

West Yorkshire & Harrogate Health and Care Partnership

Engagement and consultation mapping:
Summary Report by Partnership Priority

May 2021

Summary engagement and consultation mapping report – 2021 Priority Programmes

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West Yorkshire & Harrogate Health and Care Partnership (WY&H HCP) priorities

Key issues and feedback have been taken from the full engagement and consultation mapping [report](#). This was commissioned by WY&H HCP, produced by Healthwatch, North Yorkshire and summarised below. All links to further documents can be found in the body of the original document.

1. Cancer

1.1 Communication

- People prefer to receive information verbally, with community messaging helpful for some.
- Communication from primary care (e.g. GP surgeries) needs greater clarity around Covid-19.
- Only 39% of patients felt that their GP had explained the ACE (diagnostic pathway) to them, compared to 95% who felt that their clinical nurse specialist (CNS) had explained fully.
- Need to use patient stories about lived experiences to influence service change/development.

1.2 Cancer services

- Generally what matters most to patients is the best place to be treated, even if further away.
- Cancer patients feel that relationships, trust and confidence in their clinical team is crucial.
- Patient concerns about the clinical team on a different site not having access to full details.
- Mixed views re the idea of a WY&H wide cancer workforce: some feeling this would not be in the interests of patients and concerns expressed about recruitment in outlying areas.
- Support in principle for common waiting lists but more information needed plus concerns about this approach for more complex, specialist cancers.
- Mixed views about hospital versus GP appointments, with some feeling that hospitals gave more time and others that their GP surgery was easier to access (closer/no parking fee).

1.3 Protected characteristics

- Black and minority ethnic groups have felt more scared through the Covid-19 pandemic.
- People from black and minority ethnic groups are looking for support to make those who are 'hard to reach' in their communities aware of the 'First Steps' cancer pre-habilitation service.
- People with learning disabilities need a greater awareness of cancer, including screening.

1.4 Innovation and improvement

- Pontefract Hospital considered to represent a good example of a model of care.
- Development of cancer 'champion' roles, including people with learning disabilities.
- Development of a 'Community Asset Panel' made up of people with learning disabilities.

1.5 Reports/outcomes not available at the time of writing

- Leeds cancer awareness team: cervical screening: focus groups.
- National cancer quality of life survey.

2. Capital and Estates

2.1 Climate change summit

- Participants keen to take back learning to their own organisations.
- High interest in how nature and the environment could impact on people's health.
- WY&H HCP should continue its role as a 'champion' for climate change, with an emphasis on establishing networks and further opportunities for knowledge sharing.

2.2 Innovation and improvement (enabling schemes)

- 'WinPath Enterprise' information management system implemented across all laboratories in the WY&H pathology network.
- Provision of a new state-of-the-art pathology system at St James Hospital, by 2023.

3. Children, Young People & Families

3.1 Impact of Coronavirus (Covid-19)

- 90% of parents and carers just as likely/more likely to attend their child's immunisation appointment in Bradford during lockdown: only 2% had not attended due to the pandemic.
- Children aged 9-16, in Kirklees, of Asian/British Asian origin more likely to feel worried about the pandemic than other children.
- Just over 40% of parents/carers in Leeds said they and their family had coped well during the pandemic, with around 48% saying that it had been difficult some of the time/better at others.

3.2 Access to health care/information

- Children and young people concerned about their health seek differing routes, depending on age range: under 16s more likely to discuss issues with - and have a GP appointment made for them by - family; those aged 17-25yrs preferring to go online, use an App or call NHS 111.
- Young carers had a strong preference for using NHS 111 or discussing concerns with a friend.
- Most children and young people felt able to understand what their doctor/health professional said but some felt they had not been listened to or had their questions answered.

3.3 Protected characteristics

- Children and young people identifying as Lesbian, Gay, Bisexual, Transgender, Queer/Questioning (LGBTQ+) (15.8% of survey respondents, with another 3.8% unsure) much prefer seeking information via Google, other online websites and Apps.
- It was felt that GPs/other health professionals did not have a good enough understanding of LGBTQ+ issues, especially those around gender.

3.4 Innovation and improvement

- A 'Young People's Board', to support engagement and co-production work.
- The 'Digibete' App, for children and young people with type1/type 2 diabetes using insulin.

4. Coronavirus (Covid-19)

The impact of the Covid-19 pandemic has required a significant and coordinated response from organisations across the West Yorkshire & Harrogate Health and Care Partnership (WY&H HCP). This section offers only a flavour of the information, resources, research and evaluation plus engagement activities that have occurred during 2020/21. Additional information is available within the full report.

4.1 Coronavirus (Covid-19): engagement and consultation 2020/21

4.1.1 Kirklees Clinical Commissioning Groups (CCGs): quarterly engagement events

The NHS Kirklees CCGs held quarterly virtual engagement events:

- June 2020: there were presentations on Kirklees Primary Care Covid-19 Response and GP experiences during Covid-19;
- September 2020: there was an update and presentation on Covid-19 across Kirklees;
- December 2020: included an update on the Covid-19 vaccination programme.

4.1.2 NHS Leeds Clinical Commissioning Group (CCG)

Collaborative 'Citywide Vaccine Patient Experience' engagement activities, running to September 2021, with work being undertaken, to make best use of the data collected to:

- highlight themes and areas for improvement in relation to the vaccination programme;
- feedback positive responses to staff on the front line, aiming to boost morale;
- target resources to focus on areas/communities with low take-up of the Covid-19 vaccine;
- feed in to the citywide 'Covid Vaccine Inequalities Plan', with tailored reports on request for individual Primary Care Networks.

4.1.3 Local Healthwatch Organisations

[Healthwatch, Bradford \(HWB\)](#) report 'Experiences of Health and Care in Bradford during Covid-19 1st phase-August 2020':

- the provision of information was considered to have been very poor by many people, in particular in relation to GP practices;
- some people felt there had been a delay in their GP diagnosis of Covid-19 or that no help was available until they became critically ill;
- Healthwatch feedback July-September 2020: 21% of comments were specific to Covid-19.

[HWB](#) 'Experiences of childhood Immunisations during Covid-19', said: numbers dropped in the first few weeks of lockdown but recovered after surgeries reopened, following strict guidelines/measures.

[Healthwatch, Calderdale \(HWC\)](#) report 'The health and care experiences of people living in Calderdale:

- generally, people were happy with online GP consultations and pharmacy services;
- it was difficult to get through via telephone, due to phones being constantly engaged;
- the lack of access for people with dental problems was a significant issue.

[HWC](#) also surveyed health and care employees and fed back the outcomes to the Calderdale Clinical Commissioning Group (CCG).

[Healthwatch, Kirklees \(HWK\)](#) report 'The health and care experiences of people living in Kirklees during the Covid-19 outbreak: October 2020':

- both GP and hospital virtual appointments were generally felt to have been positive;
- some people expressed concerns about GP telephone appointments, due to anxiety and speech difficulties: also feeling that their concerns had not been listened to.

[Healthwatch, Leeds \(HWL\)](#) has been producing weekly check-in reports, asking 'How does it feel for me during Covid-19?' since April 2020, with a different focus each week e.g. young carers, older people, managing lockdown or having a vaccine.

[Healthwatch, North Yorkshire \(HWNY\)](#) briefing 'Covid-19 in North Yorkshire March-July 2020':

- urgent need for help with mental health issues was not being met;
- the impact of cancelled or delayed appointments/treatment on people's treatment plans and their physical and mental wellbeing;
- people were not accessing services – due to concerns about being a burden;
- there was a perceived risk of exposure to Covid-19 if accessing services.

