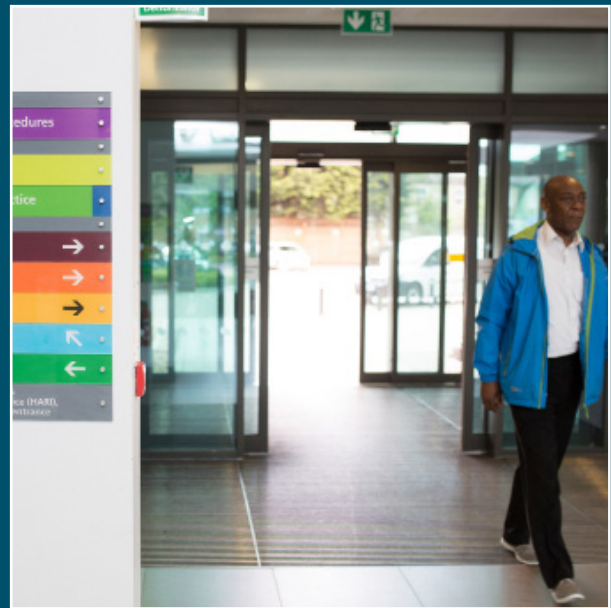
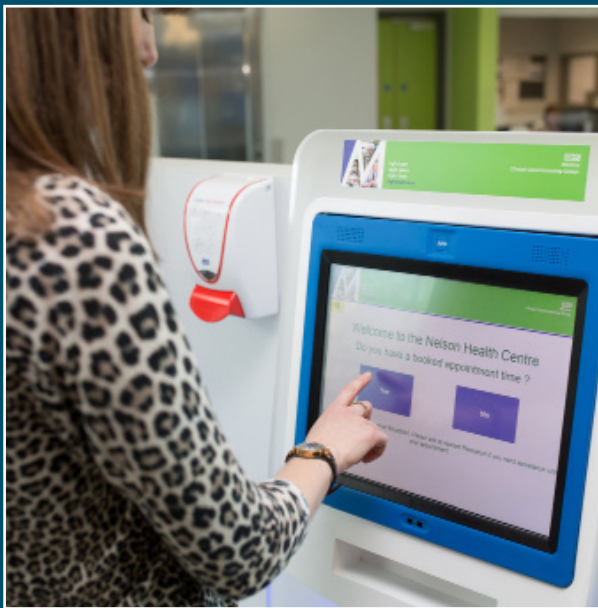


On equal terms



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About Us

Here to make health and care better

We are the independent champion for people who use health and social care services in Kirklees and Calderdale. We're here to find out what matters to people and help make sure your views shape the support you need, by sharing these views with those who have the power to make change happen.

Helping you to find the information you need

We help people find the information they need about services in their area. This has been vital during the pandemic with the ever-changing environment and restrictions limiting people's access to health and social care services.

Our goals



1 Supporting you to have your say

We want more people to get the information they need to take control of their health and care, make informed decisions and shape the services that support them.



2 Providing a high quality service

We want everyone who shares an experience or seeks advice from us to get a high quality service and to understand the difference that their views make.



3 Ensuring your views help improve health and care

We want more services to use your views to shape the health and care support you need today and in the future.

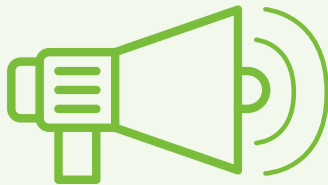
“Local Healthwatch have done fantastic work throughout the country during the COVID-19 pandemic, but there is more work ahead to ensure that everyone’s views are heard. COVID-19 has highlighted inequalities and to tackle these unfair health differences we will need those in power to listen, to hear the experiences of those facing inequality and understand the steps that could improve people’s lives.”

Sir Robert Francis QC, Chair of Healthwatch England

Highlights from our year

Find out about our resources and how we have engaged and supported people in 2020-21.

Reaching out



We heard from

3,113 people

this year about their experiences of health and social care.

We provided advice and information to

703 people

this year.

