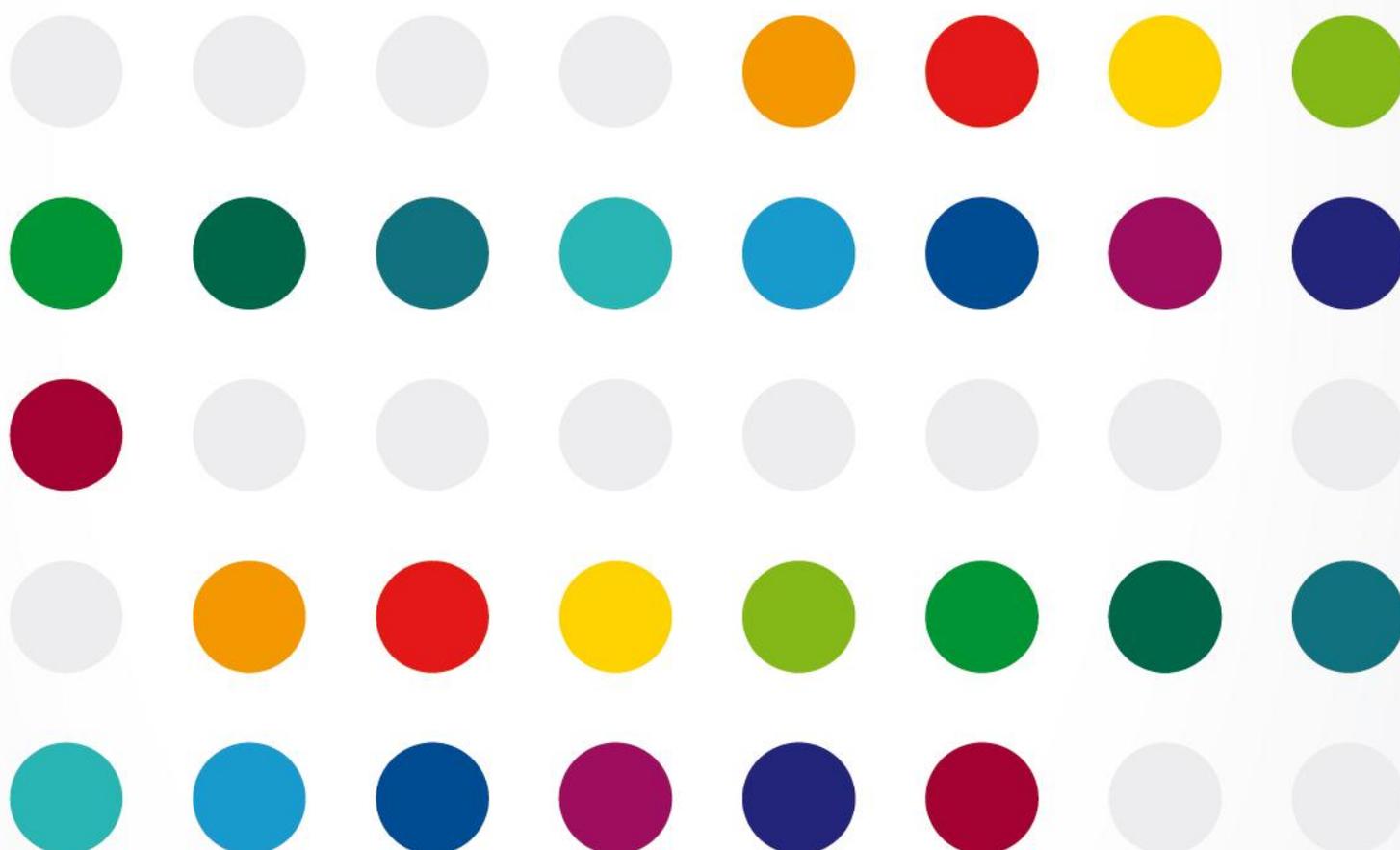


# West and South Yorkshire and Bassetlaw Commissioning Support Unit



North Kirklees CCG

Voluntary & Community Sector Event

Summary Report

July 2013



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## Purpose of the event

NHS North Kirklees Clinical Commissioning Group (CCG) invited representatives of voluntary and community sector (VCS) organisations to attend an event on Wednesday 10<sup>th</sup> July 2013 at 2.30pm – 4.30pm at Batley Town Hall.

The event had been arranged as a follow up to the successful VCS 'Getting to know you' events that were held in September and October 2012. It was an opportunity for the VCS to hear about the work that the CCG had been doing, their priorities, challenges and plans for the future. The VCS were also able to hear from two VCS organisations that had been funded by the CCG to keep people healthy in their own homes and communities, and reduce the use of hospital services.

