

Annual engagement report

2020-21

Putting people first to make a difference



Introduction

Our vision is to achieve the best health and wellbeing for everyone in our communities, and this can only be achieved by putting those people at the heart of our work. Over the last few years we have built strong foundations in public engagement, and this report illustrates the volume - and the impact - of the meaningful engagement that has taken place with our local communities across the Vale of York.

This last year has been one of the most challenging for the NHS, with the COVID-19 pandemic changing how we all live our lives. However, it has meant that we've had to make sure our partnership working has been stronger than ever to help keep our NHS going, support the vulnerable and protect lives. We could not have done this without the amazing support of our colleagues, partners and communities across the system and we want to thank everyone for their determination to work in a collaborative way to help our population through this challenging time.

Our responsibilities

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 Health and Social Care Act (2012).

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. 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.

We have a dedicated communications and engagement team, but firmly believe that engagement is everyone's business. The CCG engagement toolkit provides 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. More information can be found on the ['Get Involved' section of our website](#).

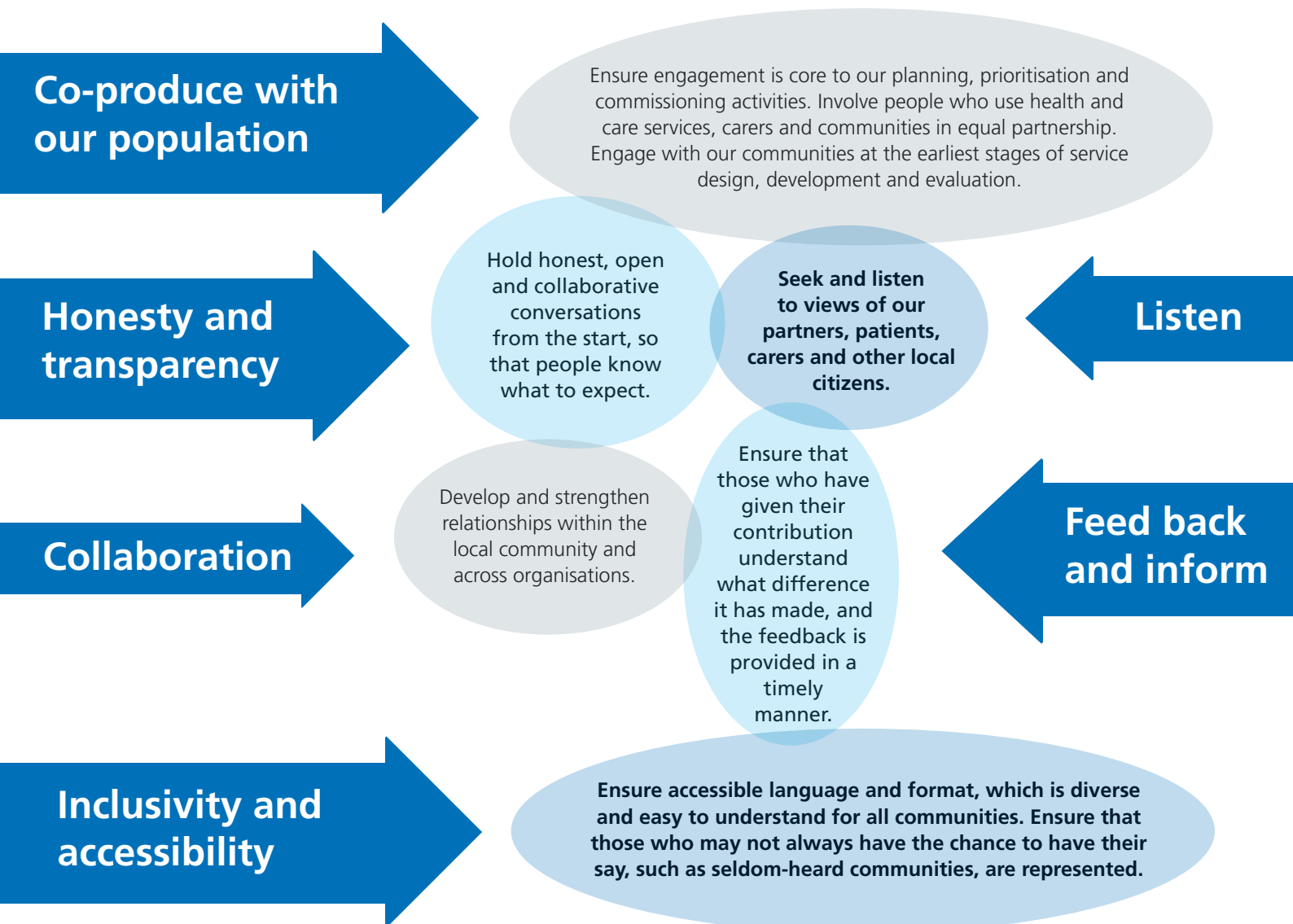
In November 2020 we were nationally recognised for involving patients and the public in our work with the highest accolade of a 'Green Star' rating from NHS England.