[HWNY](#) briefing 'Covid-19 in North Yorkshire July-November 2020' highlighted a huge surge in its website traffic, with notable interest in information about testing plus news of the latest local infection rates, restrictions, and guidance. Also highlighted were issues relating to: access to services; hospital discharge and long-term conditions; social care; access to support; mental health; test and trace, testing, and official information; dentistry; both online and in-person options going forward.

[Healthwatch, Wakefield \(HWW\)](#) 'Coronavirus Survey: Phase One Summary 24 April - 24 June 2020':

- adapting the way people accessed services was essential, with some changes leading to improved access but some people finding access harder/more complex to navigate;
- access to NHS dentistry had been an issue in Kirklees - and for other parts of the HCP - for years and the Covid-19 outbreak had exacerbated this.

[HWW](#) also published a number of reports: 'The future of our Health and Care Services: Phase 1 Survey Results'; 'The future of our Health and Care Services Wakefield District Coronavirus Reset Survey: First Summary Report 4 August-2 September 2020, an initial report Results Summary and the results of a survey taken July-November 2020. Consistent themes included: telephone appointments and access; consistency of information.

4.1.4 Neurodivergent Adults

An 8-week WY&H HCP project in response to Covid-19, focussed on reaching out to and connecting Neurodivergent adults with local community services. 'Keeping Neurodivergent People Connected' identified key findings, including: many people indicated they had never been '*reached out to*' before and live '*under the radar*' of statutory services and that there is significant variance in autism support in each 'place' (from post diagnosis support to support with daily living and local advocacy services).

4.1.5 'Stabilisation and Reset'

A WY&H HCP Coronavirus engagement report for Stabilisation and Reset identified emerging themes, including: access; disruption to services; attitudes; personal protection equipment (PPE).

4.1.6 Mind in Bradford

- The 'Impact report' 2019/20 identified that the most common reason for people contacting 'Guide-Line' - a telephone support service - was due to anxiety, including worries about Covid-19. 'The Sanctuary' - which offers a welcoming, non-clinical safer space for people across Bradford and Craven who need urgent mental health support, welcomed people whose reasons for attending included: depression, stress, isolation, anxiety and Covid-19.
- Online surveys were undertaken for people under 13, young people 13+ and adults: 'Mental health services during Covid-19' (also for staff) and 'Share your thoughts on recent months'.

4.1.7 Maternity and perinatal care

Calderdale and Huddersfield NHS Foundation Trust and partners 'Using maternity services during Covid-19' highlighted: the impact of restrictions relating to partners/other family members or birthing companions, on both the patient and others. An NHS perinatal mental health, digital co-production session, with 'mums to be' across West Yorkshire also noted that the pandemic had taken away many of their support networks, which had 'exacerbated anxieties and trauma for some'.

4.1.8 Mental Health and Wellbeing

Most, if not all, reports published mention that Covid-19 had impacted negatively on peoples' mental health and wellbeing.

- [Healthwatch, Leeds](#) 'What people have told us about their mental health and wellbeing': people talked about the anxiety caused by delays to service provision and support.
- [NHS Leeds CCG](#) 'Mental Health Services Insight Review - Accessing mental health services in Leeds' highlighted that those with experiences of accessing mental health services needed:
 - staff to not be dismissive but caring and empathic towards service users;
 - staff to know what services people can access and how people can access them;
 - communication to be clear, efficient and include the right information: not assuming that a service user knows how services work;
 - crisis services to have meaningful interventions that can help the service user and not rely on the service user to come up with solutions;
 - someone in a crisis situation not to be left without support or intervention;
 - mental health care needs to be person-centred and tailored to individual needs;
 - shorter waiting times;
 - better integration between all service providers (statutory and third sector);
 - service providers to routinely collect patient experience from services users and use this to shape services.
- [The Health Foundation](#) published a blog highlighting the impact of the pandemic, in particular on: women; people's mental health; access to mental health services; the impact on key workers and workplace support.

4.1.9 Voluntary & Community Sector and Social Enterprise Organisations

- Voluntary Action Leeds reports, on behalf of WY&H HCP, looked at third sector resilience: 'Working through Covid-19 Third Sector Resilience in West Yorkshire & Harrogate'; 'Before and during Covid-19' and 'Third Sector Resilience: Working through Covid-19'. All three

recommended that NHS/Local Authorities/other funders and commissioners should commit to putting in place a strategy for longer term, joined up investment in the VCSE sector.

- The community social enterprise organisation, Locala, has been running a 'Doing Things Differently Easy Read Survey: Covid-19: How Did We Do?' (No results at the time of writing.)

4.1.10 National Organisations

National organisations have issued reports on the effect of Covid-19 on people/services, for example:

- the Care Quality Commission (CQC) 'Inpatient experience during the Coronavirus (Covid-19) pandemic': results of a survey looking at the experiences of people staying in NHS hospitals during the first wave of the Covid-19 pandemic;
- Pancreatic Cancer UK 'Pancreatic cancer and coronavirus stories', giving people's experiences of coping with pancreatic cancer and Covid-19 including: isolating at home, coping during the pandemic and treatment decisions.

4.2 Coronavirus (Covid-19): resources and information

Examples of the wide range of information and resources developed/made available during the Covid-19 pandemic can be found in the full 'Engagement and Consultation Mapping 2020/21' report. Some examples are given below.

4.2.1 West Yorkshire & Harrogate Health and Care Partnership (WY&H HCP)

- WY&H HCP has continually publishing updated information on the pandemic. Early on, the HCP issued a Coronavirus communications update and produced a Board Briefing: 'Our Covid-19 response'. As part of its 'Digital Transformation Strategy', the HCP also provided 'Online Consultation/ Coronavirus Update on GP Appointments'.
- WY&H HCP put a section on its website for working carers about Covid-19, with links to topics such as: advice on money worries and healthy eating. Both WY&H HCP and Humber, Coast and Vale HCP secured funding from NHS England/NHS Improvement, to develop/maintain a Mental Health and Wellbeing Hub for all staff working across health and care.

4.2.2 GP practices

- Developed online resources to support staff and patients, including a range of specific information relating to the Covid-19 pandemic, with links to other websites e.g. NHS.gov.uk.
- Some practices provided news pages/weekly bulletins/regular newsletters on their websites.
- Some practices offered advice for specific patient groups, for example: people with diabetes; women who were pregnant or planning pregnancy; parents. Many practices gathered all their Covid-19 information together, including advice on testing, vaccinations plus track and trace.

Note: elsewhere in this report it is highlighted that making patients aware of changes relating to the Covid-19 pandemic appeared not to be of high priority for some GP practices.

4.2.3 Opticians

Bradford and Airedale Local Optical Committee 'Covid-19 Updates' for practices, included 'Bradford Community Pharmacy Test Kit Collection Pilot: Collect a Covid-19 test kit from your local pharmacy'.

4.2.4 Dentists

Dental practices provided information on their websites about the reopening of dental services, after the initial lockdown had ended.

4.2.5 Pharmacies

West Yorkshire Community Pharmacy included Covid-19 in its 'News Digest'.

4.2.6 Clinical Commissioning Groups (CCGs)

[NHS Bradford District and Craven CCG](#) created four specialist GP hubs across the area and announced the launch of a new service: 'Bradford Counselling Collaborative', available for people of all ages/faiths, who may have different experiences or approaches to grief and loss.

[NHS Harrogate and Rural District CCG](#) wrote an 'Open letter to GP patients in North Yorkshire', outlining the way in which primary care was changing in response to the pandemic, including work to minimise face-to-face contact.