As well as hearing the presentations, the VCS were asked to participate in discussion groups. The purpose of the discussion groups was to gain the opinions of the VCS, to understand better how they could help support patients and to begin to eliminate the barriers that stop patients accessing the services provided by them.

## Attendance at the event

Over 70 people attended, representing over 40 organisations. In addition to representatives from the VCS there were also a number of representatives from Kirklees Council who work closely with the VCS and were also keen to hear how the CCG wanted to work with the VCS in the future. See appendix A for a full list of the organisations that attended.

## Presentations

Four presentations were delivered:

**Chris Dowse, NKCCG 'What's new with NKCCG?'** - detailed what the CCG had been doing since its authorisation and its plans for the future.

**Dr David Kelly, NKCCG 'Helping us to help you!'** - discussed the priority areas for the CCG and how the VCS could support the CCG to meet these priorities.

**Kate Holdsworth, Society for the Blind 'Healthy Lives, Healthy Eyes'** – talked about their project which focused on preventative work by raising awareness of good eye health, reducing the number of trips and falls to reduce hospital admissions.

**Abdul Aslam, Ravensthorpe Community Centre Health Matters** – described how they had been holding a number of health awareness events across North Kirklees in a range of venues, such as mosques, community centres and churches. The events were arranged for the public to receive advice from health professionals and were also used as an opportunity recruit volunteers to become health champions.



## Discussion groups

Eight discussion groups took place and notes were taken of each of the discussions (see appendix B for notes for each discussion group). Each group was asked to discuss the same three questions and the key themes that came out of the discussions were:

### **How can the voluntary and community sector continue to work with us to achieve our commissioning intentions, such as providing care closer to home and reducing the need for hospital admissions?**

- VCS need some form of accreditation / mark of approval to give GPs the confidence to be able to refer patients to their services. It was felt important that there was the support and endorsement from NKCCG for their organisations and services, that there was a need for a uniform approach by the CCG to all organisations. It was acknowledged that there was a need for an organisation that could co-ordinate and support the VCS.
- The VCS wanted to know about service changes and contract changes in advance to limit impact on the patients they supported. They wanted to know who the CCG leads were for their area, such as long term conditions.

### **How do you want us to communicate with you and what do you want us to communicate with you about?**

- There was no 'one size fits all' approach to communications; groups differed in their preference for particular methods of communication. Although email and social media were the most common approaches to be used. Posting information on the internet was seen as useful but VCS would need to be advised as and when new information was posted.
- A number of discussions raised the possibility of being able to participate in Practice Protected Time (PPT) as a way of raising awareness of the services that they are able to provide to GP practices. Groups had struggled to gain access to meet with practice managers to discuss their services.
- Events like these are very useful for having dialogues with NKCCG and some VCS would also be interested in having 1.1 meetings with the CCG. However many understood that this can be time consuming.
- Utilise existing forums / structures / processes such as Third Sector Leaders and KINFO.

### **How do patients access your services? What barriers does your service come up against?**

- Funding needs to be more sustainable, having a pilot is good but to achieve desired outcomes it needs to be more long term. Funding has to be given over a minimum of 3



years, as sometimes trial and error can shape the whole service. It is also very difficult to measure desired outcomes over a shorter period of time.

- There is duplication of effort in the VCS with groups often competing for small pots of money, need to look at a more joined up approach. There was a need for coordination and partnership working within the community and voluntary sector rather than competing for small sums of money.
- Some clarity over the bidding process would be useful; groups were unsure if they could submit bids as a collective / consortium and wanted clarity on how the bids were assessed.
- Struggle to have a platform to communicate with GP practices about the services that are available – opportunities for meetings with GPs, such as Practice Protected Time, use a GP newsletter / bulletin to let them know what is available
- Sensory Services commented that more work needs to be done with the hard of hearing community; there is a large barrier of access especially for health. Reasonable adjustments need to be taken into account when developing, delivering or procuring services. When people require such adjustments for example an interpreter, services are often unable to provide them because they have no resources/ funding to pay for them.

### Evaluation of the event

All participants were provided with a feedback form asking them to comment on the event. 40 completed forms were received. As can be seen from the table below the overwhelming majority of participants rated the event highly, with participants commenting (see Appendix C for all comments):

*‘Very useful event. Really good to see a desire for meaningful engagement with the voluntary /third sector. I look forward to the next event!’*

*“I enjoyed the opportunity to meet with the NKCCG members. Was helpful for me to give my feedback and felt that this was well acknowledged.”*

*“Well organised, good organisation mix”*



	1 Very poor	2 Poor	3 Good	4 Very good	5 Excellent
Introduction and welcome			16 (40%)	17 (42.5%)	7 (17.5%)
NKCCG Staff Presentation			14 (35%)	18 (45%)	8 (20%)
Voluntary & Community Sector Presentations	1 (2.5%)		20 (50%)	14 (35%)	6 (15%)
Discussion Groups			11 (27.5%)	18 (45%)	11 (27.5%)

### Next steps

The CCG are keen to continue to develop the relationships with the VCS and from the feedback gained from this event and previous events held in September and October 2012, it was agreed that actions would be developed and included in the Engagement workplan.

