



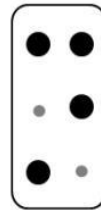
Vale of York
Clinical Commissioning Group

Patient and Public Participation

Annual Report 2019-20

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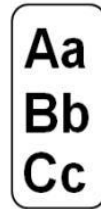
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Contents

	Page
PART 1 - Background, statutory duties and our engagement principles	
1. Background	7
2. Our responsibilities	8
3. The CCG's engagement principles	9
4. NHS Vale of York CCG Constitution	11
5. How the CCG engages its population	11
6. Partnership working	12
7. Working with diverse communities	13
PART 2 - Our key engagement activities 2019-20	
8. Key engagement activities during 2019-20	16
9. Working with local Healthwatch and forums	20-21
10. Clinical engagement	21-23
PART 3 - Using patient experience and feedback. How your involvement has made a difference	
11. You said, we did: The impact of involving our community	25-28
12. How we hold providers to account on patient experience and public involvement, and how we have used patient insight and feedback to improve services.	28-29
13. Next steps	29
Appendices	
14. Appendix i, ii and iii	

List of figures

Figures	Page
Figure 1 – Populations statistics	8
Figure 2 – Governance structure for engagement	9
Figure 3 – New engagement principles co-produced with our population	10-11
Figure 4 – Key engagement activities in 2019-20	16-20
Figure 5 – Key Healthwatch engagement activities in 2019-20	20-21
Figure 6 – Protected Learning Time (PLT) key facts and figures	21
Figure 7 – Changes that GP practices have made as a result of PLT	22
Figure 8 – Primary care feedback about Protected Learning Time (PLT)	23
Figure 9 – You said, we did: A summary of the impact of feedback	25-28
Figure 10 –Future plans for engagement	29



Part 1

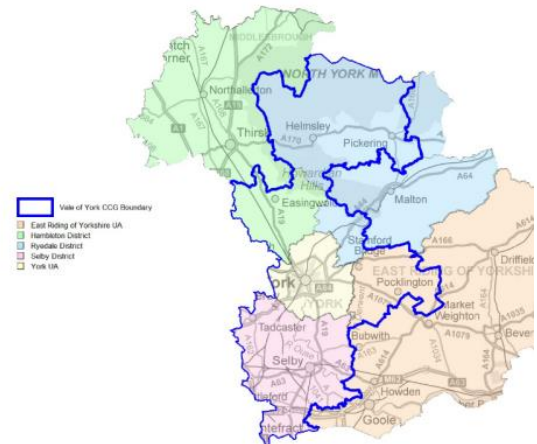
Background, statutory duties and our engagement principles

1. Background

- 1.1. NHS Vale of York Clinical Commissioning Group (CCG) is an NHS organisation. It is led by local GPs and other clinicians that treat patients every day and understand the needs of the community and the impact that local services have on patients' health. It is responsible for commissioning the following healthcare services in the Vale of York:

- planned hospital care
- urgent and emergency care
- community health services
- mental health and learning disability services
- services that tackle inequality, including children's health and wellbeing

Vale of York Clinical Commissioning Group



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- 1.2. The CCG services towns and cities including York, Selby, Easingwold, Tadcaster, Pickering and Pocklington and has a population of over 357,000 people. Its vision is to achieve the best in health and wellbeing for everyone in our community and it works closely with a range of partners and population to achieve its goal

- 1.3. In 2019-20, the CCG had 26 member practices in its operating area and an annual commissioning budget of £461.7m. The budget is set by central government and is based upon a complex funding formula that reflects the overall health and wellbeing of the Vale of York community.

- 1.4. Within the Vale of York we are considered to have the healthiest population in the North of England.

- Smoking lower than other parts of Yorkshire
- Uptake of screening and immunisation higher
- Survival rates and success of treatment good

3.1% population increase by 2025

Higher proportion of **15-24** and over 50s

Certain wards are in some of the 20% most deprived in England (Selby West, Selby East, Westfield, Clifton and Guildhall wards)

15.8% of the population have a long-term health problem or disability, which is **54,300 people**

Figure 1: Populations statistics

- 1.5. However there are still inequalities within our patch and some members of our population have higher needs. We have growing numbers of older people, and although age does not cause ill health, as we age we accumulate disease. Chronic illness combined with mental health problems increases the need for health and care services.
- 1.6. To meet the challenges of an ageing population and increasing number of people living with multiple conditions we have focused on working collaboratively with our communities, partners and stakeholders. Engagement is a vital part of achieving our strategic initiatives and vision of the best health and wellbeing for everyone in our community.