The rating is prepared for annually as part of the national CCG Improvement and Assessment Framework (IAF), to assess how well a CCG has involved the public and demonstrated a commitment to supporting continuous improvement in public participation.

The 2019-20 rating was awarded after scores were collated from five assessment criteria including equalities and health inequalities, feedback and evaluation, day-to-day practice, annual reporting and governance.

Our engagement principles

These engagement principles underpin all of the community involvement work that takes place across the CCG and wider system.

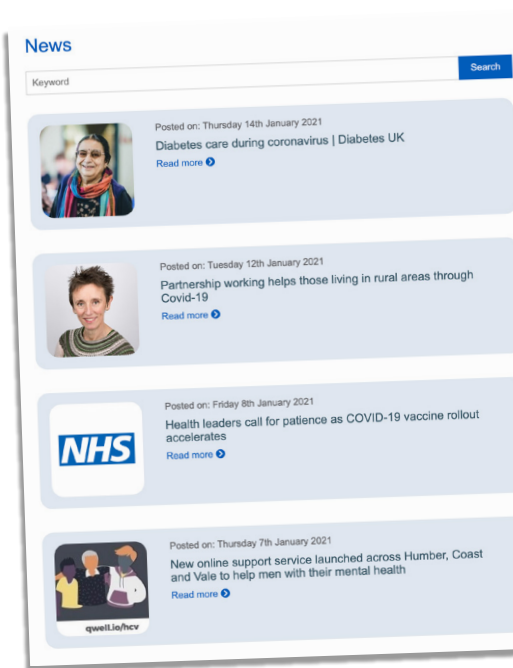


How we engage

We have created 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.

In 2020-21, while mindful of those who are digitally excluded, we moved much more of our engagement online. We conducted interviews and phone conversations, issued hard copies of surveys directly to patients and worked with the voluntary sector and public-facing clinicians to gather feedback. Building relationships with our partners across the health, care and the voluntary sector has been essential, and this has given us some of the most valuable insights into the views of our community. 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, Facebook, Instagram, LinkedIn
- Surveys
- Press and media
- Meetings with voluntary groups and stakeholders



Newsletters and social media platforms are key communications channels for our CCG. We have almost 7,000 followers on Twitter and almost 1,000 Facebook page likes. Both platforms have followers that include key stakeholders such as providers, partners, local MPs, councils and voluntary-sector partners as well as members of the public.

During 2020-21 we have expanded our presence on social media channels and regularly post videos that are viewed by thousands of people. During the COVID-19 vaccination rollout our Clinical Chair Dr Nigel Wells, and other clinicians, produced regular video updates about the vaccination programme across the Vale of York and offered advice about keeping well during the pandemic.

During the year, some of our social media posts have been seen more than 17,000 times across our various channels, and they have attracted high levels of engagement and interaction.

[Our range of videos can be viewed on our website here.](#)

Population health: Focusing on the needs of our communities

While in the Vale of York we are considered to have the healthiest population in the North of England, there are still inequalities and we have growing numbers of older people.

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.

To meet the challenges of an ageing population and an increasing number of people living with multiple conditions, we have focused on working in partnership with our communities, partners and stakeholders.

This year saw the continued growth of the influence of Primary Care Networks, which brings together general practices to enable greater provision of proactive, personalised, coordinated and more integrated health and social care for people close to home.



PCNs typically serve communities of between 30,000 to 50,000 people. They are small enough to provide the personal care valued by both people and GPs, but large enough to have impact and economies of scale through better collaboration between GP practices and others in the local health and social care system.

We have dedicated communications and engagement leads within our Primary Care Networks to provide support to help develop services around the specific needs of patients. Through our work with the Primary Care Networks we have been able to focus on the population health needs of the community, and work across health and social care and the voluntary sector to improve patient experience and outcomes for that population.

Some of these examples include putting in more care coordination for the vulnerable and frail, facing rural health inequalities through the Parkinson's' nurse specialist and dementia coordinators, using a collaborative approach to community mental health in some of the most deprived areas of our city with the highest rates of mental ill health, and working with particularly deprived wards in areas such as Selby to focus on smoking, mental health and social prescribing.