This will include looking at:

- Funding provided to the VCS - looking at how to raise awareness of the availability of funding, support in completing applications, advising all VCS who were successful that year, look at possibility of funding projects for longer than 1 year.
- Improving communications between the CCG and VCS.
- Identifying a named lead within the CCG for VCS.
- Linking with Greater Huddersfield CCG and Kirklees Local Authority to look at capacity building the VCS.
- Developing an Events calendar with a variety of both large and small scale events specifically focussed on the VCS.



# Appendices



## List of organisations represented at the event

1	Action for Children
2	Action on Hearing Loss
3	Age UK Calderdale and Kirklees
4	Auntie Pam's Mums- to – Be service
5	Community Links
6	Community Partnerships
7	Connect housing
8	Crossroads in Mid Yorkshire
9	Dewsbury women's health group
10	Fit4Funding
11	Growing Works (Holme Valley Gardening Network)
12	Healthwatch Kirklees
13	Home Group
14	Horton Housing
15	Inhouse Learning
16	Integrated Youth Support Service
17	Kirklees Active Leisure
18	Kirklees Council - Area and Neighbourhood Team, Sensory services, Communities and Leisure
19	Kirklees Involvement Network
20	Kirklees LGBT Community Network
21	Kirklees Libraries and Information Centres
22	Kirklees Rape and Sexual Abuse Counselling Centre
23	Kirklees Sports and Physical Activity Development Team
24	Lawrence Batley Theatre
25	Legacy School Sport CIC
26	Lifeline
27	Locala
28	Mears Home Improvements
29	Mencap In Kirklees

30	North Kirklees School Sport Partnership
31	Northorpe Hall Child and Family Trust
32	Paddock Community Trust
33	Parkinsons UK
34	Pennine Domestic Violence Group
35	Ravensthorpe Community Centre Ltd
36	Richmond Fellowship
37	Royal Voluntary Service
38	S2R
39	Society for the Blind Dewsbury Batley and District
40	St Anne's Community Services
41	Stroke Association
42	The Brunswick Centre
43	United Response
44	Voluntary Action Calderdale
45	Yorkshire Children's Centre



**Table 1**

Dr David Kelly (NKCCG - facilitator), Dawn Pearson (WSYBCSU -Scribe), Mears Home Improvements, Age UK Calderdale and Kirklees, Auntie Pam's Mums- to – Be service, Royal Voluntary Service, Connect housing, Crossroads in Midyorkshire, The Brunswick Centre, Richmond Fellowship

**How can the voluntary and community sector continue to work with us to achieve our commissioning intentions, such as providing care closer to home and reducing the need for hospital admissions?**

- Work in a lot of communities – people can access those services – whole range of services – can help people from getting into a crisis situation. Mental Health workers out in the community and can give extra support – The group has referrals from many statutory services (advertise in surgeries)
- Have back to home, home from hospital scheme- volunteers providing practical support (referrals from a number of sectors) – has annualised funding so sustainability is an issue. Would like a ward service at Dewsbury hospital – Companionship, practical support from volunteers – need funding.
- Auntie Pams -Breast feeding initiation support service – difficult to get on wards – have done this now but taken a number of years – do not know who to approach.

**Action** – Would like a named lead into CCG

**David** – Funding and criteria will be available from September – Orgs require more support on what they want to achieve in the community.

Preventative work links to Helen Severns and she would be the lead contact.

Auntie PAMS commissioned by Public Health on a regular contract – but fixed amount and can't expand.

Would like CCG to look at what the service does and who benefits – This continuous support would allow G.P's to deal with real clinical issues – G.P's need to work out what happens in certain areas and understand what the sector offers and how they can help start services.

**D.K** - So many groups – How do we know? Could they co-ordinate themselves?

- More working in partnership i.e. KPOS – older people umbrella organisation

**Action** – Send out a proforma to those here today and ask what they provide

And also key contacts of who do we talk to about new service ideas

**D.K** – Contact CCG about these or patient groups

Handyman service – Whole of Kirklees, grab rails, locks etc – working with council and NHS to help get patients out of hospital quicker – also access free equipment where people eligible. Need to build on these services as they help people get out of hospital and save money.

Leaflets with G.P's do not really work – G.P's do not always know who they should promote.