2. Our responsibilities

- 2.1. The CCG is accountable to its Governing Body, its member practices, local patients and the Vale of York community. It is overseen by NHS England, a public body that is part of the Department of Health. It engages with its public formally and informally.
- 2.2. We are answerable to the public, our communities and patients. We must always consider the benefits of involving the public in our work, and seek feedback about services we commission. We follow a set of guidance established by NHS England and outlined in the 2012 Health and Social Care Act (section 14Z2).
- 2.3. As part of our statutory duty the CCG is required to implement a number of key engagement activities. However, we are committed to going above and beyond the minimum requirements to ensure that patients' needs are at the heart of everything it does. We want to make sure that we reflect the views of our population and have effective patient, carer and public involvement embedded in our work and in our planning processes.
- 2.4. We formally report our community engagement activities through the Quality and Patient Experience Committee (QPEC), which occurs monthly, and is chaired by the lay representative for patient and public involvement. It focuses on quality of services within the Vale of York, patient engagement and experience
- 2.5. At the start of each committee we hear a patient story to ensure that the service user voice is at the heart of every meeting.
- 2.6. For each of the committee meetings the Head of Engagement provides an update about patient and public involvement. She discusses recent

engagement activity and how this impacts upon commissioning work and decisions.

- 2.7. We have a dedicated communications and engagement team, but firmly believe that engagement is everyone’s business. The CCG has designed a toolkit to provide staff with resources to help them to assess the level of public and patient engagement that is needed within any project large or small. To ensure that participation activity reaches diverse communities and groups with distinct health needs the CCG uses a Quality and Equality Impact Assessment tool to assess and measure the potential impact of proposed service changes or reviews, as well as the need for patient and public involvement.

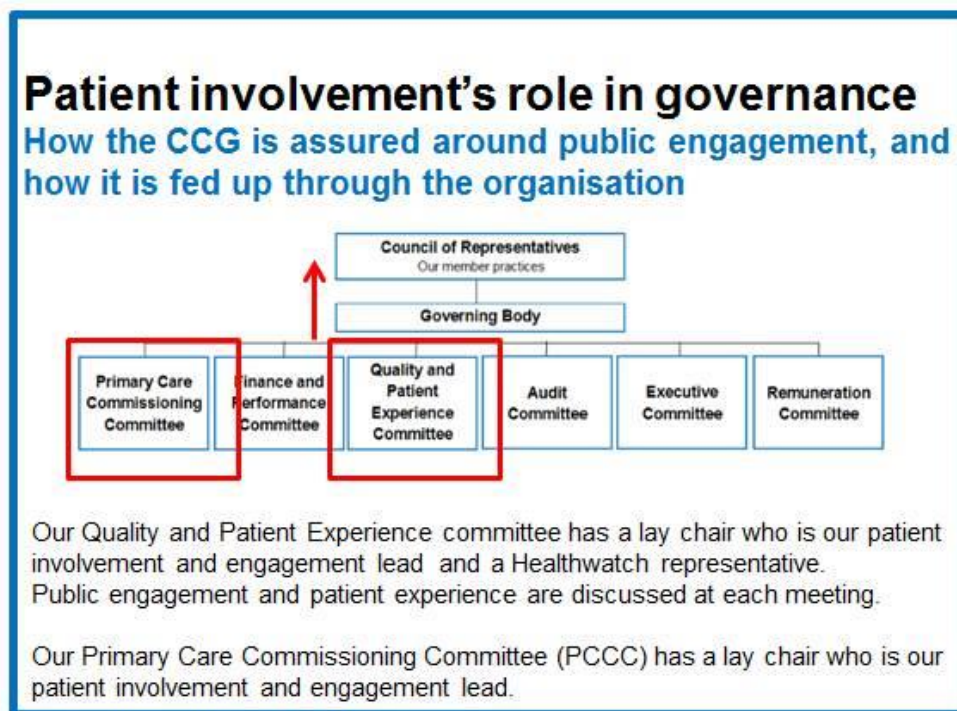


Figure 2 – Governance structure for engagement

3. The CCG’s engagement principles:

- 3.1 During 2019 we went into our local communities to ask what was important to them about how we involve our population in improving health and wellbeing. This allowed us to develop a set of principles that underpin the communications and engagement work we carry out within our communities. You can [watch the video about what is important to our community about engagement.](#)



3.2 The CCG’s new engagement strategy ‘Shaping future care, together: 2019-23’ sets out its intentions for ways in which it aims to involve stakeholders and the population in delivering the best health and wellbeing for our population.