[NHS Leeds CCG](#) offered locally developed patient materials, covering a range of topics relevant to the Covid-19 pandemic.

[NHS Wakefield & District CCG](#) produced a video series: 'I never thought it would happen to me', showing the experiences of people from all walks of life in Wakefield, aged 18 -60 and their families in relation to Covid-19.

In addition to the examples above, it should be noted that CCGs created their own advice and latest information pages, with links to the NHS and/or gov.uk websites. Specific vaccination webpages were also established, including FAQs.

4.2.7 Acute/Community/Mental Health Trusts

All acute and community Trusts, across West Yorkshire and Harrogate, created web pages on Covid-19, including: Covid-19 news/information; appointment guidance; visiting hospital; palliative care; service changes. Mental Health Trusts also had specific Covid-19 information pages, including some dedicated to patients plus advice specifically for carers.

4.2.8 Emergency Response Organisations

- Her Majesty's Inspector of Fire & Rescue Services was commissioned by the Home Secretary to inspect how fire and rescue services in England were responding to the Covid-19 pandemic.
- The West Yorkshire Police and Crime Commissioner has a page 'Coronavirus (Covid-19) Information', with links to local and national information.
- Yorkshire Ambulance Service, on their 'Our Service' page has 'Covid-19 – Our Response' with links to additional information - for example, staff isolating away from their families.

4.2.9 Local Government

- Local government - [from Parish to County Council](#) – has been providing information about Covid-19 for residents, usually with links to NHS and gov.uk websites. District, City and County Council webpages also offer information for businesses, organisations and communities.
- The [Kirklees Safeguarding Children Partnership](#) has provided regular updates about what is being done locally/nationally, with weekly briefings to share and signpost, news plus webpage links to advice and information for staff, parents and children plus young people.
- The [Wakefield Safeguarding Children Partnership](#) established a webpage 'Safeguarding Children in the Coronavirus Crisis: Information for volunteers, delivery drivers and other workers in contact with families.'

4.2.10 Healthwatch

[Local Healthwatch](#) organisations have dedicated Covid-19 / coronavirus pages on their websites, often with links to more specific information on local services. Some Healthwatch organisation websites show the latest pandemic data and at least some have information on vaccination.

4.2.11 People with protected characteristics

- The Advonet '[Leeds Autism AIM](#)' team produced a toolkit of online resources for autistic people, to help them manage during the Covid-19 crisis plus a Covid-19 resources page.
- [Disability Partnership, Calderdale](#) has a 'Coronavirus News Index', with articles and advice on health and social care plus local news.
- [Kirklees Visual Impairment Network](#) had a page 'Covid update for Kirklees: information on Tier 3 and Community Testing'.
- The '[Asian Sunday](#)' on-line had a news article '[Kirklees Council launch Covid-19 Dashboards](#)';

- [Bradford District and Craven CCG](#) website made people aware that local GPs had recorded a series of films in community languages - explaining more about the coronavirus vaccine, why it is important to take up the offer when invited and what it means for people.
- [MindWell](#) - a mental health website for people in Leeds, funded by NHS Leeds CCG - brings together information from the NHS, Leeds City Council and third sector into one 'go to' place, including links to other resources, help, etc.
- [Staying Well](#), an organisation providing emotional health and wellbeing support to older people in Calderdale, has a coronavirus update on its home page.

4.2.12 Other organisations

- The [NHS Confederation](#) has an article on its webpages: 'What we have learned so far - best practice and innovation during Covid-19'.
- [Leeds Bereavement Forum](#) has a page on its website 'Covid-19: useful bereavement links and resources'. This page is regularly updated.
- [Mind in Bradford](#): 'Information on coronavirus'.
- The [Coalition for Personalised Care](#) 'Health Inequalities, the Covid Vaccination & Community-Centred Approaches – Coalition for Personalised Care'.
- Changes in service provision were also reported in the local media e.g. the [Keighley News](#) reported on changes to services in GP practices.

5. Digital technology

5.1 Impact of Coronavirus (Covid-19)

- It is anticipated that 60-70% of outpatient appointments may well remain digital.
- New ways of working improved productivity/work-life balance for staff across WY&H, although some were working extra hours due to more (virtual) daytime meetings.
- Virtual coffee breaks, to facilitate networking/peer support, would be appreciated by staff.
- Adoption of digital options by other organisations across WY&H could improve engagement with people/communities who are 'hard to reach'.
- Staff training/peer support improved staff confidence in the delivery of services.
- Moving to remote working, where possible – has generally been well received by patients, although the importance of a face-to-face consultation continues to be emphasised.

5.2 GP online consultations

- An outpatient teams workshop identified barriers to virtual consultations as: the potential for misdiagnosis; lack of clarity relating to the longer-term; patient choice; digital exclusion; the need for IT systems to be integrated, across patient pathways.
- 99% of GP practices are now able to offer online consultations, with six products available but some performing better than others. Of patients using just one of these systems, 84% were satisfied with their experience.

5.3 'Digitising Leeds' – tackling inequalities

This report states that 90,000 adults in Leeds are without essential digital skills, with 50,000 not online.

- Factors affecting access to digital services: poverty; age; literacy/communication preferences; skills and motivation; precarious lifestyles; privacy; disability/specific conditions; trust in IT.
- Just some examples of action that could be taken:
 - recognition that getting online is as much about having confidence as having skills;
 - peer-led support/training for men;
 - private space in public venues for women (and others) to get online;
 - affordable internet access for carers, longer-term;
 - group and 1:1 training for homeless people;
 - greater access to publicly available Wi-Fi for migrants, asylum seekers and refugees;
 - free Wi-Fi on local authority gypsy/traveller sites;

5.4 Protected characteristics

- There is a need to tackle issues for people who do not speak English/do not have English as their first language, in respect of GP online consultations: including staff training, to ensure that technical/other information can be communicated to patients appropriately.
- Just some examples of action that could be taken:
 - no assumptions made about young people being able to access devices;
 - school technology loans for young people living with domestic violence;
 - staff training to support older people during digital appointments.
 - ongoing loan schemes for people with mental health conditions/learning disabilities;
 - choice from a variety of online platforms for people on the autism spectrum;
 - a regular focus on British Sign Language/other communication needs;
 - a focus on digital poverty in relation to people from culturally diverse communities;
 - public services offering digital terminals in offices, with support, for LGBTQ+ people.

5.5 Innovation/improvement

- New formats for internal/external communications e.g. MS Teams/videos/podcasts.
- Provision of online counselling for WY&H HCP staff, within a period of around two weeks.
- Launch of the 'DadPad' App, providing support for new dads/fathers-to-be.
- 'Qwell' online counselling/emotional wellbeing support for adults in Bradford and Craven.

6. Hospitals working together

Note: other sections in this report also reflect examples of hospitals working together

6.1 Impact of Coronavirus (Covid-19)

- Collaborative working across the WY&H pathology network, with the appointment of a single pathology incident Director and an increase in testing capacity.
- Accelerated implementation of 'Xero' image sharing software.
- In house testing for patients/staff launched across Airedale, Bradford and Harrogate hospitals.
- Support for the NHS Nightingale hospital: Yorkshire and the Humber.
- Joint working across the West Yorkshire Association of Acute Trusts, ensuring supplies of PPE.