Carers – L.A./NATS funding already – support a range of people. Take in direct payments etc – carers needs investment and are okay support to NHS services – where is the priority for carers.

**D.K** – High priority in terms of care closer to home.



**Q.** What is integration, what does it mean? **A** Staff working together and reducing duplication – co-ordinated approach.

VCS work in a more holistic way with individuals

Health and social care need to work together to improve patients experience.

- E bulletins are received to some VCS orgs – not systematically (only passed on by professionals)
- Don't use website but would respond to emails
  - No twitter or bloggers, a few facebook users:- Auntie Pams use facebook successfully
- Some have heard of 'your health, your say' database – some not heard of it but would like to be on the relationship matrix.
  - Auntie PAMs have been involved with the 'meeting the challenge' consultation through the Mid Yorks – found it useful to be involved at a high level. Some need support to do this.
- Voluntary sector orgs need to create links onto CCG websites and vice versa – communication is key to working together
  - Combine databases from all organisations and have one for Kirklees – need to all invest in one mechanism. Council currently renewing all info on database – CCG needs to work together with L.A. could CCG commission to do someone to do this?

**DK wanted to work with third sector to:**

- Get ideas, suggestions listen to the sector is what we want, good ideas need to be shared
- Sense check our ideas and help us shape them
- Working together
- Showcase event with third sector stalls build on last event – we are open to suggestions



## Table 2

Chris Dowse (NKCCG - facilitator), Angwen Vickers (WSYBCSU - scribe), Kirklees Sports and Physical Activity Development Team, Kirklees Active Leisure, Legacy School Sport CIC, Royal Voluntary Service, Connect housing, Parkinsons UK, Kirklees Involvement Network, Integrated Youth Support Service

### **How can the voluntary and community sector continue to work with us to achieve our commissioning intentions, such as providing care closer to home and reducing the need for hospital admissions?**

- Parkinsons UK are currently working with NKCCG to provide Parkinsons nurses but are keen to provide a wider offer of a variety of services as information for patients at diagnosis of Parkinsons is often inadequate. They want to contact all clinicians and provide support through their dedicated specialised helpline, website and peer support groups. They have information support workers who provide one to one support to patients and carers, who provide emotional support to families, information about benefits and help to apply for them, support to access services and get their needs met. They felt that GPs needed to be aware of the services available. They also offer consultancy which includes free education sessions but have found that because they are not an NHS organisation they are not viewed as being “Safe” so not seen as legitimate experts. It would be helpful if they could be supported by NKCCG to address this.
- Another participant raised the issue of communicating with NKCCG and bidding for funding about whether it needed to be done as cohesive community and voluntary sector working in partnership or as individual organisations?
- It was raised that it was often very difficult to hear what everyone is doing and there was need for more partnership working
- Several participants commented that they were doing very similar projects in different areas such as sports and physical activity
- Some projects were preventative other services provided coordination of care, or provision of care
- All agreed that there was a need for coordination and partnership working within the community and voluntary sector rather than competing for small sums of money
- A participant asked what the CCG was looking for in this round of applications for funding: was it innovation or value for money? Chris replied that it was both and that the CCG would be focusing on care closer to home, keeping people healthy and out of hospital receiving treatment locally wherever possible
- Chris asked “how do we support you as the community and voluntary sector?” The group discussed the possibility of the Third Sector Leaders forum / group managing pots of funding but had heard that Great Huddersfield would be working with Kirklees council with regard to this. Would NKCCG be doing this too?
- Chris asked “what is the membership of Third Sector Leaders?” The group were unsure but thought most voluntary sector organisations were able to attend.



- Participants asked about funding and contracting plans. Chris replied that she was unable to share that at present but that there was a long term ambition to work with the council to secure longer term sustainable funding

### **How do you want us to communicate with you and what do you want us to communicate with you about?**

- The group suggested Third Sector Leaders, they also suggested via NKCCG website and using social media
- They felt public health data sheets about health needs in local areas would be helpful
- Chris asked “how do we coordinate communication?”
- Participants wanted to know about service changes and contract changes in advance to limit impact on the patients they supported
- Parkinsons UK wanted to know who the lead for long term conditions was? Chris replied that there wasn't one. They felt that there should be a lead, and a long term conditions forum
- Participants stated that there lots of organisations feeding out and it would be useful to have one place for information – several people mentioned KINFO
- The whole group felt that Connect to Support was a really badly designed website with incorrect information and on the wrong IT platform that is not accessible. They felt it was the right concept but in the wrong format.