3.3 **Our new engagement principles, coproduced with our community:**

Principle	Description
Coproduce with our population	Ensure engagement is core to our planning, prioritisation and commissioning activities. Involve people who use health and care services, carers and communities in equal partnership. Engage with our communities at the earliest stages of service design, development and evaluation.
Listen	Seek and listen to views of our partners, patients, carers and other local citizens.
Honest and transparency	Hold honest, open and collaborative conversations from the start, so that people know what to expect.
Collaboration	Develop and strengthen relationships within the local community and across organisations.
Inclusivity and accessibility	Ensure accessible language and format, which is diverse and easy to understand for all communities. Ensure that those who may not always have the chance to have their say, such as seldom heard

	communities are represented.
Feedback and inform	Ensure that those who have given their contribution understand what difference it has made, and the feedback is provided in a timely manner.

Figure 3 – New engagement principles co-produces with our population

4 NHS Vale of York CCG Constitution

- 4.1 The NHS is founded on a common set of principles and values. The CCG’s Constitution sets out the rights and responsibilities of patients, the public and staff along with the plans it has committed to achieve.
- 4.2 Within the Constitution, there is specific reference to how the CCG must make arrangements to secure public involvement in the planning, development and consideration of proposals for changes and decisions affecting the operation of commissioning arrangements.

5 How the CCG engages and involves its population

- 5.1 The CCG creates a range of engagement opportunities to gather views and enable people to get involved and have their say. The information received is always rich in personal experience and helps to shape commissioning decisions, service specifications and improvement programmes. We use a variety of mechanisms and networks to involve the local population and gather feedback, including:

- Focus groups
- Informal discussions
- Formal consultations
- Stalls and stands
- Public meetings
- Regular stakeholder newsletters
- Social media – Twitter, FacebookInstagram, LinkedIn
- Surveys
- Press and media
- Meetings with voluntary groups and stakeholders

- 5.2 In January 2020 the CCG launched a new website www.valeofyorkccg.nhs.uk, after patients and the public said they wanted a site that was accessible and easy to use. The 'Get involved' section was created to enable people to voice their views and contribute to decisions about healthcare services. Events, meetings, networks and forums have been made clearer in the hope that more patients and members of the public will work alongside health professionals, local government and voluntary organisations to provide an impact in the wider community.
- 5.3 Newsletters and social media channels are key communications channels. We have over 5,000 followers on Twitter and followers include key stakeholders such as providers, partners, local MPs, councils and voluntary sector partners as well as members of the public. In 2019 we recruited a dedicated digital communications, web and media officer who has been able to expand our social media channels. We re-launched our presence on Instagram, Facebook and LinkedIn and have used these to connect with more of our population.
- 5.4 We know that not everyone likes receiving information the same way. We try to provide information in alternative formats for our population; so that it can appeal to a wide an audience as possible. We particularly use our relationship with our Voluntary, Community and Social Enterprise (VCSE) networks to help distribute important messages to underrepresented areas of our community.
- 5.5 During 2018-19 a number of key campaigns including changes to repeat prescriptions and over the counter medication, stay well this winter, norovirus and when should I worry (advice for parents of 0-5 year olds) were launched using a variety of medium including video, social media and use of television radio and printed press.

6 Partnership working

- 6.1 Working collaboratively with health colleagues, local authority partners, voluntary organisations and the wider community is vital for helping to achieve best outcomes for the local population. These relationships have further strengthened and the CCG would like to thank colleagues for their on-going support and feedback.
- 6.2 Primary Care Networks (PCNs) are a key part of the [NHS long Term Plan](#), bringing general practices together to work at scale and focus on delivery, to provide a wider range of services to patients in a coordinated way across communities. Through the development of these Primary Care Networks (PCNs) the Governing Body's engagement with member practices has and it

has enabled health and other services to work together to provide better access for patients.

- 6.3 We have implemented dedicated communications and engagement leads within each PCN to help provide support to help develop services around the specific needs of patients within each of its three localities. For example in the north area the focus has been dementia, centrally on mental health support for students and in the south area raising awareness of social prescribing.