Responding to the pandemic



We engaged with

1,554

people during the COVID-19 pandemic this year.

Making a difference to care



Reports

We published five reports about the improvements we would like to see to health and social care services.

Health and care that works for you



27 volunteers

helped us to carry out our work. In total, they contributed 443 hours. This equates to having one additional full time member of staff each month.

We employ 11 staff

most of whom work on a part time basis.

We received

£317,500 in funding

from our local authorities in 2020-21.

Message from our Treasurer

This year, the responsibility for introducing our Annual Report falls to me as Healthwatch Kirklees and Healthwatch Calderdale Treasurer. Our long term Chair, Paul Bridges left our Board in November 2020, and we give our sincerest thanks and gratitude to him for the effort, energy and commitment he invested with the Board over 6years. Angela Everson stepped in as an interim Board Chair to March 2021, and again, we are incredibly grateful for her contribution.

The switch in chairing arrangements between Paul and Angela took place at the Annual General Meeting (AGM), at which our staff and volunteers presented huge amounts of their work. The meeting was inspiring as it showcased the dedication of our team, and their ability to work in flexible and diverse ways, even in very challenging and unique circumstances. As Trustees, we are truly grateful to the staff team for how adaptable, interested and tenacious they are, and how they have kept the organisation running at full capacity during the pandemic.

Another success of the AGM was the introduction of the Healthwatch Kirklees and Healthwatch Calderdale work, approach and plans to a cohort of potential Trustees. We've been incredibly fortunate to welcome 6 new Trustees to the Board in 2020/21, all of whom are inquisitive and supportive of our ambition and values.

In 2021/22, Trustees will work together in development to look at the future for Healthwatch Kirklees and Healthwatch Calderdale. We understand that large scale structural changes to NHS commissioning will be put in place in our local health and care systems through the implementation of the NHS White Paper, and need to consider how these new ways of working may influence us. In particular, we are considering how more authority passing from NHS England to an Integrated Care System (ICS) at the West Yorkshire and Harrogate level will alter our work. Wherever and however we can, Healthwatch in Kirklees and Calderdale wants to take the opportunity to amplify the public's voice, and give the public opportunities to be directly involved in shaping and moulding the way health and care services are accessed, provided and commissioned. As such, whilst our health and care systems are on a journey towards integration, it is essential that we identify opportunities for the public's voice to be meaningfully heard in that process.

It would be remiss of me not to speak about the impact that the Covid-19 pandemic has had on members of the public in Kirklees and Calderdale; significant numbers of people are waiting for planned and elective care; many have experienced deterioration in their mental wellbeing; but simultaneously, tens of thousands of people have been vaccinated against this virus, and far more critically unwell people are being properly clinically supported in their own homes than before the pandemic. Covid-19 has been a common enemy for us all, reminding us of the power of working together to address insurmountable problems. The landscape of care provision has changed exponentially over the last 12months, and at Healthwatch, it's our job to see how those changes impact and influence people, then either make sure it continues long after height of the pandemic, or it is addressed as quickly as possible with through the involvement of Kirklees and Calderdale residents. We will continue to encourage this joined up working with the public through our facilitative role in the health and care system in 2021/22.



Nick Whittingham, Treasurer

Message from our Chief Executive

What an unpredictable and chaotic year 2020/2021 has been. It was impossible to foresee the extent of the Covid-19 pandemic's impact on both how Healthwatch in Kirklees and Calderdale works, and how our health and care systems work. Hospitals have been caring for hundreds of ill people with emergency needs due to Covid-19; community health care providers had to support huge numbers of additional people unwell in their homes either after discharge from hospital or who needed medical care at home due to the virus; hundreds of people in residential care homes caught Covid-19 and care staff worked tirelessly to care for and protect them. Everyone had to work more closely, and whilst Covid-19 presented the biggest challenge the NHS and social care had ever seen, it also meant that barriers between services were broken down. With everyone working to protect the population's health from the virus, there was a united purpose.