### **How do patients access your services? What barriers does your service come up against?**

- Participants feedback that patients accessed their services through social workers, websites, community magazines, Parkinsons nurses, information support workers, GPs and public knowledge.
- Chris summed up the groups input by saying that it was important for the group that there was support and endorsement from NKCCG for their organisations and services, that there was a need for a uniform approach by the CCG to all organisations, clear communication: what do we want and why, and to identify who they could work with to coordinate the community and voluntary sector and support them. This was suggested as being the Third Sector Leaders forum / group.
- Chris said that it was very important to support the community and voluntary sector, to harness its expertise and skill and maximise its potential.



### Table 3

Tracey Hollis (WSYBCSU - facilitator), Fiona O'Donnell (NKCCG -scribe), Greenwood Centre (Library and Information Centre), Community Partnerships, Locala, Action on Hearing Loss, Kirklees Council, S2R

Action on Hearing Loss which is based in Kirklees. One of the most important things is empowerment and motivation. Need to remember that 1 in 7 have a hearing problem. Nisar Mayet – Work as part of Kirklees Council in the health intervention and they want to work closer with both volunteers and GP's.

S2R – Work at a mental health charity. There are many barriers to deal with. Many people with hearing loss suffer with depression as well as minority groups; there aren't very good links between these groups.

Laura Corse – Works within Kirklees Council as parts of the grant programme. There's about £1.3 million pounds to go into the 3<sup>rd</sup> sector. People need support to remain in the community.

Action for Hearing Loss – These issues are both local and national everyone needs access to the services. Communication is the most important thing. In lots of medical documents there is a lot of jargon which isn't necessary. Need to remember that people who are born with hearing problems sign language is their first language while English is their 2<sup>nd</sup> which means they can struggle with it; things need to be clearer. The information needs to be accessible. It can be hard to communicate with front line staff. Also need to think about those who lose their hearing later on in life. Also even though there are things to help with hearing such as hearing aids, hearing loops etc these aren't always accessible or available.

NM – Works within health intervention and look at health inequalities. Feels that there needs to be input from the GP's; a chance to work together.

S2R – Agreed with the presentation about the importance of social prescribing. Often people that come to them have been prescribed medication very quickly. Also the medication often isn't that helpful as issues relate back to childhood etc and the medication won't solve these issues. People need help with their issues; not to rely on medication.

LC – Need to look about how we work on prevention and engaging in the community as this is often better than medical intervention.

Library – The library has become a challenging area. Libraries are often the first port of call but people don't realise or understand the information that the library has access to. There are many barriers in the libraries as staff are being squeezed and given more and more to do including advice on health, mental health, council tax, disability living allowance. They often help people with the form as it's their policy not to send people away. Relating to issue of those that are hard of hearing would it be helpful to have some kind of training video about how best to communicate with them? Also would be helpful to have links with the 3<sup>rd</sup> sector



so that they can refer people on to them. Want people to realise that they can come to the libraries and get information and realise that there is no stigma attached with going. Every contact counts and feel that it would be beneficial to share all the contact details from today so that people are aware of each other and can refer people to other 3<sup>rd</sup> sector parts after the event.

if a community nurse goes out to someone who's had a fall it may be that they're lonely and therefore it would be useful to know what links there are in the community to help them. Often loneliness is a major underlying issue.

Amazed at how much there is out there.

The CCG and 3<sup>rd</sup> sector working together is a way of creating different ways of looking at things. The challenge is working with the health sector. An example of this is within the audiology service where there is no after care. There's no flexibility so after care falls to Action on Hearing Loss but it's the audiology team that needs to deal with this. They have previously tried to campaign against this. The letters that get sent out are just the standard ones which often don't mention anything about communication support. This affects the confidence of people as they feel that they can't go as they might not be able to communicate their needs. It's not only the hard of hearing that face these kinds of problems.

TH – Could interpreters be organised through your group?

We don't provide them for free; it's through the hospital themselves. It's a service that needs improving' communication needs to be better.

With one of their patients who was hard of hearing they had a really difficult time organising interpreters. They needed an interpreter for counselling and the council said they'd fund it as a one off but not as a weekly thing which is what was needed.

the important thing is empowerment whether their deaf or have a mental health issues. People need to be aware of their rights. Making awareness more prevalent in NKCCG. With front line librarians need a process to help them when they are communicating with the hard of hearing. If they don't want to shout at the people would it be appropriate to take them into a private room and write down what you're trying to say?

This would be good as it saves embarrassment. While it's one way have to be aware that some places won't have access to private rooms.

One of the barriers was found when an event was held to raise awareness of diabetes during Ramadan. 168 letters were sent out but no-one attended. This is a huge barrier and how can it be dealt with?

TH – Everyone can feel like this. Feel that a lot has been learnt and aware that the CCG can't exist in a vacuum. Is the website sufficient? Would a newsletter be good or something with social media?