6.2 Collaborative working

- During its first year, Airedale and Bradford Acute Provider Collaboration programme engaged with over 500 clinical staff and progressed development of a single clinical services strategy.
- Airedale, Wharfedale and Craven Health and Care Partnership and the Bradford provider alliance each aim to deliver the vision 'happy, healthy at home'.
- Bradford Teaching Hospital began work with 10 Primary Care Networks in Bradford: diabetes care is one example of Trust support for the integration of primary and community care.
- Harrogate and District Trust, Tees, Esk and Wear Valley Trust plus Harrogate GPs and North Yorkshire County Council formed a collaborative, with a focus on developing a new model for care outside of hospital.
- Harrogate Cancer Unit works closely with 'Leeds Cancer Centre' and York Teaching Hospitals NHS Foundation Trust, who provide treatment for patients with less common cancers.
- Bradford Hospital Trust is working in partnership with Airedale Trust Supplies department to deliver a sustainable procurement strategy.
- A standardised clinical pathway and single commissioning policy for cataract surgery have been developed by the "Eye Care Working Group", enabling adoption of a consistent approach across hospitals in West Yorkshire and Harrogate.

6.3 Protected Characteristics

- The [South West Yorkshire Partnership](#) has progressed the integration agenda, through the Wakefield Integrated Care Partnership (ICP) Board and underpinned by system partnership principles for ways of working together to improve mental health services.
- An area of focus for the [Leeds and Yorkshire Partnership Mental Health Collaborative](#) is child and adolescent mental health services (CAMHS).
- The [Learning Disabilities Transforming Care Partnerships](#) (TCP) have merged into one and focus on delivering improvements, including work to improve learning disabilities assessment and treatment provision: with the aim of reducing the number of assessment and treatment unit (ATU) beds within West Yorkshire and Harrogate.

6.4 Staff clinical groups/networks

Throughout the year, staff engagement activities take place across West Yorkshire and Harrogate via:

- clinical service networks;
- working/project groups;
- special interest groups;
- clinical leadership groups.

Such groups/networks can be a valuable catalyst for effective joint working, resulting in service change and improvement/development.

7. Housing and health

7.1 Impact of Coronavirus (Covid-19)

The pandemic has had a significant impact on the housing sector. National Housing Federation research, undertaken in June 2020, indicated that 31% of adults had experienced mental or physical health problems linked to the condition of their home or their lack of space.

7.2 'Housing for Health' report

- Factors that may impact most on health services: supporting discharge (including aids and adaptations); social prescribing; homelessness; domestic violence; ageing well; learning disability; mental health; fuel poverty and warm homes.
- More efficient discharge/follow-up support means that people may be less likely to: require residential care; be re-admitted to hospital; use GP or ambulance services.
- Case studies demonstrate: improved health and wellbeing; increased independence; decreased length of hospital stay; reduced need for urgent/emergency care.

7.3 Vulnerable people

- Specific groups needing assistance with housing needs reflect: mental health problems; domestic abuse; old age; homelessness; offending history; drug and alcohol abuse; learning disability; physical disability; money issues.
- Bradford still falls behind regional/national averages for the health and wellbeing of residents.
- Homelessness is a key issue in Kirklees: the most prevalent health problems being: substance misuse; mental health problems; a combination of the two.
- Leeds life expectancy can vary by as much as nine years in differing parts of the city.

7.4 Innovation and improvement

- 'Bradford Respite Intermediate Care and Support Services' established, to support some of the district's most vulnerable people.
- The national 'Commission on the Role of Housing in the Future of Care and Support' launched, with its first report offering an initial vision and ideas for the future.

- Devolution offers the opportunity for a new West Yorkshire Combined Authority, housing associations, local authorities and other organisations within WY&H to work collaboratively.

8. Improving Planned Care

Note: other sections of this report also include examples of improvements in planned care.

8.1 Impact of Coronavirus (Covid-19)

- Some planned care procedures suspended, with staff redeployed/care areas redesignated to support the care of Covid-19 patients: opportunities to engage with patients more limited.
- Positives: new collaborations/working practices, implemented over short timescales.
- Patients with planned admissions felt they had better experiences of care than emergency admissions and patients with dementia, mental health issues or a neurological condition.

8.2 Innovation and improvement

- 'Flash' glucose monitoring App, for people with a learning disability and insulin-controlled type 1/type 2 diabetes.
- Mid Yorkshire hospitals 'ePMA' (prescribing and medicines administration) system, improving prescribing safety and the turnaround times for medicine requests.

8.3 Reports/outcomes not yet available

- Leeds CCG review of the 'Community Neuro' service: initial phase March 2021, with patient and public engagement planned for April/May 2021.

9. Improving Population Health

9.1 Programme networking

Feedback from members of programme networks and the programme Board showed that:

- suicide prevention, diabetes and climate change were considered to provide 'added value';
- people favoured more work at 'place' level, targeting population groups, and more large-system wide theme-based events to promote action on specific inequalities;
- improved, accessible formats were needed for any information published;
- future consideration should include support to develop a system/region wide approach, with a focus on women who have children removed at birth.

9.2 'Tackling health inequalities for Black, Asian and minority ethnic communities and colleagues'

This report identified key themes for review (with consequent recommendations), as:

- improving access to safe work for Black, Asian and minority ethnic colleagues across WY&H;
- ensuring that the WY&H CCP leadership is reflective of communities;
- population planning, using information to ensure services meet differing group needs;
- reducing inequalities in mental health outcomes, by ethnicity.

When considering the mental health needs of people from differing communities, the following were identified as those who experience particularly high levels of health inequality:

- men from Black or Black British backgrounds;
- women from South Asian backgrounds;
- people from Gypsy, Roma and Traveller communities;
- people who are asylum seekers or refugees.

Note: it was stated '*It is important to note that within each of these groups, there are diverse communities with different experiences, needs and strengths*'.

9.3 Protected characteristics

- Leeds residents lack understanding around health inequalities experienced by people from black, Asian and minority ethnic groups.

- ‘Access to healthcare’ is often interpreted as relating to geographic location or travel time and transport and not the language and cultural barriers that exist for some.
- Timing of appointments can be important for people living with chronic pain, who might not be able to readily attend earlier in the day.

9.4 Innovation and improvement

- WY&H HCP ‘Can you Hear Me?’ podcasts – identified by the NHS as national good practice.
- Launch of the WY&H HCP ‘Health Inequalities Academy’, aiming to help participants gain an understanding of health inequalities faced by different population groups.

9.5 Reports/outcomes not available at the time of writing

- An online event, run in partnership with the WY Violence Reduction Unit in March 2021, focussed on the impact of adverse and traumatic experiences on mental and physical health.
- An insight project, looking at reducing serious violence, recently undertaken via ‘CREST’.
- Government consultation to inform development of a ‘Women’s Health Strategy’: closing date 30th May 2021.

10. Innovation and Improvement

Note: further examples of innovation and improvement are included in other sections.

10.1 Examples

- Cardiac and pulmonary rehabilitation sessions in Leeds moved online, using Apps, with the option to receive phone calls.
- Multi-agency working in the ‘Bradford B Positive Pathways’ programme had a measurable, positive impact on the health and wellbeing of ‘looked after’ children.
- The digital roadmap ‘People First: Digital First’, launched in Bradford and Craven.
- The ‘Leeds Care Record’ launched, with feedback highlighting positive impacts.
- Roll out, across Wakefield and North Kirklees, of a ‘Yorkshire and Humber shared care record’.
- ‘Pop-up health innovation hubs’, sited at the Leeds General Infirmary, aiming to improve health outcomes – with funding available to develop ‘health-tech’ initiatives.

10.2 Reports/outcomes not available at the time of writing

WY&H HCP offered funding for innovative/transformational ‘Connecting with Nature’ schemes. The deadline for bids was 2nd March 2021.