To those organisations, charities, mutual aid groups, NHS providers, emergency services, home care staff, teams from residential homes and every individual who did something to help their community, their neighbour or their service users - we are so thankful for your commitment, your kindness and your energy for what you do in a completely unpredictable and often unknown landscape. Our Covid Heroes campaign celebrated people in Calderdale and Kirklees for their contribution to helping people in such a trying time, but we know there are thousands of people who will have reached out to support someone.

Unfortunately, there have been impacts to health and care that are less positive. Nationally reported delays to planned care, difficulties accessing services if you are digitally excluded, and limits to visiting people residing in care homes are amongst the existent and emergent challenges that Healthwatch hears about and has raised. Wherever we can, we aim to capture both the issue, but also the potential solutions, that are shared with us. We firmly believe that the public often have the answers to some of our trickiest issues, and we are encouraging constructive discussion about how services can shift and change in a way that manages Covid risk, but doesn't limit or exclude people unnecessarily.

So what did 2020/21 look like at Healthwatch in Kirklees and Calderdale? All our staff have worked from home for 12 months; our volunteers have continued to support us but in totally new and innovative ways; we've enhanced our knowledge and skill with data analysis to help us make stronger and clearer arguments; we've strived to work in partnership wherever we can to make sure that the public's voice is heard, loud and clear, even when there are hundreds of new priorities to address.

Of course, we haven't been able to get out and about in the same way that we usually would, and that's something that the Healthwatch team really misses. That means we have tried out some totally new ways of working and found that we've had different successes with new people. Our telephone befriending service for vulnerable and older people was a triumph, with over 20 people having consistent contact with a kind and supportive person for several months. Many times this support meant better connections to other services, allowing someone to step forward in their life. We used SnapChat to engage with a group of younger people to understand where they were getting their Covid information. We asked people to "get creative" and send us poems, drawings, stories about their Covid lived experience and we learned so much from that rich and detailed information.

As always, I am unendingly proud of my fabulous colleagues, both staff and volunteers. In a trying year, we have achieved more than ever, and I can only express my gratitude for the commitment and passion of the team. Well done to you all.

Helen Hunter

Chief Executive

Every Comment Counts

If you have ever wondered what we do with your comments, have a look at the image below. We have created a guide to show the journey your comment may take! Of course, we couldn't talk about every possibility, but we're always happy to answer any questions.



To find out more information about Healthwatch Kirklees or Healthwatch Calderdale, find us on our social media channels or follow the contact details below:

Find us on:

www.healthwatchkirklees.co.uk

www.healthwatchcalderdale.co.uk



Healthwatch Kirklees

01924 450 379

Healthwatch Calderdale

01422 399433



Healthwatch Kirklees
Healthwatch Calderdale



hwkirklees
hwcalderdale

**OUR
RESPONSE
TO THE
COVID-19
OUTBREAK**

Community response

From March 2020, there was a huge shift in Healthwatch Kirklees and Calderdale's focus due to the emerging and ongoing issues around Covid-19. In a practical sense, all face to face engagement with the public was postponed and all staff continue to work from home. The organisation was fortunate to be equipped in a way that meant working from home was something that staff could adapt to quickly. We established that there were 5 key themes to our work across this period, and we continue to work within these themes 12 months later:

1. Supporting staff and volunteers - this is always a critical part of our delivery, but in this challenging time, ensuring that staff have flexibility and that we are functioning in a way that supports people's wellbeing is incredibly important.
2. Providing clear and up to date communications about Covid-19, vaccinations and all related topics - each week we are reviewing the information we are sharing on our website and social media. There is a comprehensive Covid-19 FAQ list on the website, and we signpost to this. There has been a real risk of information overload through all channels for the public, so we have done what we can to reinforce positive messages and provide helpful resources.
3. Involvement in the community effort and supporting local residents - staff were encouraged to register with the community hubs set up in their own local area (not necessarily the area where they work) and to commit some of their time to supporting their neighbours. We also started befriending isolated people who attend groups that we have visited in recent months. All NHS Complaints advocacy clients were reviewed for vulnerability and approached specifically to see if they need support.
4. Working with the seldom heard - it is more crucial than ever that we do what we can to make sure that those who are seldom heard have a voice. Rapidly changing messages and guidance; limited access to primary care services; messages about limiting unnecessary attendance can be disorientating for anybody, regardless of whether you have vulnerabilities or protected characteristics. We wanted to make sure that people weren't being left behind.
5. Influencing health and care delivery - whilst mobilising services to address the pandemic is unquestionably crucial, understanding the way people currently experience services helps us to get things right. We continue to find out what questions people have, seek answers to those, and ensure that patient perspective is being considered.