7 Working with diverse communities

- 7.1 Through our work we have looked at how we can try different approaches to reach diverse communities to ensure all voices are heard. It is critical that we understand our population as this helps us to deliver services that are focused on meeting their needs and make a real difference to their health and wellbeing.
- 7.2 We are committed to addressing health inequalities and understand that some groups of people, including people with protected characteristics` experience different access, experience and outcomes when they use NHS services. We use the Joint Strategic Needs Assessment to help identify the health and wellbeing needs of our local population and to inform the development of services and engagement activities to reduce health inequalities.
- 7.3 This last year we have made improvements in the way that we assess engagement in relation to the Equality Delivery System (EDS2). We have been using the EDS2 to help us to review and improve our equality and engagement performance for people with characteristics protected by the Equality Act 2010. As a result, the CCG has been able to engage with new audiences and gain additional views as to where services are most needed

Examples include:

- Our work hearing the voice of the young person – children with a disability and mental health condition.
- Review of maternity service user engagement through the Maternity Voices Partnership (MVP). We received over 500 responses to a survey about care needs, which has been shared with the maternity service to help make improvements in care for service users.
- Training and awareness around understanding the barriers to healthcare for LGBT+ people.
- Meeting with students and health forums to improve access to mental health services.

- Working with community midwives in some of the most deprived areas of the city, with the highest smoking while pregnant rates, to ask mums what would help them to quit smoking. This information will help inform the Public Health Team's approach to stop smoking services for women who are pregnant.
- The launch of the joint City of York Learning Disability strategy.
- Partnership working with North Yorkshire Public Health team and Age UK to create ageing and dementia friendly communities.
- Improving experience for wheelchair service users through the reinstatement of the Wheelchair Service User forum.

Part 2

Our key engagement activities in 2019-20

8 Key engagement activities during 2019-20

8.1 During 2019-20 we have held hundreds of conversations and events, which have fed into our work. Here are some examples over our diverse engagement activities over the last year.

Month	Activities
<p>April 2019</p>	<p>Diabetes prevention with major York employers: As part of the National Diabetes Prevention week we organised a road show. CCG members, along with the local authority's well-being team and primary care staff, visited a number of large companies within York including Portakabin, Nestle and Tesco. We provided opportunities for their staff to discuss the risks of developing Type 2 diabetes and signpost to support that is available to help them reduce their risk.</p> <p>Local response to the long term plan: Our engagement team attended the York Healthwatch Assembly at Priory Street, and helped run a table top session focusing on a conversation about the NHS long term plan.</p>
<p>May 2019</p>	<p>Young people and mental health: Partners met with the university student mental health forum and Open Door service to monitor the quality of services and ensure capacity to support student mental health needs. This resulted in increasing Improving Access to Psychological Therapies (IAMT) services on campus.</p> <p>Speaking at patient groups: Our Head of Community Strategy was a guest speaker at the Haxby Group patient speaker even to talk about improving health in the community and tackling health inequalities.</p> <p>Ageing friendly communities: In partnership with the North Yorkshire Public Health Team and local community sector organisations the CCG helped to facilitate a Selby Ageing Friendly event on 23 May 2019. The informal session started the conversation with local residents and voluntary groups about what would help them to live a healthy life. The themes covered communication, health, transport and access, housing and social inclusion.</p>

	<p>Speaking to parents about maternity care: We were at The Mount School for a parents and children's event to speak with people about the maternity care received during pregnancy, throughout birth and postnatal care.</p>
June 2019	<p>Mental health experts by experience: We were part of a session with the experts by experience steering group of York Safe Haven to identify an expansion to crisis pathways. As a result of a successful bid for NHSE transformation funds, the opening hours of the York safe haven at weekends will be expanded.</p>
July 2019	<p>Young Minds Combined: We attended a seminar which brought young people, commissioners and providers together to discuss key issues for children and young people including mental health champions, online access and equity of services across the whole area.</p> <p>Family and carer engagement event: The event in Ricall gathered carers and patients/clients and to ask for people's feedback on a 'Stop and Watch' prompt tool to help recognise deterioration of clients they may visit. Not recognising that someone is becoming unwell can lead to delay in getting help.</p> <p>Age UK training session on Continuing Healthcare (CHC) The CCG engagement, patient experience and continuing healthcare team met with volunteers from Age UK York to deliver a training session on continuing healthcare (CHC). At this very informal session we discussed the CHC process and checklist, complexities of care and finding packages of care for service users. We also had a good discussion about signposting and the information provided to patients.</p>
August 2019	<p>Humber, Coast and Vale engagement event: Over 90 people (patients, public and partners) joined our Accountable Officer and colleagues from across the York and North Yorkshire system to be part of an important conversation about the setting the future direction of local health and care and the ambitions of the NHS Long Term Plan.</p> <p>Survey of patients attending A&E: We spoke to 103 people who attended A&E to understand why</p>