11. Maternity care

11.1 Impact of Coronavirus (Covid-19)

Patients accessing maternity services across Calderdale and Huddersfield plus Mid Yorkshire Hospitals Trusts said that, overall, their experiences had been good or very good. However, key issues identified reflected: feelings of loneliness and isolation; the importance of face-to-face service provision.

11.2 Protected characteristics

Feedback from Calderdale and Kirklees/Mid Yorkshire Hospitals Trusts also demonstrated that:

- people from black, Asian and minority ethnic communities felt most dissatisfied with services;
- people who identified as LGBGTQ+ felt they were not recognised as ‘partners’ in the same way as heterosexual couples.

11.3 Perinatal mental health

The ‘it will get better’ proposition (2) was ranked as having the most potential to make a real change to existing perceptions of post-natal mental health. Feedback on how this could be communicated identified social media as the best means of communication, when reaching out to mothers.

11.4 'Hard to reach'

A 'quick reference point' toolkit (see 11.6 below) is intended for use with those 'hard to reach': people who don't speak English; teenage parents; refugees and asylum seekers; black, Asian & minority ethnic communities; those who have been in prison or a detention centre; those suffering from addictions.

11.5 New facilities

People consulted about the proposed new hospitals in Leeds felt that they still needed reassurances regarding aspects such as parking and public transport accessibility.

11.6 Innovation and improvement

- A 'circle of influence' tool, summarising the primary and secondary sources utilised by women who are pregnant or have just given birth.
- A 'quick reference point' toolkit, for use in future engagement activities. Recommendations referred to: messaging; language; engagement methods; communications and media channels. (See also 11.4 above.)

12. Mental Health, Learning Disabilities & Autism

12.1 Impact of Coronavirus (Covid-19)

Whilst the Coronavirus section (4) of this summary highlights the range of activities undertaken across West Yorkshire and Harrogate, relating to the Covid-19 pandemic, some examples are also given below. Further information is in the full 'Engagement and Consultation Mapping report 2020/21'.

12.1.1 Coronavirus: engagement and consultation 2020/21

Healthwatch, Bradford (HWB):

- 'Experiences of Health & Care in Bradford: During the first phase of Covid-19.' provided mixed feedback about different services, for example: *'Treatment for Covid was excellent BUT I also have mental health problems which were completely ignored, despite requests for assistance. Other physical health complaints were also untreated'*.

Healthwatch, Calderdale (HWC)

- an August 2020 survey: 'The health and care experiences of people living in Calderdale during the Covid-19 outbreak' identified that people's mental health had been negatively impacted.

Healthwatch, Kirklees (HWK):

- an October 2020 report: 'The health and care experiences of people living in Kirklees during the Covid-19 outbreak' also highlighted the negative impact of the pandemic on people's mental health, although one person said: *'Better mental health, more time for myself, have done more exercise, spent more time outside'*.

Healthwatch, Leeds (HWL):

- a report 'What people have told us about their mental health and wellbeing' grouped responses into themes, including: anxiety; fear and uncertainty; loneliness and social isolation.
- a 'Mental Health Briefing' (May 2020 survey) highlighted that: adults with learning disabilities can be reluctant to give out their phone number/email address - due to worries about being scammed - find video calling intrusive, with a lack of digital skills also a potential barrier; carers had been unable to access their usual coping mechanisms and been affected by 24/7 caring.

Healthwatch, North Yorkshire (HWN):

- 'Covid-19 in North Yorkshire March-July 2020' identified that missing face-to-face contact, isolation and loneliness were common themes in relation to people's mental health;
- 'Covid-19 in North Yorkshire July-November 2020' highlighted that accessing mental health support was a major issue at the start of the pandemic but now seemed to be less of an issue.

Healthwatch, Wakefield (HWW):

- a 'Phase One' report (April – June 2020) stated that 85% of people said the pandemic had had: *'some impact, significant impact, or very significant impact'* on their mental health.
- 'The future of our health and care services' identified issues, including:
 - telephone/video consultations should continue as an option, alongside face-to-face;
 - a standard platform to be used for video appointments should be considered;
 - facilities for the deaf community to access telephone and video appointments;
 - mental health of pregnant women to be considered in guidance for face-to-face;
 - how best to support people during end-of-life care;
 - seek user feedback on information on websites to ensure it is easy to find/understand;
 - continue sharing messages across varied platforms, including ones not online.

12.2 Mental Health

12.2.1 Mental health services

NHS Calderdale CCG

A 2020 survey identified issues/concern in relation to disability: autism, ADHD and dyslexia.

Tees, Esk and Wear Valley (TEWV) NHS Foundation Trust

A December 2020 draft strategic framework, based on feedback re quality of service provision identified that:

- the Trust didn't always provide good enough experiences for service users/families/ carers;
- the Trust speed of response was too slow, too often;
- too many people within the Trust were unclear about its direction;
- Trust partners sometimes found Trust colleagues tricky to collaborate with;
- the Trust did not provide a consistently good experience for colleagues.

Healthwatch Wakefield

Posted (May 2020) 'New 24 hour mental health helpline launched', offering confidential help/advice to those registered with a GP in: Calderdale; Kirklees; Wakefield; Leeds; Barnsley.

South West York Partnership NHS Foundation Trust

In December 2020, launched its co-produced mental health guide, to help local people know: how they could look after their own mental health and wellbeing; who else could help/provide mental health and wellbeing support; where to go for help and support.

12.3 Protected Characteristics

12.3.1 Age: Children and Young People

Open Minds in Calderdale

'1000 Calderdale Children' and Young People's Voices. Survey results indicated that:

- 35% of children/young people didn't feel comfortable discussing emotions/mental health;
- most participants (76%) felt the support they had received from a mental health and emotional wellbeing service in Calderdale had been helpful;
- 91% of those who had accessed a service felt positively about how they were treated;
- there was a need for more support to be given to parents/carers and family members;
- pop ups on social media were good places for advertising services.

Healthwatch, Leeds

The 'Mental Health Briefing' (May 2020) identified that most young people had said that lockdown was having a negative effect on their mental health; with a more severe effect on over-19s.

South West Yorkshire Partnership NHS Foundation Trust (SWYPT)

The Trust has been transforming child and adolescent mental health services (CAMHS) in Wakefield. Performance (October 2019-April 2020) showed waiting times down: core CAMHS from 59 to 23 weeks; art psychotherapy from 74 to 17 weeks; family therapy from 51 to 15 weeks.

Healthwatch, Wakefield (HWW)

HWW published Healthwatch, England's 'Young people's mental health and wellbeing research':

- social media was spontaneously mentioned as a trigger for many who suffered with mental health conditions. However, it is considered both *a help and a hindrance*;
- some worried they would be seen as an *attention seeker*, others felt there is stigma around drug treatment and many felt misunderstood by friends, family: the older generation in particular. This stigma resulted in a delay in young people seeking help;
- mental health can be glorified/romanticised on social media and in TV shows. In particular self-harm, suicide and eating disorders: encouraging these behaviours;
- feeling under pressure is a key trigger across all ages/genders. Type of pressure varies, depending on life stage, but all feel pressure to excel in different areas of their life;
- triggers exclusively mentioned by older young men include drug and alcohol misuse;
- young people feel 'too sheltered' from mental health problems during education. Rather than mental health problems being openly discussed in assemblies or being covered as part of the curriculum it still feels taboo or 'off limits';
- positive care experiences included: being listened to by a GP who took the time to understand a personal story and did not necessarily default straight to drug-treatment.