Listening to our most vulnerable and seldom-heard communities

We are committed to addressing health inequalities across the Vale of York. We know that some groups, including people with protected characteristics, have differing experiences and outcomes when accessing NHS services. We use an equalities and health inequalities assessment tool and population health data to help shape the engagement, and focus on the most vulnerable groups.

We have looked at how we can try a range of approaches to reach diverse communities and ensure all voices are heard. It is critical that we understand our population, as this helps us to deliver services that meet their needs and make a real difference to their health and wellbeing.

Affected by COVID-19, and the need to socially distance, we had to be more creative about the ways in which we could involve our community. Much of the engagement moved to online platforms, which benefited many due to its convenience and accessibility.

However, there were still cohorts of our population who are digitally excluded and may have been unable to take part, so we tailored our approach. We have benefited from good partnership working and liaised with local Healthwatch and local services and the voluntary sector to help listen to those who may not normally have their voices heard.

-  **We worked with Healthwatch York to access our most vulnerable and at-risk communities to ask them about what they do if they have an urgent medical need. These conversations, curated by Healthwatch York, included those who used the welfare check in, Door 84 Youth club, the multiple complex needs network and lifting voices up – a BAME network. [Read the report here.](#)**
-  We conducted telephone interviews with people and carers during the first COVID lockdown to find out how it had affected their mental health and wellbeing. These were people with mental health conditions, disabilities and long-term conditions such as dementia. [Read the full engagement report.](#)
-  **We listened to a migrant voices network to help understand the issues facing this group of people when accessing services, and the anxieties that they have around uptake of a vaccine.**
-  We focused efforts on improving co-production and engagement with our [Special Educational Needs and Disabilities \(SEND\) community](#) by hosting co-production workshops with families, young people and staff to feed into the newly named 'joint partnership' model. The groups also help to shape the outcomes they want to see to help their children live the best possible life they can.
-  **We regularly attended carers forums to give updates about health services and the rollout of vaccinations during COVID-19. We listened to their feedback and worked with primary care to help raise the profile of carers and ensure that they are flagged on the GP system.**
-  We continued to host our regular [Wheelchair Service User Forum](#), which is attended by service users, commissioners and providers and focuses on improving patient experience.

Listening to our most vulnerable and seldom-heard communities

- ✓ **We developed relationships with local community leaders and faith groups to help tackle vaccine hesitancy and understand the barriers that people face.**
- ✓ We supported multi-agency activities to increase the uptake of the COVID-19 vaccine with individuals experiencing homelessness. Led by the CCG, GP practices in York and Selby - York Medical Group and Scott Road respectively - worked with local housing services and community providers to ensure that as many individuals as possible were supported to access vaccinations at their place of temporary residence including rough-sleeper accommodation.
- ✓ **We embedded ourselves within Primary Care Networks to help focus on the population priorities for those patients subject to rural health inequalities. Understanding the needs of frail and elderly patients, and their wishes to have care closer to home, helped us to secure funding for a specialist Parkinson's Nurse across the Vale, and commission a number of dementia coordinator posts.**
- ✓ We have supported practices and Primary Care Networks to increase the uptake and quality of Annual Health Checks for people with Learning Disabilities through the provision of more robust data monitoring and using this intelligence to provide targeted quality improvement support.
- ✓ **A team from Public Health, clinicians, link workers, Living Well Smokefree (the local stop-smoking service), and from North Yorkshire County Council's Stronger Communities team and the CCG came together to tackle the issue of high smoking prevalence in Selby Town PCN. Using a Population Health Management approach, the group looked to understand the characteristics of smokers and target effective interventions – such as targeted text messages, translated materials into Polish and focusing on the financial benefits of stopping smoking.**

Working with our local Healthwatch partners and forums



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. Healthwatch's 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. A Healthwatch member sits on our Primary Care Commissioning Committee and our Quality and Patient Experience Committee to represent the patient voice.



Clinical engagement

In 2020-21, despite the pandemic, we managed to continue our Protected Learning Time sessions to enhance our engagement with clinicians from our member practices.

