited responses to our equality monitoring and we have set out below the responses from those completing a form.

The feedback from 'Call to Action' was that the questions and content were lengthy and we anticipate this may have prevented people completing forms fully.

What sex are you?	Count
Male	7
Female	8
Prefer not to say	0

What is your age?	Count
Under 16	0
16 - 25	1
26 - 35	0
36 - 45	3
46 - 55	4
56 - 65	6
66 - 75	0
76 - 85	0
86+	1
Prefer not to say	0

What is your sexual orientation?	Count
Bisexual (both sexes)	0
Gay man (same sex)	0
Lesbian (same sex)	0
Heterosexual/Straight (opposite sex)	1
Prefer not to say	0

What is your ethnic background?	Count
Asian or Asian British	1
Black African/Caribbean or Black British	0
Mixed/multiple ethnic groups	0
White British/European/Others	13
Chinese	0
Yorkshire	1
Prefer not to say	1

Do you consider yourself to be disabled?	Count
Yes	2
No	12
Prefer not to say	1

What type of disability do you have?	Count
Learning Disability	0
Long standing health condition	1
Mental health condition	0
Physical	2
Hearing	1
Visual	0
Prefer not to say	0

5 Next steps

The next steps will be to present the findings of the report to Greater Huddersfield CCG and ensure that the findings inform future business plans. This information will also be used to further inform the Calderdale and Huddersfield Strategic Review who will use the information to inform the transformation plans which will have an impact on the population of Greater Huddersfield.

The report in addition to Greater Huddersfield CCG will be shared with:

- NHS England as the local response to the National Call to action.
- Calderdale and Huddersfield Strategic Review Executive steering group in the format of a presentation combined with the findings from Calderdale.
- Calderdale and Huddersfield Strategic Review Programme Board, again combined with the findings from Calderdale.

In addition we will feedback the findings from our engagement activity by posting the full document on Greater Huddersfield CCG website.

Appendix 1

Greater Huddersfield CCG 'Call to Action' – Action Plan

Approach	Activities	Resources required	Timescale/Lead
<p>Strategic Review Communication and information on 'Call to Action' will become part of the national driver for change. This will be brought down to a local level using the strategic review as vehicle to support local conversations that are meaningful and relevant to the target audience.</p>	<p>Website information and survey monkey of the National questions.</p> <p>Strategic Review soft launch event</p> <p>Work stream engagement activities</p>	<p>Right Care, Right Time, Right Place website Survey questionnaire to be developed.</p> <p>Venue hire hospitality and invitations.</p> <p>Delivery of action plans for each work streams – not yet agreed.</p>	<p>October 2013 – Martin Cresswell</p> <p>Hudawi Centre, half day event October 2013 - Tracy Higgins</p> <p>October – December 2013 – Engagement Team</p>
<p>CCG business</p> <p>PRCHC Engagement</p> <p>Relationship Matrix</p> <p>PRG Network</p> <p>Greater Huddersfield CCG Website</p>	<p>Engagement process is underway.</p> <p>Promote the web based survey via email and attach a reply-form which includes the freepost address.</p> <p>Put Call to Action on the forum agenda and ask representatives to gather local patient views.</p> <p>Information on the website and a web based survey attached.</p>	<p>Build the National 'Call to Action' questions into the responses.</p> <p>No additional resources needed</p> <p>No additional resources needed</p> <p>No additional resources required</p>	<p>September – November 2013 – Engagement team</p> <p>October 2013 – Jill Dufton</p> <p>September 2013 – Emma Bownas</p> <p>October- December 2013 – Tracey Hollis</p>

<u>Community Resources</u>			
<p>Community Events – to encourage larger organisations serving communities to host a local event. The events will be hosted by local communities healthcare managers to attend and listen to how they can work in partnership together.</p>	<p>Community events in each geographical location.</p>	<p>Invitations to healthcare managers and leaders to participate in local debates.</p> <p>Resources to be provided by the host organisation.</p>	<p>September 2013 – Jill Dufton</p>
<p>Wider third sector – Utilise the resources provided by ‘Third Sector Leaders’ to provide information on ‘Call to Action’ and encourage feedback.</p>	<p>Promote the web based survey via email and attach a reply-form which includes the freepost address.</p>	<p>No additional resources required.</p>	<p>September – December 2013 – Jill Dufton</p>
<p>Kirklees MBC – Utilise the Local Authority community development teams and public Health champions.</p>	<p>Develop a ‘Call to Action’ pack for community development workers and health champions to discuss in local communities.</p>	<p>Pack to be developed and distributed to senior leads.</p>	<p>September – December 2013 – Jill Dufton</p>



The NHS belongs to the people: a call to action

The NHS is 65 this year. Every day the NHS helps people stay healthy, recover from illness and live independent and fulfilling lives.

If the NHS is to survive another 65 years, it must change. We know there is too much unwarranted variation in the quality of care across the country. We know that at times the NHS fails to live up to the high expectations we have of it. We must urgently address these failures, raise performance across the board, and ensure we always deliver a safe, high quality, value-for-money service.

We must place far greater emphasis on keeping people healthy and well in order to lead longer, more illness-free lives: preventing rather than treating illness. We also need to do far more to help those with mental illness and particular communities who experience health inequalities.

This is a national debate, but we are asking local people and organisations how they think we can address these issues in our area. We would very much appreciate if you could spare the time to share your thoughts about how we may be able to address these issues by completing this survey.