The Covid-19 pandemic has reshaped all of our work in 2020/21 as health and care organisations return to something like business as usual. We have a critical role in informing those changes.

Covid-19 vaccination

In December 2020 and January 2021 we engaged with the public to assist Kirklees and Calderdale health and care systems in understanding the existing feedback gathered from members of the public regarding the Covid-19 vaccination, both in our localities, but also from across the region and the country.

Whilst the public's perception of Covid-19 vaccination overall was positive, most people indicated they would be comfortable having the vaccine, there were specific groups who felt less sure. People from BAME communities, younger people and women were all more sceptical about the Covid-19 vaccination than the wider population. It was important to understand their concerns in greater detail to provide accurate information (where possible) to address those concerns.

The summary we provided was utilised by Kirklees and Calderdale organisations to support the development of vaccination programmes and communications messages.

As the vaccination continues to be rolled out, Healthwatch Kirklees and Calderdale would like to recommend that every effort be made to capture feedback from people who are receiving their vaccination. To contribute to this we have produced a website page specifically for vaccination reviews from the public. This feedback will ensure that the processes surrounding the vaccination are working as they should, and assist in identifying any areas for improvement.

Befriending vulnerable people

At the start of lockdown in March 2020, during the Covid-19 outbreak, staff and volunteers at Healthwatch Kirklees wanted to support the community effort by offering some telephone befriending calls to lonely and vulnerable people. Healthwatch Kirklees and Calderdale approached a couple of community groups, our advocacy clients and the Kirklees Covid-19 Community Response Helpline with an offer to provide some telephone befriending calls to people who might benefit. Our befriending offer ran from March 2020 to March 2021.

Feedback from people who received the ongoing befriending calls was overwhelmingly positive:

“I found the calls invaluable. I’m fairly isolated in my motor home and haven’t been able to leave the area since lockdown. My son visits occasionally but has to go quite out of his way so I don’t see him a lot. My husband is also suffering from dementia and is in a care home. I’ve enjoyed having someone to just chat positively with and on a regular basis.”

“Receiving these calls has done more for me than any mental health service I’ve tried to access.”

The befriending calls gave Healthwatch Kirklees and Calderdale the opportunity to follow people’s ‘journey’ during the Covid-19 outbreak. As most of the people receiving calls were older or more vulnerable, they used a range of health and care services and this gave staff and volunteers a real insight into their experience. Some of the feedback received has already been used to flag issues to providers and commissioners.

We intend to use telephone befriending as one of our tools for engagement; this won’t be on a large scale but sometimes there is real value in following someone’s journey, rather than simply having a ‘snapshot’ of their experience.

Care home contacts

In 2017, Healthwatch Kirklees completed engagement with residents, carers and staff in care homes relating to a proposal to allocate one GP practice to each individual care home, rather than having multiple GP practices serving each home. In September 2020, Greater Huddersfield Clinical Commissioning Group (GHCCG) & North Kirklees Clinical Commissioning Group (NKCCG) began to allocate one or more GP practices to work with each nursing or residential home in Kirklees based on national guidance provided by NHS England. This gave Healthwatch Kirklees the opportunity to see how our previous findings and recommendations had shaped this new way of working. Alongside this work, we were able to speak directly to care home managers during the Covid-19 outbreak to ensure they and their residents were fully supported and listened to during a difficult time.