	<p>patients have chosen to attend the Emergency Department, and if they have accessed other healthcare options such as a GP or pharmacist before their visit. This was used to help inform pathways and health campaigns.</p>
<p>September 2019</p>	<p>Speaking to local carers to understand their needs: We visited East Riding and York carers groups to give an update on the changes to the way in which people can order repeat prescriptions and listened to their views about health services.</p> <p>Maternity Voices Partnership – Service user launch: The York and District Maternity Voices Partnership (MVP) held its first session in family friendly location, and service users were encouraged to come along with their children. The group is open to members of the public and aims to improve services for women and their families during pregnancy, birth and postnatal care. Watch a video about the event here.</p>
<p>October 2019</p>	<p>LGBT+ awareness training: We organised for Yorkshire MESMAC to run a number of training sessions around LGBT+ awareness which covered how we can ensure that we are an inclusive organisation when we commission services. The session was opened up to external partners, Healthwatch and voluntary organisations.</p> <p>Launch of our new communications and engagement strategy 2019-23: Our updated strategy, which was co-produced with our population, was approved by the Quality and Patient Experience Committee. This strategy has a huge focus on partnership working and community health.</p>
<p>November 2019</p>	<p>Meeting with wheelchair users to help shape services: Wheelchair providers, commissioners, clinicians and service users came together to share feedback and experience at our bi-annual forum. Topics included personal health budgets, user experience and eligibility criteria.</p>
<p>December 2019</p>	<p>Student health campaign: We held a stall at York College as part of their winter health and wellbeing day to talk to students about what would make a health campaign attractive. We will be using this feedback to deliver some targeted campaigns.</p> <p>Mental health design event:</p>

	<p>We supported our local mental health provider at an event about Early Intervention In Psychosis service model. The event involved mental health staff, commissioners and people with lived experience to inform and shape the design choices. Their feedback focussed on the need for continuity of care and a consistency from the local teams. This has formed the basis of the new model and service expansion, to ensure an equitable offer to service users and carers across the locality.</p>
<p>January 2020</p>	<p>Access to services for deaf and hard of hearing people: In partnership with the local authority, Healthwatch and voluntary sector advocacy groups we reviewed feedback around the barriers to accessing services for deaf and hard of hearing people. The group will be hosting an event in April 2020 to look at collaborative solutions with services users.</p> <p>Protected Learning Time for primary care: This session focused on art and creativity for improving health and wellbeing. There were over 270 healthcare professionals and 30 community facilitators who focused on a person-centred approach and non-medical interventions: https://www.valeofyorkccg.nhs.uk/about-us/protected-learning-time/protected-learning-time-videos/</p> <p>Engaging with young people with a disability: In partnership with the City of York Council, we spoke to a group of children aged between 11 and 18 about what health means to them. As part of the 'Access for all' session we took along some nurses from the hospital and talked about what it is like to access healthcare from the point of view of a young person with a disability.</p>
<p>February 2020</p>	<p>Regular catch ups with our local Healthwatch: Our relationship with our local Healthwatch is really important to us. We regularly meet with Healthwatch York and North Yorkshire to discuss our community engagement work and to look at working together on future engagement projects.</p> <p>Working in partnership on the northern quarter mental health project: People attended an afternoon workshop and mapping exercise to help develop a community approach to mental health and wellbeing.</p> <p>Creating a dementia friendly community: Stakeholders in the north primary care network were brought</p>

	together to focus on the needs of patients with dementia, and how to support them better in the community. This workshop looked at improving diagnosis rates, support available to patients and gaps in knowledge.
March 2020	Supporting suicide prevention: We supported the suicide alliance training run by the Humber Coast and Vale Partnership at York Explore Library.

Figure 4 – A range of engagement activities during 2019-20.