If you would like to read more information about NHS Call to Action, please go to:

www.england.nhs.uk/2013/07/11/call-to-action



“DOING NOTHING IS NOT AN OPTION – THE NHS CANNOT MEET FUTURE CHALLENGES WITHOUT CHANGE.”

PREVENTING PEOPLE FROM DYING EARLY

Preventing disease in the first place would significantly reduce premature death rates. Early diagnosis and appropriate treatment of disease can also reduce premature deaths.

1. What should the NHS do to prevent diseases like diabetes, heart disease and hypertension?

BETTER QUALITY OF LIFE FOR PATIENTS WITH LONG TERM CONDITIONS

Better self management by patients with long term conditions will mean fewer hospital visits and lower costs.

2. How should the NHS support people with long term conditions to better manage their own conditions?

HELPING PEOPLE RECOVER FOLLOWING EPISODES OF ILL HEALTH OR FOLLOWING ILLNESS

Demand on NHS hospital resources has increased dramatically over the last ten years. Emergency admissions to hospitals have risen and so have urgent readmissions within 30 days of discharge.

3. What should the NHS do to help people recover better following illness?

PATIENT EXPERIENCE

The NHS must maintain and improve a high level of patient satisfaction and extend it to everyone who uses the NHS.

4. What should the NHS do to improve access and quality of care for everyone and ensure that this includes disadvantaged groups?

PATIENT SAFETY

The NHS must work to ensure that all patients experience the safe treatment they deserve and make it easier for staff and patients to report incidents and the NHS to learn from them.

5. What should the NHS do to ensure that all patients experience the safe treatment they deserve?

HEALTH INEQUALITIES

The more socially deprived people are, the higher their chance of premature mortality. The NHS cannot address all the inequalities in health alone. Factors such as housing, income, educational attainment and access to green space are also important.

6. What should the NHS do to work more closely with government departments, public health England, local authorities and other partners to reduce health inequalities?

AGEING SOCIETY

Older people account for the majority of health expenditure. The proportion and numbers of older people will grow in the coming decades. The greatest growth will be in numbers of people aged 85 or over – the most intensive users of health and social care.

7. What should the NHS do to support older people to live with better quality of life and lower levels of hospitalisation?

CHANGING BURDEN OF DISEASE

The numbers of people with more than one long term condition are projected to grow. The 30% who have one or more of these conditions already account for 70% of expenditure on health and care in England.

8. How should the NHS support patients with one or more long term conditions to provide more of their own care outside of hospital?

MEETING THE DEMENTIA CHALLENGE: RAPID DIAGNOSIS AND REFERRAL

There are 800,000 people living with dementia in the UK. By 2021 the number is projected to exceed one million. Diagnosis sometimes comes too late and patients and their families don't always get the care and support they need.

9. What should the NHS do to increase diagnosis rates and post-diagnosis support for dementia?

LIFESTYLE RISK FACTORS IN THE YOUNG

We know that the risk of developing debilitating diseases is greatly increased by personal circumstances and unhealthy behaviours such as drinking, smoking poor diet and lack of exercise, all of which contribute to premature mortality.

10. What should the NHS do, working together with individuals, families, employers and communities, to facilitate sustainable weight loss and other healthy behaviours?

RISING EXPECTATIONS

Many people will wonder why the NHS cannot offer more services online or more information on mobile phones. Patients want seven-day access to primary care in convenient places and coordinated health and social care services, tailored to their needs.

11. What should the NHS do to provide more convenience and access in where and how services are provided?

INCREASING COSTS

The cost of providing care is getting more expensive. Many healthcare innovations are more expensive than the old technologies they replace.

12. How should the NHS ensure it invests in the technology, drugs and models of health and care services that show the best value?

LIMITED FINANCIAL RESOURCES

The NHS can expect a dramatic slowdown in spending growth. Reduced social care funding, by financially challenged councils, can drive up demand for health services with cost implications for the NHS.

13. What should the NHS do, along with local authority partners, to ensure cost effective integrated health and care services?

EFFICIENCY CHALLENGE

A fundamentally more productive health service is now needed, one capable of meeting modern health needs with broadly the same resources.

14. What should the NHS do to be able to meet future health needs with the same resources?

Equality Data Collection Form - OPTIONAL

In order to ensure that we provide the best services for all of our communities, and to ensure that we do not knowingly discriminate against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and all information will be protected and stored securely in line with data protection rules. This information will be kept confidential and you do not have to answer all of these questions, but we would be very grateful if you would.

15. Please tell us the first part of your postcode (e.g. WF12, HD2, HX3 etc)

16. What sex are you?

- Male
- Female
- Prefer not to say

17. What is your age?

- Under 16
- 16 - 25
- 26 - 35
- 36 - 45
- 46 - 55
- 56 - 65
- 66 - 75
- 76 - 85
- 86 +
- Prefer not to say

18. What is your ethnic background?

- Asian or Asian British
- Black African/Caribbean or Black British
- Mixed/multiple ethnic groups
- White British/European
- Prefer not to say
- Other (please specify)

19. Do you consider yourself to be disabled?

The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on that their ability to carry out normal day-to-day activities'

- Yes
- No
- Prefer not to say

**20. If you have answered yes above, please tell us what type of disability you have?
(Tick all that apply)**

- Learning disability/difficulty
- Long-standing illness or health condition
- Mental Health condition
- Physical or mobility
- Hearing
- Visual
- Prefer not to say
- Other (please specify)

**Thank you for taking the time to complete these questions.
Your answers will be very helpful to us.**

The deadline for responses is 30th November 2013