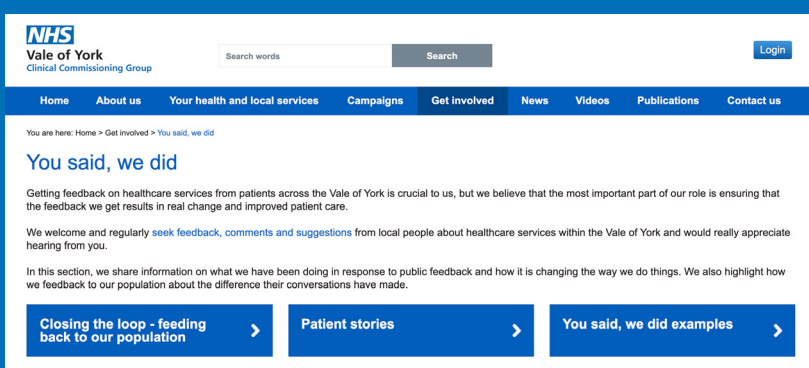
These sessions set aside dedicated time for primary care colleagues to learn and share best practice. Fundamentally, the Protected Learning Time is about improving patient care by providing a dedicated learning time for healthcare professionals away from their busy day-to-day primary care work. We held two successful online events in July and October and had more than 300 health professionals join each date.



At the July event we were delighted to welcome Professor Rebecca Malby, a professor in Health Systems Innovation at London South Bank University, to lead the keynote session. The purpose of this session was to develop a collective understanding of and enthusiasm for sustaining and improving innovation achieved in the pandemic, and ensure we meet population health needs into the future.

The October session centred around the knowledge and resources needed to support healthcare professionals to recognise dementia and improve the quality of life and care of people who are concerned about their memory, people with dementia and their family and carers. The event looked at opportunities to improve care, maximise the spread of what is going well, share learning and build relationships. It enabled participants to gain a unique insight into dementia through the stories of people living with dementia and their carers.

Working with you: You said... ... we did



Receiving feedback about local healthcare services from patients is very important and we believe that the most important part of our role is ensuring that the feedback we get helps to shape change and improved patient care. Full examples of how patient feedback has influenced our work during 2020-21 are published on the [Get Involved section of the CCG's website](#).

A year of engagement



APRIL
2020

During the start of the first lockdown we wanted to rapidly assess the impacts, risks and unintended consequences of the COVID-19 response. We conducted a short survey (online and via phone) to find out how the restrictions to stop the spread of coronavirus (COVID-19) were affecting people's everyday lives and their mental and physical wellbeing. This may have been in the way they accessed medical help or were able to carry out everyday activities for themselves or someone they were caring for.

We also worked with the third sector to find out the public's worries and gather feedback about what they are hearing from the most vulnerable service users. Our Head of Engagement interviewed voluntary-sector advocates and service users – including The Carers Centre, Mind, Dementia Forward, the deaf community, carers and service users with a disability. This work fed directly into the [York and North Yorkshire local rapid health needs assessment](#) of COVID-19 and the recovery plan for the Vale of York and supporting the vulnerable over the course of the pandemic.



MAY
2020

May saw the first online session of the Wheelchair Service User Forum. During the forum NRS Healthcare (the wheelchair provider) gave updates on services operating during COVID-19, personal wheelchair budgets and new communications tools. Service users also feed back on their view of eligibility criteria and how customer satisfaction could be improved.



JUNE
2020

In June we launched our [engagement around urgent care services](#) and what people do and where they go if they have an urgent care need. We received more than 600 responses to our survey, held a number of telephone interviews and commissioned Healthwatch to work with vulnerable and seldom-heard groups. These conversations focused on how we can improve the patient pathway, create a more integrated approach to care and improve patient experience, choice and access. [Read the full engagement report here.](#)



JULY
2020

During July the CCG and City of York Council (CYC) held four co-production workshops with families, young people with [Special Educational Needs and Disabilities \(SEND\)](#) and staff to find out what people understood about the term co-production, the barriers and difficulties and how to successfully involve parents and families. The workshops were rich in feedback and were used to develop a new co-production model for York – which was renamed 'Joint Partnership' as it was felt to be more plain-English and relatable.

A year of engagement



AUG
2020

In August we focused on raising awareness of the signs and symptoms of cancer. We encouraged our population to sign up for [free one-hour Cancer Champion sessions](#), which teach people about the key facts, statistics, symptoms and screenings for a number of cancers.

We worked with our networks to promote the [new freephone line](#) which will make it easier for people in mental distress to access urgent help. Open 24 hours a day, seven days a week, callers, including those with learning disabilities and/or autism, will be offered a series of options which will divert them to their local crisis service.