We made telephone contact with 90 local nursing or residential home managers between 12th October-9th November 2020. Unfortunately, we were unable to speak with residents and their families at this time due to the Covid-19 outbreak and restrictions. We asked questions around the information that had been shared, choice of GP allocation, what was working well and improvements that could be made. We also asked about Covid-19 visiting restrictions and how staff and residents were feeling, particularly with the changing guidance from the Government and local Councils.

We found that the new ways of working of one GP practice per residential setting seemed generally positive for most of the homes, and they welcomed the changes. In fact, many told us they had been waiting for this change for a long while. Although it did seem more challenging for some services and meant an increase in work at a very difficult time.

In response to our work the local CCGs responded

“Thank you for undertaking this extensive piece of work to review the impact and experience of staff and residents following the alignment of one practice to one care home across Kirklees. This was part of our care home improvement programme of work and identified as best practice by the Framework for Enhanced Health in Care Homes. This was always going to be a challenge as we have twice as many care homes to practices. We also had up to 8 practices working in some care homes, however we did make some changes to alignment where possible, following practice or care homes requests. We’re pleased to report that overall the transition has worked well with only a few issues arising.”

ORGANISATIONAL IMPROVEMENTS



Engagement at place level

Although 2020/21 has been a year of unprecedented challenges, it has also been a year of unprecedented opportunities; one of the best opportunities for Healthwatch Calderdale has been working more closely with partners across Calderdale to develop a joined up approach to involving people in how the health and care system takes its decisions and works to provide good quality public services. The Clinical Commissioning Group and Council have worked to develop an Involving People strategy that sets expectations for how people's voices should be gathered, considered and utilised in Calderdale. The collaboration has been welcomed by Senior Management staff in all partner organisations across Calderdale, and we have been really pleased to work closely with those partners to start work implementing that strategy.

With the Involving People Network now up and running, and two significant pieces of partnership work under our belts, we are evidencing how closer working enhances the opportunities for the public to get involved, and for that involvement to really mean something. There is still some work to do to pull together a Communications, Engagement and Equality Collaborative that will take a strategic lead in setting the Calderdale approach to embedding the public's involvement, but starting with real tangible examples of how working together has enhanced our offer feels like a great way to connect. Healthwatch in Calderdale is committed to this programme of work and is excited to see what the future holds for inclusive involvement that pulls together all organisations in amplifying the public's voice. We hope the learning from this collaboration will be duplicated in Kirklees in the near future.

Data Analysis

During the past six years the amount of quantitative and qualitative data we receive from the public has steadily increased.

In Summer 2020, we purchased a new data management system for our qualitative data which helped us to further improve our analysis of data. In particular, the new system helps us code and theme individual comments from the public so that we can fully understand the sentiment (e.g. positive, negative, neutral) behind peoples experiences. The system also offers a much greater insight into different demographic profiles and how one persons health or social care experience may differ from another person's if for example they live in a particular area, are from a particular ethnic background or if they are from a certain age group. This insight has provided assistance in identifying potential health inequalities locally.

The new data management system has enabled us to work in different ways, not only in the analysis of our data and the improved depth of information we can provide to NHS and social care commissioners and providers but also to inform our work plan for the future.



Our Work

The health and care experiences of people living in Kirklees and Calderdale during the Covid-19 outbreak

Health and care services changed dramatically and with little or no prior notice during the Covid-19 outbreak. In an unprecedented and constantly changing situation, services had to respond and adapt rapidly. As the United Kingdom was put into a 'lockdown' situation, people were asked to only leave their homes for essential journeys. However, throughout this time, people still needed to seek health care, support or treatment for various issues.

To gather a full understanding of the experience of health and care services during the Covid-19 outbreak, over a period over of 12 weeks (end of May to end of August 2020) Healthwatch in Kirklees and Calderdale used a variety of different engagement approaches and tools including a survey and virtual focus groups to talk to people living and working in our local areas. We asked people to tell us their experiences of accessing health and care services during the Covid-19 outbreak, if they experienced any change to the service that they would normally receive and what those changes were. We also asked people to tell us what was good about the service they received, what didn't work so well and what would have made their experience better. We asked people to share their experiences with us in creative ways such as stories, pictures, poems and word clouds. We also asked staff to share their experiences of working and delivering a service during this time. In total we received 1,089 survey responses from service users, family members, carers and health and care staff. A total of 139 people submitted feedback in other creative ways such as stories, drawings and poems.