NHS Digital

'Mental Health of Children and Young People in England, 2020' identified that, of those with a probable mental disorder:

- 63.7% of girls aged 11-16 had seen or heard an argument amongst household adults, compared with 46.8% of others. This association was not evident in boys;
- 58.9% aged 5-22 years reported having sleep problems. Those aged 17-22 were more likely to report sleep problems (69.6%) than those aged 11-16 (50.5%) and 5-10 (52.5%);
- 62.6% aged 5-16 had regular support from their school/college, compared to 76.4% of others;
- children aged 5-16 years were more than twice as likely to live in a household that had fallen behind with payments (16.3%);
- 54.1% aged 11-16 and 59.0% aged 17- 22 were more likely to say that lockdown had made their life worse.

12.3.2 Age: Older People

'Staying Well'

Staying Well - providing emotional health/wellbeing support to older people in Calderdale - has been providing a telephone befriending service saying: '*..... we believe that no one should feel alone.*'

12.3.3 Disability: Learning Disabilities

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP) for Mental Health, Learning Disability and Autism, working with Bradford Talking Media (BTM):

'Working together to improve the lives of people with learning disabilities' showed that people with learning disabilities:

- thought there might need to be separate provision for autistic people, to ensure everyone had a chance to be involved and have a voice;
- wanted to add Urgent and Emergency care to their list of priorities;
- felt that Hospital passports were significant and, if used correctly by the medical professionals, could prevent further illness and increase life expectancy;

- wanted to be involved in the training of employers and organisation on how to work or prepare information for people with learning disabilities;
- want to know what people with a learning disability think about their ideas to change Assessment and Treatment Units in West Yorkshire, in order to ensure that more people can stay in their own homes and be close to where their friends and families live.

Mencap partnered with Bradford People First/Airedale NHS Foundation Trust/Bradford Talking Media Produced a guide for hospital professionals who support children with a learning disability.

NHS Calderdale Clinical Commissioning Group (CCG): 'Improving Access to Talking Therapies for adults in Calderdale' (2020 survey) identified that further work was needed, in order to engage with: men; under 29s/over 75s; Christians, to some extent; Muslims; people from Pakistani ethnic groups.

12.3.4 Disability: Autistic Spectrum Disorder (ASD)

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)

'Keeping neurodivergent people connected':

- significant variance in autism support in each 'place' (from post diagnosis to support with daily living and local advocacy);
- low level community support can help to 'disrupt' a crisis developing and/or a significant decline in an individual's health and wellbeing;

Advonet's Leeds Autism AIM team

Produced a toolkit of online resources for autistic people, to help them manage during the Covid-19 crisis: created by the Leeds Autism AIM staff team, the majority of whom are autistic themselves.

'AutismAllies'

Collated best practice case studies on how various organisations had made service changes, to make life better for autistic people, aiming to ensure consideration of autistic people of all ages/their parents/carers/support staff. Much of this work was co-produced with autistic people.

12.3.5 Pregnancy and Maternity

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)

'Maternity Service Community Action Network':

- all mums involved said they had some perinatal mental health concerns/anxieties. There was also the impact of the Covid-19 pandemic;
- a similarity across all groups was potential reluctance to disclose worries about mental health.

Healthwatch, Wakefield (HWW):

A 2020 survey included in 'The future of our health and care services' recommended that the mental health of pregnant women be considered when setting guidance for face-to-face appointments.

12.3.6 Sexual Orientation

Healthwatch, North Yorkshire (HWNKY)

'LGBTQ+ people's experience of using health and social care services in NY: A focus on MH' Identified mixed views - one respondent saying: *as far as my sexual identity is concerned, positive experience is limited to simply acceptance or indifference* whilst another said: *my therapist is happy with my identity and I am comfortable talking about it. She uses the right name and pronouns still a long way to go.*

12.4 Veterans

Healthwatch, Wakefield (HWW)

Posted that a new Veterans Mental Health High Intensity Service had started: Leeds and York Partnership NHS Foundation Trust, as lead provider, was working with various partners: to deliver crisis mental health care, inpatient treatment and ongoing care.

12.5 Carers

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)

Developed a specific web page called 'Working carers and Covid-19': to help working carers look after the person they care for - and themselves – during the Covid-19 pandemic.

Leeds and York Partnership NHS Foundation Trust

Developed a new three year 'Experience and Involvement Strategy' in response to feedback from service users, carers, members, volunteers and staff - taking on board recommendations from a recent external review. The document, called 'Together' was co-produced with carers.

12.6 Accessing Care and Support

South West Yorkshire Partnership NHS Foundation Trust

Findings from two events, held in Calderdale and Kirklees, re development of a single point of access, reflected people's views, including: the service shouldn't be overcomplicated but simple to use; *don't underestimate the need for... an appropriately supported, respected and healthy workforce.*

NHS Leeds CCG

'Mental Health Services Insight Review' on accessing mental health services in Leeds brings together existing insight and data from various sources. Selected feedback from CarePoint suggested that: *staff seem to lack empathy, compassion and appear to be 'going through the motions' and: when in the middle of a crisis situation ... I was told by one of the staff members working with me to 'grow up and act like an adult' ... this didn't help the situation at all.*

12.7 Staff support

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP)

- Launched a virtual staff wellbeing hub for employees, across West Yorkshire and Harrogate: around benefits, workforce and mental health.
- Launched a staff suicide prevention and wellbeing promotion, called 'Check-in', aimed at health, care, voluntary and community colleagues and providing resources and support.

12.8 Digital technology

West Yorkshire and Harrogate Health and Care Partnership (WY&H HCP):

WY&H HCP is looking for people with Autistic Spectrum Disorder to help design a new app – aiming for people to have better access to and experiences of health and other services.

NHS England

Published a web story Digital mental health - Covid-19 stories: *professionals and service users have worked together to ensure that services not only remain open but are also finding ways to make care more personalised, accessible and engaging. Here we hear from four inspirational people who have helped make this transformation happen.*

13. Our work with Voluntary, Community & Social Enterprise (VCSE) Organisations

13.1 Impact of Coronavirus (Covid-19)

Surveys to examine third sector resilience before and during the pandemic identified that:

- there had been a reduction of 73% in the median average number of volunteers available;
- 59% of VCSE organisations said that demand had increased or stayed the same;
- digital exclusion had impacted on the ability of people to access organisations;
- 55% of VCSE organisations did not expect to be financially sustainable by 2021;
- less than 20% thought they could be financially stable beyond 12 months;
- organisations had generally been able to adapt the way they delivered services;

- some organisations felt unable to operate on a remote basis;
- positive aspects included: a reduced need for travel; remote solutions having facilitated joint working with others, when this would not have happened previously.

13.2 'Harnessing the power of communities' programme

Research involving 18 VCSE organisations, across North Yorkshire, identified organisational examples aimed at supporting resilience of the VCSE sector across the Harrogate district. Key aims include: increased collaborative working with public sector organisations; encouraging local people to live healthier lives; developing VCSE 'talent'; influencing policy and service development; identifying gaps in health and care provision; engaging with the 'hard to reach'.

13.3 Reports/outcomes not available at the time of writing

A further, third sector resilience (virtual) event held on 26th February 2021, aiming to discuss 'moving forward' as well as the impact 'before and during' Covid-19.

14. Personalised Care

14.1 Patient choice

An event aimed at identifying what was of highest priority for Leeds residents – in differing scenarios in terms of service provision – identified:

- aspects considered important: disability/access considerations; nearby parking; nearby public transport links; extended hours appointments;
- favoured aspects of choice: range of locations/appointment times; differing service providers.
- a major priority for many is shortest possible wait time: with a willingness to travel/take time off work for an appointment with a speedier diagnosis;
- need to address barriers for people/groups in accessing information about available choices;
- need for a communications strategy: enabling people to make appropriate choices about care;
- a significant cohort of patients may not feel comfortable exercising choice;
- a perception that services provided by Community Healthcare are not of the same standard and quality as those provided in hospital;
- concern that when information needs to be shared across providers there could be delays and a potential lack of privacy/security of data.