9 Working with local Healthwatch and forums

- 9.1 The CCG works closely with colleagues at Healthwatch York, North Yorkshire and East Riding of Yorkshire to seek the views of patients, carers and service users. Its role is to provide a single point of contact for people to report their experiences, concerns or their compliments about health and social care. The CCG receives copies of the feedback and uses these to work with providers in primary care, acute care and community services to improve the experience for patients.
- 9.2 A Healthwatch member sits on our Primary Care Commissioning Committee and our Quality and Patient Experience Committee, representing the patient voice. We also join Healthwatch York at their drop-in session in the foyer of the City of York Council on the second Monday of each month.
- 9.2 We regularly attend local Healthwatch Assembly meetings, and have catch ups with members of the team.

Date	Activities with Healthwatch partners
July 2019	The CCG helped to facilitate table top discussions about the local response to the Long Term Plan.
September 2019	Our senior pharmacist and patient experience team met with Healthwatch York to discuss the changes to repeat prescriptions, and hear feedback from concerned citizens.
October 2019	Head of Engagement gave an update at the October Healthwatch York Assembly on how the views of the Healthwatch Assembly had shaped the CCG's engagement principles and strategy. Feedback was also provided about recommendations in a recent Healthwatch report into the experiences of the LGBT community in accessing healthcare.

	Healthwatch York joined us at our LGBT+ awareness training run by Yorkshire MESMAC.
January 2020	<p>We met with Healthwatch and voluntary sector advocacy groups to review feedback around the barriers to accessing services for deaf and hard of hearing people.</p> <p>Healthwatch formed part of the new website user group, and gave us essential feedback about the navigation and accessibility of our website.</p>
February 2020	<p>We invited Healthwatch North Yorkshire to attend our Easy Read training session, provided by Louise from EasyRead UK.</p> <p>We held meetings with all our local Healthwatch teams to discuss future engagement priorities.</p>

Figure 5 – Key Healthwatch engagement activities in 2019-20

10 Clinical engagement

10.1 The Governing Body’s engagement with member practices has grown and strengthened, and this has led to more discussion about services and the specific needs of patients across our patch.

In 2019 the CCG, in partnership with Hull and York Medical School, introduced quarterly Protected Learning Time (PLT). These quarterly peer-led sessions set aside dedicated time for Primary Care colleagues to learn and share best practice. Fundamentally PLT is about improving patient care by providing a dedicated learning time for healthcare professionals away from their busy day-to-day primary care work.



Figure 6 – Protected Learning Time (PLT) key facts and figures

- 10.2 In January 2020, we held our first themed PLT. The session focused on understanding more about patients’ needs and how community-based resources might help to meet them and improve their care outcomes. The event opened with a plenary session followed by three workshops about chronic illness, young adults and avoiding burnout. Over 30 community facilitators representing organisations such as the local authority health and wellbeing teams, link workers and social prescribers, York Explore Library, local singing and dance groups and arts based community therapies helped run a table top discussions about connecting patients with their community and non-medical resources.
- 10.3 These events will be the key to forging relationships and building clinical networks over the coming years. This has been an important step forward in creating a structured environment for shared learning which will lead to improved care for patients. It will also create an environment which supports the retention of local clinicians and offers a basis for future recruitment.
- 10.4 Some of the changes that GP practices have made as a result of PLT:

Asking about Adverse childhood Experiences (ACEs)	Looking at the bigger picture and asking ‘what matters to you’
Back pain management	Menopause
Changed the management of abnormal Liver Function Tests	Mental health pathways
Compression bandaging and wound care	No dip urinary tract infection
De-prescribing, opioids and medication reviews	Paediatric care and access to a Paediatric consultant on the end of a phone.
Discussions about pregnant patients regarding medication and risks of medication in females of child bearing age	Safeguarding: Changing the way I asked questions to children and parents (for prevent and child protection)
Directing patients to using social prescriber	Sepsis identification and management
End of life care – tools and pathways	Sexual health
Implementation of cancer champions	Understanding what happens during IVF and fertility prescribing pre-referral testing
Knowledge of diabetes treatment and use of Freestyle	Writing a report for the coroner, which I hope has helped the family

Figure 7 – Changes that GP practices have made as a result of PLT

What colleagues in our GP practices said about PLT



Inspiring presentations and great networking opportunities.

Very engaging and gave lots of areas for thought and improvement in care.



Hearing from the CCG makes me much more aware of the role I and our service plays into the local area. Our last workshops helped me change the way I asked questions to children and parents (for prevent and child protection).