The majority of responses we received related to NHS care, in particular people's experience of accessing their GP surgery (750 contacts, 69%), Hospital care (384, 35%) and Pharmacy care (221, 20%). Other service types commonly commented on were community services, 999 and 111 and dentists). This means that the majority of feedback that was received related to experiences of GP surgeries. As GP surgeries are universally accessible and a first point of contact for many health interventions, this is not surprising.

The key themes that are mentioned repeatedly throughout our survey responses and other engagement tools are:

- Access to services - covering telephone access, delay or cancellation of routine care and access to specific services such as dentistry, podiatry and antenatal/postnatal support.
- Digital access - covering the use of online booking systems and video call appointments
- Communication - covering how easily people were able to speak to a health professional, and the quality and timeliness of information and responses received.
- Quality of care - covering person-centred and flexible support
- Cleanliness, hygiene and infection control - covering personal protective equipment (PPE), social distancing measures and Covid- 19 testing

Feedback is mixed for all of these themes, with many people appreciating the necessity for change during the outbreak, but feeling that their experience could have been improved. Some respondents made suggestions for how their experience could have been improved, which offered some steer to health and care providers.

We shared the findings of this report with the public via our website, we asked NHS and social care organisations to provide a response to our report to ensure that we can help to make health and care services better for everybody. Our findings have been used to inform local Covid-19 reset plans within the Councils and to inform wider discussions in our local Hospital Trusts.

Response from Kirklees and Calderdale Clinical Commissioning Group (CCG):

"We will ensure that the information presented in the Healthwatch Kirklees and Calderdale Covid-19 engagement report becomes an integral part of the existing quality assurance and quality improvement processes the CCG has in place with all providers. We will use the detail in the report in our scrutiny of service information submitted by our providers, and in analysing the quality metrics we receive to ensure that the quality of the services we commission meets the expectations of those using them."

Ethnic Minority Carers

Healthwatch Kirklees wanted to support the Carers Strategy Group in Kirklees to understand the experience of ethnic minority carers as it was felt their voice was under-represented. We engaged with ethnic minority carers in the community and in local support groups, asking about their experience as unpaid carers, how this impacts their lives and whether anything could be done differently to better support them in their role.

Key findings:

Ethnic minority carers contribute greatly to supporting family and friends who need their care, sometimes to the detriment of their own health, wellbeing and financial situation. They quite often face additional barriers, such as cultural expectation, stigma, isolation, lack of support and understanding from employers, difficulty accessing information about what support is available and sometimes a reluctance to seek and accept support.

Local health and social care organisations could be more flexible and creative in their approach to reaching out into the local community to send a clear message to ethnic minority carers that organisations in Kirklees are available to offer support and that asking for help may be difficult but there are often many benefits to getting the right support in place. Services could do more to make their offer fully inclusive, accessible and supportive of ethnic minority carers by listening to and understanding their needs, taking into account barriers which can be created by different cultures, religions, ethnicities and having English as a second language.

Carers shared many ideas around how their experience could be improved; they can readily identify what would help to make their lives easier and these are often simple things like support for their mental wellbeing, e.g. having a trusted place where carers can meet for peer support or talk to someone such as a befriender or counsellor, having opportunity to take a break from their caring role or support to make plans for the future which would help to alleviate some carers' worries.

In developing and improving support for ethnic minority carers, there will be benefits to their physical and mental health. Investment in supporting ethnic minority carers will also help them to stay in work, whilst managing to carry out their caring role; this also improves their own financial and emotional health and well-being.

Young carers benefit from having easily accessible information, advice and support. Awareness raising is important in educational and employment settings to ensure messages reach young people in schools, colleges, universities and work places.