14.2 Protected characteristics

An investigation 'Individual Service Funds' (ISF) for people with learning disabilities identified:

- confusion amongst staff and people with learning disabilities around different funds;
- lack of clarity around spending the ISF: also 'banked' hours, used to fund a range of activities;
- the importance of the 'champion' role;
- the need for staff training/improved knowledge of the ISF;
- positive examples where use of the ISF had been beneficial for individuals, including the use of 'banked' hours to enhance their wellbeing.

14.3 Care closer to home

Staff in Calderdale and Huddersfield identified some 'quick wins' for out of hospital care, including:

- **step up/step down:** ask (retired) people with time to adopt older people and act as their advocates; 'Together Housing' support for hospital discharge; flexible criteria for intermediate care and transitional beds;
- **workforce/skill mix:** assessor for care homes; joint assessment or community in-reach for end-of-life; care navigators; one offer/one HAT (hospital avoidance) team; single not multiple assessments for frailty issues; emergency care planning across organisations, to get people out of hospital.

14.4 Innovation and improvement

- A 'Social Prescribing Training Programme' offered health and social care professionals the opportunity to improve their knowledge/confidence in respect of social prescribing.
- Development of an LMS (Local Maternity System) personal care plan - also embedded within a WebApp - for women without a current electronic patient record.

14.5 Reports/outcomes not available at the time of writing

A government consultation on proposals for reform of the Mental Health Act, some of which will impact on personalised care. The consultation closed on 21st April 2021.

15. Preventing ill health

15.1 Impact of Coronavirus (Covid-19)

- A British Red Cross, UK report, highlighting that 41% of adults felt lonelier since lockdown, prompted NHS Leeds CCG to put out a reminder that people could access the 'Linking Leeds' social prescribing service for the city, to help their wellbeing.
- Relatives of people in care homes across Leeds highlighted: the need to recognise the huge emotional impact of lockdown; that decisions about care home visits should be made on an individualised basis, weighing up potential benefits to wellbeing against risks; the importance of good care home communication with relatives/carers.

15.2 General feedback

- Engagement relating to existing cardiac and pulmonary rehabilitation programmes in Leeds identified that patient experiences had been mostly positive and had improved wellbeing but that accessing/getting transport to rehabilitation session venues could be a barrier for some.
- At a quarterly Kirklees event, key themes and ideas suggested that:
 - social prescribing should be made more widely available;
 - third sector organisations could be used more to tackle physical health problems;
 - there was no 'joined up' approach for people accessing health, social care and third sector providers;
 - patient stories should be used more to inform service design or development;
 - positive aspects of service change due to impact of the pandemic should be retained.

15.3 Protected Characteristics

A Leeds project, targeted at specific communities known to struggle when trying to access important information - people with learning disabilities and their carers; black African communities; people with English as a second language - showed that:

- people like positive, simple messages containing images and limited text: also videos and messages that are animated, with voice-overs and subtitles;
- messages need to be delivered continuously and across a wide range of media;
- people with literacy problems/limited English struggle to understand text-only;
- messages from GPs reach communities, but are usually text-heavy and only in English;
- for some people, messages communicated verbally are vital.

15.4 Innovation and improvement

In July 2020, Mid Yorkshire Hospitals Trust launched a virtual pulmonary rehabilitation group.

16. Primary & Community Care

16.1 GP practices

16.1.1 Impact of Coronavirus (Covid-19)

Healthwatch, Kirklees

A majority of survey respondents commented on their experiences of GP surgeries. It was noted that:

- a good number of people found access to their GP generally easier and more efficient;
- some felt that GP remote consultations may have a place in the future but that this should not replace the option of a face-to-face appointment;
- some people struggle with telephone appointments, particularly if they have mental ill-health/find it difficult to communicate by phone or struggle to explain symptoms.

Healthwatch, England

A review of people's access to GP services identified that - although there was recognition of the significant challenges facing GP practices:

- by December 2020 around 75% of people had reported a negative experience of accessing GP services;
- communicating information about changes to services due to Covid-19 had not been a top priority for all GP practices;
- by the autumn of 2020, patients were reporting long waits when phoning services;
- people were anxious when not knowing when a GP/other professional would phone them;
- some people worried that their health issue would not be accurately diagnosed remotely, especially: disabled people; those with long-term health conditions; people without access to the internet; those whose first language is not English;
- people struggled to get appointments for regular health checks/treatments and medication reviews.

16.1.2 GP practice websites

Healthwatch, North Yorkshire (HWNY) volunteers reviewed GP practice websites from a patient perspective, against a specific set of questions and identified that:

- there are a good number of examples of best practice, which could be shared;
- some practice IT systems are much more 'user friendly' than others;
- elements of information on some websites were found to be significantly out of date;
- key aspects needing improvement: inadequate provision of information and services relating to interpreting/translation; inadequate information on Patient Participation Groups (PPGs), how to make an appointment and how to make a complaint.

The HWNY report offered suggestions as to how to achieve improvements, including:

- undertaking regular website 'user experience' testing;
- information about making an appointment available via a single section/tab;
- maintaining up to date information re PPGs, including how patients can make contact;
- making it easier to see how to make a complaint, preferably via a dedicated tab;
- including local Healthwatch details and how they can help patients/the public.

16.1.3 Protected characteristics

LGBTQ+ communities surveyed in Calderdale:

- almost half of adult members felt comfortable discussing gender identity/sexual orientation with their GP or other health professional;
- more than half felt their GP understood them but only 20% said the practice had a good understanding;
- suggestions for improvement included: training for clinicians, particularly GPs, in relation to clinical/other needs of LGBTQ+ patients and those who have disabilities;
- specific training for reception staff in customer care and equality;

- improved access to sexual health services.

People in Leeds who **didn't speak English as their first language**, when asked about telephone interpreting services on offer at their GP surgery, highlighted the need to:

- ensure that all local community languages are being catered for;
- be aware of differing dialects within languages;
- ensure training for reception staff, so that they can properly inform patients;
- publicise the interpreting service in GP surgeries;
- recognise more time is needed for appointments if the patient needs an interpreter.

16.2 Dental

16.2.1 Healthwatch, England: what people are telling us

People's feedback about their experiences of dentistry, from July to September 2020, showed that:

- 1,313 people contacted Healthwatch, compared to 238 in the previous quarter;
- 73% of people found it difficult to access help;
- 51% expressed negative sentiments, compared to 4% who said something positive;
- specific examples identified instances where: pregnant women were suffering and unable to take pain relief; infections occurred that could have been avoided, some serious; some people had pulled out their own teeth.

Key action points identified included the need for:

- accurate and up-to-date information identifying practices 'taking on' NHS patients;
- clarity around the issue of (non-existent) 'registration' with a dental practice;
- understanding of the long-term impact on people's health, especially since the Covid-19 pandemic had exacerbated existing problems in NHS dentistry.

16.2.2 Reports/outcomes not available (at the time of writing)

In March 2021 Healthwatch, Leeds was asking for people's experiences of trying to find a dentist.

16.3 Eye care/pharmacies/community services

16.3.1 Impact of Coronavirus (Covid-19)

Healthwatch, Kirklees

A report on people's experiences offered patient views, including examples relating to:

- a patient who was shielding having been able to get their broken glasses repaired by their optician, via use of 'WhatsApp' and the postal service;
- a patient happy with the delivery service from their local pharmacy but another unhappy with delays obtaining medication: partly due to a GP practice insisting on online ordering, when the patient didn't have access, but also with a pharmacy delay in fulfilling the prescription;
- collaborative working, with a prompt response from a continence nurse who was able to give advice and reassurance over the telephone.