SEPT
2020

This was the first YouTube live stream Annual General Meeting (AGM) from the CCG. Viewers could listen to an update from each of the executive members and their reflections on the 2019-20 year. [The session can be viewed here.](#)

We also held our second Wheelchair Service User Forum of the year and focused on improving the delivery of clinical reviews.

In September 2020, our Deputy Chief Nurse attended the York Carers Action Group (CAG) to encourage carers to access their free flu jab. She talked about the benefits of the vaccination, and how carers could have the flu jab for free to help keep safe themselves and those they care for.



OCT
2020

In October 2020, we focused our quarterly GP training session on improving the experience of those diagnosed with dementia. The event attracted more than 300 healthcare professionals from across the Vale of York. The CCG invited Nicci Gerrard (novelist) and Damian Murphy of the York Minds and Voices group, a support network for people who live with dementia, to lead the keynote sessions. This humorous and compassionate session enabled participants to gain a unique insight into dementia through the stories of people living with dementia and their carers. Comments from GPs illustrated that they were positively affected by the keynote session. [The video can be watched here.](#)

We also attended health overview and scrutiny committees in East Riding, North Yorkshire and York to give an update about the work we are doing to improve urgent care services in the Vale of York. All committees were supportive of the diversity of engagement work carried out as part of the project and the efforts to seek views of a cross-section of the population.

A year of engagement



NOV
2020

This month, in partnership with the local council, mental health provider and third sector, the City of York launched its new campaign, called [#FeelRealYork](#), to signpost people to support to help benefit or maintain their mental fitness, and to share and use resources to support our wellbeing.

Dr Nigel Wells, our Clinical Chair, gave an update to the local scrutiny committee about the impact of COVID-19 on GP appointments and on referrals to cancer services.



DEC
2020

More than 100 people (including clinicians, patients, community activists, voluntary-sector and partner organisations) joined a Northern Quarter Project (NQP) online event focusing on a community approach to mental health and wellbeing.

Patient and public representatives, the CCG, York Teaching Hospital and local authority met to talk about the population health needs of the Easingwold area and future health and care needs of the community.



JAN
2021

As part of an engagement piece looking at the experience of people diagnosed with Parkinson's, we spoke to 18 patients over the phone to ask them about their experience of care and the Parkinson's Nurse Specialist (PNS). This feedback directly supported [the decision to continue the PNS role](#).

This month we were delighted to announce the appointment of a new Maternity Voices Partnership Chair – Stacie Jackson-Ross. We met with her in January to discuss her role in linking in with the Local Maternity System (LMS) MVP group and focusing on the voices of seldom-heard communities.

In January 2021, our Head of Engagement attended the York Carers Action Group (CAG) to give an update about the COVID-19 vaccination, and the rollout across York. She talked about how people would be invited for the vaccination, where they would need to go and answered questions from carers.

Lead clinicians and our Accountable Officer joined council leaders to participate in a live Q&A session on Facebook. They answered questions on the new lockdown and its impact on health, as well as giving the latest information on the rollout of the vaccinations.

A year of engagement



FEB
2021

We worked with those supporting the migrant community to find out more about their anxieties around registering with GPs or getting the vaccination. People told us that they faced many barriers including access to interpreters, being asked for documentation and not understanding the health system. We worked with community groups and GP practices to increase awareness around registrations of migrant and asylum communities, and promote the fact that people do not need to have proof of address or settlement status to join a GP practice.

We held our third Wheelchair Service User Forum of the financial year. Service users were pleased to find out more about the appointment of a new Personal Wheelchair Budget (PWB) champion, who has been employed by NRS to help people make the most of PWBs.



MARCH
2021

We worked with engagement leads and representatives across the system to set a framework for citizen engagement across Humber, Coast and Vale. This will be a set of guiding principles which will set the gold standard for community engagement within the Integrated Care System.

In March we held the first of our 'Model of Joint Partnership' recap training session (the first of three workshops). We looked at the model, asked people how they are embedding it into work and showcased some positive patient stories and practical examples of co-production. The managing director from York Inspirational Kids attended to talk about the positive difference that has been felt from the perspective of parents and young people.

We attended the North Yorkshire Disability forum to give an update about the work that is happening in the Vale of York to support wheelchair service users.

Working with partners across health and care, we supported targeted engagement with vulnerable and at-risk communities, such as those experiencing homelessness, from a BAME background or with a learning disability, to increase the uptake of the COVID-19 vaccination.

CONTACT US

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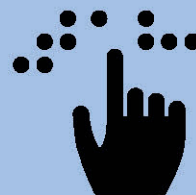
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