Have previously taken posters with information to doctors to put up in waiting areas but many wouldn't put them up. Would be useful to have a place in each surgery where this information can be displayed.

there are places where the 3<sup>rd</sup> sector go into surgeries and give info; it makes sense as this is where most people will go for their health information.

The website and Facebook are good ideas. With video clips could come with a bsl icon with an explanation. Also if the English used is more basic then more people can understand it. There doesn't need to be medical jargon; it will benefit both the public and health professionals.

TH – Pushing at an open door.

Working together is achievable. There are no excuses. Access is a right; could technically sue if this wasn't available.

With the grants when it's for a particular area it would be helpful to know what else is available within that area to avoid introducing something that is already available.

### **Key Themes**

- Communication – Needs to be more communication between not only the CCG and 3<sup>rd</sup> sector but also between groups within the 3<sup>rd</sup> sector.
- Integration – All 3<sup>rd</sup> sector groups need to work with each other and the CCG. Can all help each other.



## Table 4

Kath Greaves (NKCCG Facilitator), Neil Richardson (NKCCG Scribe), Kirklees Council, Locala, St Anne's Community Services, Home Group, Horton Housing, Dewsbury women's health group, Kirklees LGBT Community Network, Kirklees Involvement Network

### Question 1

Some practices could learn from Brunswick Centre guide **In the Pink** Top 10 Tips for Inclusive Healthcare: respect patients as unique individuals, don't make assumptions about patients' orientation, be aware of language used, etc. Some patients are reluctant to approach practices because of believed widespread discriminatory attitudes.

The way the Whitehouse Centre handles the needs of its patients might work as a kind of role model for other groups.

Resources and directories can only be useful if they are kept up to date: not easy when organizations are losing staff and frequently changing. They must also accommodate those members of the community who have little access to (or understanding of) modern IT. GPs and practice staff are very busy, hence not easy to get appointments which might lead to referrals, hand over knowledge which they might use, or redesign pathways. Even referrals to health trainers are difficult. So the problem may be how to gain access & take pressure taken off GPs?

A future **PPT day** on work done by the 3<sup>rd</sup> sector could be instructive. Likewise, 3<sup>rd</sup> sector staff could be invited to training days where they can be part of the dialogue.

The new NKCCG newsletter should be available to the 3<sup>rd</sup> sector and include features on those groups. Maybe supported by a website, it can act as a 'promotional tool'.

There is a need to identify lead commissioners who should be invited to attend forums on 3<sup>rd</sup> sector work and learn more about community perspectives and needs.

### Questions 2 and 3

The group felt this had been answered in their response to Question 1.



## Table 5

Dr Yasar Mahmood (NKCCG Facilitator), Charlotte Allen (NKCCG Scribe), Ravensthorpe Community Centre Ltd, Mencap In Kirklees, Yorkshire Children's Centre, Kirklees Council, Society for the Blind Dewsbury Batley and District, Healthwatch Kirklees, Horton Housing Association – HADS, Kirklees Involvement Network

- CCG needs to decide who from the 3<sup>rd</sup> sector.
- Tiny amount of money when it's such a large piece of work
- Feel lucky that we started last year
- How does all these services impact on our patients?
- Third sector play a part in the patients pathway
- A lot of patients don't know what services are out there and available
- A lot of the services will go into the community gives third sector / voluntary to speak out then
- Communicate
- They are struggling to communicate with us.
- It was suggested to have a database
- Third sector leaders group at Norristhorpe – Tom Taylor
- VAK have a database with all the voluntary organisations in Kirklees
- In the Nkow newsletter – share iwth third sector / voluntary sector too
- Access to services / barriers
- More word of mouth
- Engaging with all different people with different interests e.g. not everyone is on the internet – got to get everyone
- Events like this are useful – should have them once or twice a year – to also give feedback on services they are doing and have to offer.



## Table 6

Kiran Bali (NKCCG facilitator), Katy Clark (WSYBCSU scribe), Kirklees Council: Communities & Leisure, Pennine Domestic Violence Group, Action for Children, Kirklees Involvement Network

### **How can the voluntary and community sector continue to work with us to achieve our commissioning intentions, such as providing care closer to home and reducing the need for hospital admissions?**

- Working in partnership and delivering training to GP's and A&E departments with regards to referrals.
- <http://www.examiner.co.uk/news/local-west-yorkshire-news/2012/02/02/huddersfield-gp-awarded-the-first-learning-disability-friendly-award-86081-30248084/>
- This programme is run by Angela Fawcett.
- GP's lack of empathy towards disabled patients not explaining procedures to the patient  
GP learning disability friendly award
- When a patient is admitted to A&E a system should be in place to know the patient more personally. E.g. if the patient has a disability the care workers notes should be listed as to how the patient likes to be spoken to, what the patient likes to eat etc
- Matrons in hospital to assist with people with complex learning disabilities
- Patients with learning disabilities to be fast tracked and not made to sit in waiting rooms for long periods of time.
- A health action plan should be put in place to help patients with learning disabilities.
- IQ tests to determine mental health should also be reconsidered. Patients with aspergers for example have a very high IQ with little or no social skills.
- Less than half of disabled patients in North Kirklees aren't known to services

### **How do you want us to communicate with you and what do you want us to communicate with you about?**

- A representative to feedback into groups
- Parents are understanding childrens needs and taking them directly to A&E when other avenues could be taken
- If a person who for example is new to the area and being supported by a group misses their first GP appointment they are immediately struck off. GPs need to show more patience as some of the users may be experiencing life difficulties.