Due to the Covid-19 pandemic, further research is required within ethnic minority communities to understand health inequalities and to understand the experience of carers and the people they care for during this extremely challenging time; research findings may help to mitigate risk to health and wellbeing within those communities

Recommendations

From our findings we would like to suggest the following recommendations which will be shared with our local stakeholders

- Health and social care organisations to adapt their carers' charters to make specific reference to how they aim to support ethnic minority carers.
- Development of more culturally appropriate, accessible services to provide information, advice and support for ethnic minority carers.
- A specific piece of work is needed to encourage and support ethnic minority carers to recognise and declare their caring role, which will then give improved access to information, advice, support, respite and benefits which are available to carers.
- More support groups specifically for ethnic minority carers; places where people can go for peer support, counselling, social activities and emotional support.
- Targeted information, support and training for communities and employers to improve awareness of carers' role and to help breakdown stigma.
- Involve ethnic minority carers in planning for and provision of carers support services in Kirklees.

Access to medications during the Covid-19 outbreak

Health and care services changed dramatically and with little or no prior notice during the Covid-19 outbreak and lockdown from March 2020 onwards.

Healthwatch Calderdale and Healthwatch Kirklees worked together during 2020 to collect the health and care experiences of people living in Calderdale and Kirklees during the Covid-19 outbreak. The report can be found here: <https://www.healthwatchcalderdale.co.uk/report/the-health-and-care-experiences-of-people-living-in-kirklees-during-the-covid-19-outbreak/> - this latest report is as a result of further feedback we have obtained, looking specifically at an area of concern raised previously.

Our aim for the project was to explore people's experiences of;

- Changes to medication;
- Medication reviews;
- Having to rely on others to obtain medication.

We used a number of engagement tools throughout the project to obtain feedback, including leaving surveys in pharmacies, an online survey, direct conversations with young people, working with home library services and speaking to those working in pharmacies.

Findings:

We asked people in Kirklees and Calderdale to rate their confidence of managing their health and wellbeing out of 5. The average result from respondents was a confidence rating of 3.25. This data will be provided to our stakeholders to ensure that the correct support, to increase confidence, is provided to patients living in Kirklees and Calderdale.

Changes to medication:

- 58.2% of participants had experienced changes to their medication since March 2020, when the first Covid-19 lockdown began. Overall people felt generally dissatisfied if they had experienced changes to their medication
- Communication was the key way in which people felt their experiences of medication changes could be improved. This was mentioned by 34.2% of respondents.
- Asian people had a higher than average negative response to changes to their medication (67.9% compared to the average of 58.2%). As well as greater need for communication (35.7%) people from Asian communities said access to a healthcare worker was important for them to overcome negative experiences. Statistics for Asian respondents differ to responses from all others, as none of them cited use of technology as a way to mitigate their difficult experiences, compared to 11.1% of non-Asian respondents.
- People with a mental health condition and autism had greater negative experiences of changes to medication (66.7% compared to an average of 58.2%). They cited access to a health worker and technology (both 33.3%) as the most effective way of improving their experience.
- Female respondents were less satisfied than men in their experience, with less belief in technology (7.3% compared to an average of 11.1%) as a way to improve their experience. Females cited access to a health worker and improved communication as ways of improving their experiences.

Medication reviews:

- Overall 96% of people told us about their experience of medication reviews with 80.8% of them trying or needing a review. When asked how medication reviews could be improved 46.4% of people said communication; with 22.2% saying access to a medical professional.
- Asian people told us about their experience of medication reviews at their GP surgery, with the greater number 35.7% telling us communication and 21.4% access to a medical professional would have improved their experience.
- People who have mental health conditions and Autism all cited improvements in communication and access to a medical professional as positive ideas.