17. Stroke

17.1 Innovation and improvement

- A WY&H 'Integrated Stroke Delivery Network: Patient and Carer Assurance Group'.
- A Calderdale 'care closer to home' staff event identified:
 - the need for a single assessment process and improved clinical pathways;
 - that telehealth (vital signs monitoring technology) could be rolled out to people in their own homes, to facilitate early, supported discharge from hospital.
- In July 2020, Leeds Teaching Hospitals adopted new imaging technology, 'RapidAI', impacting significantly on patients who may otherwise have died or suffered long-term disability.

17.2 Collaborative learning

At an annual Stroke Association event:

- Prabal Datta (WY&H HCP) highlighted the need to engage commissioners in gap analysis – the difference between what they think is being provided and what people are actually getting.
- Another contributor highlighted the importance of coordinating the ‘ask’ to social care, across differing conditions.

18. Supporting Carers

18.1 Impact of Coronavirus (Covid-19)

- WY&H HCP developed: a ‘working carer’s passport’; web-based resources, to support unpaid carers who work.
- A ‘carers week’ campaign called for people across Leeds to come together, to recognise and thank the city’s carers, who had ‘really rallied round to help’ during the pandemic.

18.2 Bereaved Carers

A report reflecting views of bereaved relatives/carers in Leeds identified that:

- 99% of respondents referring to hospice care felt that their relative/friend had died in the right place: with the rate being 97% for community care and 85% for hospital care;
- 100% of respondents rated hospices positively for staff kindness and compassion, with hospitals/community care praised for staff kindness and for end-of-life care in the community;
- in hospital settings: lack of privacy on wards was a concern for some; information on practical issues e.g. parking charges/access to toilet facilities could be improved;
- in the community: some felt there was a lack of information about other services.

18.3 Leeds Carers Partnership Strategy

Based on what carers said, priorities for action in Leeds are: improving the identification of carers; supporting carers to care; the right support, at the right time, for young carers; influencing change and innovation; the carer voice and carer involvement; making Leeds a ‘carer-friendly’ city.

18.4 Innovation and improvement

In March 2021, WY&H HCP launched a young carers’ support App, after young carers highlighted the importance of virtual, anonymous support/advice on how to maintain physical and mental wellbeing.

19. Urgent & Emergency Care Services

19.1 Impact of Coronavirus (Covid-19)

An August 2020 stabilisation and reset report, reflecting the personal experiences of more than 7,500 people across WY&H, highlighted:

- an increase in the number of people seeking more urgent help for ‘non Covid’ problems;
- difficulties with access to urgent dental care, with additional barriers for vulnerable groups;
- a lack of clarity around ‘reset and recovery’ planning for NHS dentistry;
- increases in demand for mental health problems/urgent help needed when ‘in crisis’;
- 48% of people had accessed mental health support from family/friends; 10% via a statutory service; 9% via the third sector; 11% online or via an App.

19.2 Same day medical care

Healthwatch, York

A survey found that generally, people prefer to access their GP for advice or urgent care but there is a lack of knowledge about options for ‘out of hours’ care and some issues around use of technology. One suggestion for improvement was provision of ‘a monthly, well publicised open surgery’ – to offer

reassurance, awareness and understanding aimed at building public awareness and allowing people to effectively signpost others.

19.2.2 'NHS 111 First'

A survey and polling, aimed at understanding public attitudes to 'NHS 111 First', identified that:

- although 84% of people knew they could call NHS 111 for urgent medical help, only 70% were more likely to do so than go direct to an emergency department;
- around 24% of people who got through to an NHS 111 advisor were told to go straight to A&E;
- awareness of the 'NHS 111 First' service was low - although those who used the new service and had a timeslot booked at A&E rated their experience highly;
- there is a need to reassure people that they still have a right to be seen in an emergency department - but they should be encouraged to contact 'NHS 111 First';
- the 'NHS 111 First' service should be properly integrated with other elements of the urgent and emergency care system and be aligned with existing care access standards';
- national expectations should be set out around management of patients arriving in an emergency department via 'NHS 111 First' and those arriving without a pre-booked timeslot.

19.3 Access to NHS dental care

A quarterly report, reflecting patient contacts with [Healthwatch](#) across England, highlighted that:

- there had been a 452% increase in feedback relating to routine and urgent dental care;
- NHS dental treatments were only at around 25%, when compared against pre-Covid levels;
- some dentists were not taking on NHS patients, whilst offering private treatment options;
- people either couldn't get through to their dentist on the phone or had been denied referral for emergency care as they didn't fit the criteria;
- the impact of not being able to access care was increasing the risk of health complications.

19.4 Care Quality Commission (CQC) provider collaboration review – urgent and emergency care

19.4.1 Successes

The CQC report highlighted examples of what was felt had worked well in 2020, including: a focus on vulnerable groups; the provision of psychological support for staff; digital solutions (e.g. WhatsApp for community messaging); collaborative working for the benefit of patients.

19.4.2 Concerns

Specific areas of concern identified by the CQC:

- Urgent and emergency dental care: an increase in dental emergencies and abscesses, across all settings, with minor treatments having escalated to become more urgent; challenges in managing expectations around what constitutes urgent dental care.
- Children and young people: increases in the numbers of non-accidental injuries in non-mobile babies, eating disorder presentations, young people's self-harm plus mental ill health and risk taking behaviours; an increase in the use of paediatric wards as a place of safety.

19.4.3 Future focus

The CQC, also highlighted the need for:

- improved access to services for the deaf community;
- improved 'protected characteristics' data;
- a review of how staff should ensure the safety of people during tele/video calls;
- differing levels of access between private/NHS dental services to be addressed;
- identification of how to address the backlog of community dentistry;
- management of increased demand for community pharmacy, when GP surgeries are closed.

20. Workforce

20.1 Impact of Coronavirus (Covid-19)

- In response to feedback on the impact of the pandemic on staff, WY&H HCP: launched a staff mental health and wellbeing (online) hub, in December 2020; offered a 24/7 helpline for staff needing 'wellness' advice or psychological support.
- Having been on the receiving end of patient frustrations during the pandemic, NHS staff across Bradford and Craven engaged with the public, to remind them to 'be kind' to staff.

20.2 Tackling inequalities

20.2.1 A WY&H HCP 'System Leadership Development Programme' aims to improve understanding of issues relating to black, Asian and minority ethnic staff and create better opportunities.

20.2.2 In its annual NHS Workforce Race Equality Standard (WRES) report, the Harrogate and District Trust identified key issues for staff from black, Asian and minority ethnic groups, including:

- under representation at Band 7 and above;
- inequalities in recruitment processes;
- experience of harassment/bullying/abuse from staff, patients, relatives or the public;
- experience of discrimination by a manager or other colleague.

20.3 Multi-agency collaboration

Case studies from Yorkshire & Humber AHSN/NHS Confederation/Yorkshire Universities suggest that:

- regional workforce planning could offer more flexibility to respond to changing circumstances;
- a 'joined-up' approach to learning and development across health and care services in Leeds would facilitate better planning, more local staff and a more seamless experience for patients.

20.4 Innovation and improvement

- WY&H HCP launched a staff suicide prevention campaign.
- WY&H HCP joined forces with Health Education England and the University of Huddersfield, to develop the 'Urgent & Emergency Care Nursing Associate Programme'.

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