- Katy advised YHYHS Network none of the table participants were aware of this source of information.

**How do patients access your services? What barriers does your service come up against?**

- Problems finding other agencies that may be able to help and intervene.
- Quite a lot of out of area patients. For example from a Domestic Violence group a user may have moved again by the time a referral has been made.
- Often a fear of what to do and who to ask.
- If a bad GP service is experienced often the user is reluctant to return there for help.



## Table 7

Jackie Holdich (NKCCG facilitator), Zubair Mayet (WSYBCSU scribe), Kirklees Council – Sensory Services, Kirklees Council – Area and Neighbourhood Team, Kirklees Rape and Sexual Abuse Counselling Centre, Community Links, North Kirklees School Sport Partnership, Growing Works (Holme Valley Gardening Network), Richmond Fellowship

### **How can the voluntary and community sector continue to work with us to achieve our commissioning intentions, such as providing care closer to home and reducing the need for hospital admissions?**

- Funding needs more to be sustainable, having a pilot is good but to achieve desired outcomes it needs to be more long term. This was validated by all around the table. Funding has to be given over minimum 3 years, as sometimes trial & error can shape the whole service.
- It is very difficult to prove the work that CVS are doing does reduce hospital admissions & makes people healthier. It is very anecdotal.

### **How do you want us to communicate with you and what do you want us to communicate with you about?**

- More utilisation of SMS & Social media to engage with all diverse communities.
- There also should be more open dialogue between CVS & NKCCG.
- More use of existing avenues such as KINFO/Connect to Support/NHS Relationship Matrix (databases)
- If NKCCG has capacity they need to come & have 1:1 discussions with CVS & share information.
- Need to arrange slots on Practice Protected Time & have opportunities available to network.
- GP Practices have to work more closely with CVS & the general members of public. They need to be more engaging & recognise their role as membership organisations.
- More communication needs to happen between CCG's & the CVS.

### **How do patients access your services? What barriers does your service come up against?**

- Often badging activity none other than health has the desired outcome of engaging people more.



- Sensory Services commented that more work needs to be done with the hard of hearing community; there is a large barrier of access especially for health.
- Self-assessment is a useful tool for evaluation
- There needs to be more cross partnership working between organisations, these events are ideal but need to be built on.



## Table 8

Eric Power (NKCCG facilitator), Mohammed Hanif (WSYBCSU scribe), Age UK Calderdale and Kirklees, Auntie Pam's Mums- to – Be service, Kirklees Rape and Sexual Abuse Counselling Centre, Community Links, Stroke Association, Mears Home Improvements, Northorpe Hall Child and Family Trust, St Anne's Community Services

### Questions about the CCG

- Is it set up formally - Answer - all GP practices are members. CCG is led by GP's, supported by staff including CSU.
- What does it mean for patients? E.g. new ways of working; can things be done differently in the community, rather than in hospital or other locations.
- What are the issues, and where do we go next?

### How can vol/com sector work with us?

Early support and discharge from hospital - getting people home quicker, but with appropriate support. Hospitals are struggling and we can help by offering other support, eg, information, advice, etc.

- Support hospital avoidance team - eg, Handy Person's Service - doing grab rails and key safe. Simple things that can help get people out of hospital.
- Vol/com sector struggles to get through to GP's as first port of call. GP's know who needs what, so need better coordination between us so people can get better service.
- GP Practice managers have been contacted often, but none responded, so opportunities are being missed, particularly for Ethnic Minorities where language may be an issue. Thus missing important access to information and opportunities.
- Suggestion that organisations keep their information to one side of A4 maximum. However, problem is that competing with big organisations is a challenge for small organisations in terms of resources, access and opportunity as they can't do events, shows, etc on same scale as large organisations.
- May be Practice Protected Time opportunities for small org's should be created.
- Do GP's have a bulletin that could be used to send them information to a central point.
- Are GP's too busy or are small organisations being ignored? Some groups are being flooded with information requests and support, but there does not seem to be any funding from the NHS, so how do we put our case across as being beneficial to the NHS and to help reduce costs.