ACEs presentation was inspirational. Colorectal session very interesting and useful.



Definitely helps me to assess patients with mastalgia and knowing when to refer them or not.

Useful resources for de-prescribing and information on CAMHS referrals.



Successfully demonstrated the power of creativity and benefits to health and well-being.

Figure 8 – Primary care feedback about Protected Learning Time (PLT)

Part 3

**Using patient
experience and
feedback. How
your involvement
has made a
difference**

11 You said, we did: The impact of involving our community

11.1 Getting feedback on healthcare services from patients across the Vale of York is crucial to us, but we believe that the most important part of our role is ensuring that the feedback we get results in real change and improved patient care. Below are some examples of how your feedback has influenced our work during 2019-20.

You said	We did
<p>Healthwatch York produced a report about LGBT+ experience of accessing health and social care and the barriers they face. This report highlights that a quarter of the participants said they had experienced barriers to accessing health and social care services, over half felt reluctant to disclose their sexual orientation or gender identity and a third had experienced negative attitudes when accessing services. There were several recommendations linked to increased training and awareness on the subject.</p>	<p>We brought in Yorkshire MESMAC to run a series of awareness raising sessions to over 45 people. We invited Healthwatch, Public and Patient Voice Partners and PPV carers, GP practices – October 2019</p> <p>We adopted the rainbow badges - an initiative that gives staff a way to show that we are open, non-judgemental and inclusive towards our colleagues, partners and our population who may identify as LGBT+. 48 members of staff signed a pledge – October 2019</p> <p>We are working with a local GP to review the transgender pathway review and improve experience for patients, including a commitment to rolling out training at our Protected Learning Time events.</p>
<p>University students and colleagues told us that significant numbers of students who would benefit from better access to Improving Access to Psychological Therapies (IAPT).</p>	<p>Working with Open Door to change services. There are now two professionals from IAPT services co-located on campus 2 days per week offering appointments.</p> <p>A 6 week stress control course for students was launched.</p>
<p>We asked our community what was important to them about how we involve people in commissioning decisions.</p> <p>You said:</p> <ul style="list-style-type: none"> • Trust, integrity and transparency are important. 	<p>We made sure that this feedback was reflected in our new communications and engagement strategy ‘Shaping future care, together 2019-23’. Your comments were the foundations of the CCG’s new engagement principles, which underpin</p>

<ul style="list-style-type: none"> • You must be accessible and inclusive. • Work collaboratively with other organisations so stakeholders only have to engage once • Allow enough time for people to feedback. • Start with people first, and engage from the beginning. 	<p>how we carry out our public involvement work.</p>
<p>The local Age UK branch contacted the CCG to find out more about applying for funding through the continuing healthcare (CHC) process. Many of the clients they help were confused about the process. Age UK wanted to be updated and trained so they could pass on information to their clients.</p>	<p>We arranged with the CHC team for the manager and nurses to meet with volunteers from Age UK York in August 2019 to deliver a training session on continuing healthcare (CHC). At this very informal session we discussed the CHC process and checklist, complexities of care and finding packages of care for service users. We also had a good discussion about signposting and the information provided to patients. Age UK volunteers now feel more informed about the CHC process and can advise clients for where to find more information.</p>
<p>At a carers advisory group in the East Riding, a local carer highlighted that her GP practice didn't have enough information and support advice readily available for carers. She thought that staff within GP practices should have better awareness of the challenges facing carers, and should help promote local carers' services.</p>	<p>Our head of engagement met with the operations manager at the GP practice to explain the carer's concerns, and she put the practice manager in touch with the carers groups. Two carers went to the GP practice to deliver training sessions to staff and patients about what it means to be a carer. The practice have since updated all its notice boards and website, and written to all carers on their register to offer them support and signposting to the carers centre. These improvements have been felt by other carers at this practice. Watch a video to see the impact that these changes have had on a local carer.</p>
<p>The York District Maternity Voices Partnership (MVP) is a group which comes together to ensure that maternity</p>	<p>Through the appointment of the new lay chair, the sessions are now held in family friendly locations. The first meeting in</p>