- Part of the problem is that a lot of the money goes directly to hospitals, so little is left over for other things. Grant applications is one option ,although limited amount, it gives option of piloting good work for future consideration.
- GP communication model is being worked upon, so hopefully it will make access to them easier.

## 2. How do you want us to communicate with you?

- What would you be interested in? - Funding information. £200k is non-recurrent, so this causes problems in terms of continuity.
- Additional problem is that H&SC funding is being shifted from reactive to proactive initiatives, and providers can't just move from one perspective to another as not one size fits all.
- Need to know what is being between Council and NHS so we know what the priorities are, at the moment we don't know.
- Timescales for events like this need to be realistic and practical, we all have jobs to do and small org's can't just change things because a big org wants to.
- We seem to still be having some conversations from 10 years ago, and nothing seems to move on. We need to be listened to, and things need to happen, not just talk about it.
- Change is happening in some areas, but not in others.

## Action Points

- Access - How do we get past these barriers, e.g. Practice Managers. Should be direct access and contact with vol/com orgs
- We need to get past or have direct access to Practice Managers so they get a better understanding of who we are and what we do so patients can be better supported.
- More information on funding
- Access to Protected Practice Time



### Evaluation of the event

Please tell us, on a scale of 1-5 how you rate the event:

	1 Very poor	2 Poor	3 Good	4 Very good	5 Excellent
Introduction and welcome			16 (40%)	17 (42.5%)	7 (17.5%)
NKCCG Staff Presentation			14 (35%)	18 (45%)	8 (20%)
Voluntary & Community Sector Presentations	1 (2.5%)		20 (50%)	14 (35%)	6 (15%)
Discussion Groups			11 (27.5%)	18 (45%)	11 (27.5%)

**If you have any further comments to make about the event please use the space below.**

- Very helpful to see examples of what has previously been funded. How do we know when next event is and how can we present ourselves .
- A great event for communication improvements between VSOs and NKCCG
- Not quite sure who participants were – a slice of V & C sector services? Very good discussion group time. Better communication from CCG about grants and who got what (we didn't hear anything, even about how to apply).
- Very good
- Please share contacts back with all who has attended. Names and e-mails please.
- Thanks
- It would be better if OHP to make words much bigger so we can read it properly



- Helpful to make the contacts, useful marketing opportunity
- Very useful to bring 3<sup>rd</sup> sector together
- It was good to hear from some of the organisations and what they do. Short paragraphs about the VO what they do how they fit into the focus points
- Enjoyed the VCS presentations more would be great to showcase to all locally (and beyond) the work that is being funded.
- I thought it was very good I enjoyed people talking
- Need to make all presentations easy to read. Please do not use jargon, medical terms or abbreviations without explanations thanks
- The event was really useful and follow up/further events would help us to build relationships/further understanding of how we can work together to achieve commissioning priorities.
- Useful event. It might be helpful to have some focused events with organisations that support particular direct groups – eg carers, people with mental health problems, older people, mothers/parents etc. It was very helpful hearing vas presentation
- Well organised good organisation mix
- A further event with stalls and presentations so that voluntary and community groups can give information about their group/services might be useful
- I enjoyed the opportunity to meet with the NKCCG members. Was helpful for me to give my feedback and felt that this was well acknowledged
- Useful to communicate and have input/ideas considered. Regular updates/methods of communication would be very much appreciated
- Would be set more context if the lady who chaired it had introduced herself – not sure who she is?
- Please keep talking to GHCCG, but also Calderdale and Wakefield CCGS. To share learning of working with VCS, thanks
- Very useful event. Really good to see a desire for meaningful engagement with the voluntary /third sector. I look forward to the next event!



- Really good and really well attended
- Great for net working. As CCGs are new and officers and leads change these events are important to put faces to names
- Always useful to network with other groups
- Good attendance and varying groups
- Well done on using this as a platform for us to have discussions directly with CCG staff. Hope it continues.
- Feedback improve communication with voluntary groups
- I think an event where we are all work together promoting our services would be beneficial
- I would really welcome and opportunity to explore, pathway redesign with the CCG. Having an individual name of person to contact would be really helpful

**If you did not get a chance to discuss your question(s) or want a written response, then please use the space below to ask?**

- Can CCG clarify their priorities, send out a pro-forma to all and ask how services can meet priorities and contribute to outcomes (of CCGs) and indicate how it meets the priorities of the JSNA and JHWS. (integrated working).
- More time during workshops
- More easy read presentations please
- When is the next event like this?
- How can we discuss non clinical, low level, non specific support. i.e. someone who just needs support
- Would like to request a meeting with Helen Severns re:- partnership working with the Royal Voluntary Service about an onward service at DDH.