<p>service commissioners, NHS Vale of York CCG and the local maternity services hear and take account of the views of women and families using the service. However, members of the group didn't feel that the meetings encouraged service users to attend as they were at inconvenience times and not in child friendly locations.</p>	<p>September took place in a community venue in York and the chair encouraged service users to come along with their children. We asked mums and their families what went well during birth and what could be improved and this is fed back into the maternity service. The group is now open to members of the public and aims to improve services for women and their families during pregnancy, birth and postnatal care.</p>
<p>During April and August 2019 over 130 people (patients, public and partners) joined the conversation about the local response to the long term plan</p>	<p>All of the conversations have been captured and the feedback from this event has fed directly into the local Humber, Coast and Vale Partnership Long-term Plan. Both documents can be viewed here:</p> <ul style="list-style-type: none"> • HCV Partnership Long Term Plan 2019-24 • Healthwatch Report: Key Messages from the NHS Long Term Plan Engagement Project in York
<p>We want a website that is accessible and easy to use.</p>	<p>In January 2020 we launched a new website, which was designed in response to user feedback and forums.</p> <ul style="list-style-type: none"> • A filter was added to make it easier to find different policies, strategies and reports. • More videos hosted on the site. • Contact details and location on the home page. • Better search function. • Events, meetings, networks and forums have been made clearer. • Governing Body papers have been given more prominence. • Less cluttered homepage. • Easier navigation around the site.
<p>During April and August 2019 over 130 people (patients, public and partners) joined the conversation about the local response to the long term plan</p>	<p>All of the conversations have been captured by Humber, Coast and Vale Partnership and the feedback from this event has fed directly into the local long-</p>

	<p>term plan. Both documents can be viewed here on our website:</p> <ul style="list-style-type: none"> • HCV Partnership Long Term Plan 2019-24 • Healthwatch Report: Key Messages from the NHS Long Term Plan Engagement Project in York
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Figure 9 – You said, we did: A summary of the impact of feedback.

12 How we hold providers to account on patient experience and public involvement, and how we have used patient insight and feedback to improve services.

- 12.1 As part of the CCG’s legal duty, we monitor our providers’ patient experience and feedback through a number of channels including contract management boards, through our patient relations team. The Engagement and Patient Relations Teams meet each month to analyse patient insight to identify key themes of feedback.
- 12.2 The Quality Assurance Strategy and accompanying framework sets the CCG’s objectives, responsibilities, and governance arrangements for the monitoring and assurance of quality in the services it commissions. One of the main objectives is to ensure that services commissioned are safe, effective, provide good patient experience and ensure continuous improvement.
- 12.3 We capture feedback from service users about providers through compliments, complaints, patient experience feedback reports and the results from surveys. In addition visits to providers’ services are undertaken to review the quality of services.
- 12.4 In 2019-20 we received a number of enquiries about wheelchair service provision. As a result we invited the wheelchair services provider to our service user forum. The forum provided an update about services and personal wheelchair budgets, and looked at future ways of monitoring of service delivery and quality improvements. It also gave attendees the opportunity to provide feedback directly to the provider.
- 12.5 As part of the local maternity system work stream, in this last year we have focused on the experience of women and their families who have recently given birth. Through the maternity voices partnership (MVP) we have held parent

friendly events and conducted a survey, with over 500 responses, to gather feedback. This data has been used to inform and guide professionals working at the hospital trusts about women's experience of the treatment they've received; being pregnant, giving birth and after care concerning their health and wellbeing.

13 The next steps

- 13.1 Building on the engagement strategy and engagement action plan the CCG will continue to involve its patients, service users, partners and the wider community in its work. The next year we will continue with targeted engagement and communications, focusing on the needs of our local population.
- 13.2 The development of Integrated Care Systems and embedding of Primary Care Networks (PCNs) will encourage more local working and delivering services around the needs of the population, working in partnership. We will build on our new strategy, which sets the framework and guiding principles for how we are going to ensure collaborative working with our community to achieve the best health and wellbeing.

We will continue with	We focus on
<ul style="list-style-type: none"> • Our day to day engagement practice. • Supporting our staff to embed engagement throughout the projects they work on. • Building our networks and working collaboratively. • Feeding back to our community • Providing governance and assurance. • Understanding the health needs from a patient / service user perspective to encourage greater community participation. 	<ul style="list-style-type: none"> • Tackling health inequalities and reaching and supporting a diverse community, including seldom heard groups. • Hearing the voice of our young people. • System working and joint engagement with partners • Bespoke communications and engagement with specific communities. • Reaching new audiences and adapting to changes to achieve a long-term impact • Positive outcomes for local patients to help them increase their knowledge and adopt healthier behaviours.

Figure10 – Future plans for engagement