Support of others to obtain medication:

- We found a higher number of people have had to rely on others to obtain medication, this includes people needing support of family, friends, pharmacies or a wider support network,
- After March 2020, 41% of respondents had to rely on others, including pharmacies, for support in delivering or obtaining medication, compared to just 8% of respondents prior to March 2020.
- A greater number of Asian people told us they relied on the support of others - 64.3% compared to other ethnic backgrounds which was 40.3%.
- More than half of the survey respondents did not need the support of others prior to lockdown.
- The feedback about pharmacies was positive, which may account for many of the surveys being completed by customers when visiting a number of pharmacies we left them at.
- The general comments about the support people received from friends, family, community support networks and pharmacies is overwhelmingly positive.

Next steps:

Our report is currently being finalised and we intend to share the report and our recommendations with;

- GPs and Primary Care Networks
- West Yorkshire Community Pharmacy
- Clinical Commissioning Groups in both localities
- The public who provided their experiences
- West Yorkshire and Harrogate Partnership
- Local medical committees



Delays to routine and planned care during the Covid-19 outbreak

There have been many challenges for NHS and social care services during the Covid-19 outbreak, the most recent concern we have heard from the public is regarding delays to routine and planned care.

Our most recent project explores peoples experiences of the following:

- cancelled or postponed health and care appointments
- cancelled or postponed procedures, such as assessments, operations and tests,
- having difficulties making contact with services for reasons outside your control (e.g. phone lines engaged) that resulted in delays to obtaining care.

We are collecting responses to our online survey via social media, hard copy surveys, focus groups, one to one interviews and case studies, as our face to face engagement is still postponed.

We aim to gather information around:

- length of waiting times
- which health and care services are experiencing extended waiting periods
- how far people in Kirklees and Calderdale would travel for a planned operations
- what impact the waiting period has had upon peoples lives
- what support has been beneficial to patients during their waiting period

Our project will finalise in August 2021 and we will then use patient stories to inform and influence NHS and social care managers as we move out of Covid-19 restrictions. We will be sharing the feedback with local Clinical Commissioning Groups, Councils and the West Yorkshire and Harrogate Partnership, to ensure that patient voice and experience is shaping local services in the future.



Access to NHS Dentistry

Access to NHS dentistry has been high on Healthwatch Kirklees and Calderdale agendas for the past 6 years. We continue to hear from the public on a daily basis about lack of NHS appointments for both routine and emergency treatment.

This year our focus has been upon:

Providing patients with up to date information and signposting

In November 2020 we updated our websites to include information about how to make a complaint, access to NHS dentistry and emergency treatment pathways, we continue to update this information. Our volunteers help to provide up to date information from dental practices by conducting mystery shopping phone calls. This includes which practices are accepting NHS patients currently or are operating waiting lists. From April 2020 to March 2021 we received four times as many contacts in relation to NHS dentists from the public.

Feedback to local stakeholders

We continue to provide information and data held on our databases to interested stakeholders on a local, regional and national basis.

In Calderdale we have worked in partnership with the Councils Scrutiny panel to support the conversation around the challenges people are facing. In addition to this we also escalated our insight into NHS Dentistry access, alongside other Healthwatch across Yorkshire and the Humber, to Healthwatch England.

Yorkshire and Humber Healthwatch feedback during the Covid-19 outbreak

For many people contacting local Healthwatch, COVID-19 has compounded issues around access to care and treatment, with many Yorkshire residents left without appropriate assistance with their dental health, even in complex and distressing situations. The feedback mentioned below has been received from 9 out of 15 Healthwatch across Yorkshire and the Humber. Those Healthwatch are: Bradford, Calderdale, Doncaster, Kingston-Upon-Hull, Kirklees, Leeds, Rotherham, Sheffield and Wakefield.

We believe that NHS dentistry services function in a way that is different from every other part of the NHS. During the COVID-19 pandemic, there has been an acceptance that dental care will be largely unavailable, except in the most extreme circumstances. Whilst there are justifiable reasons why NHS dental care was paused, there are a concerning number of stories about people in significant pain, unable to get appropriate help, and examples of directives that have been given from NHS England, that are not being delivered upon at a local level. As a key local voice organisation, all Healthwatch are involved in the review and reset work for local providers; local health and care organisations are keen to hear the views of people in their communities as they look at what their provision will be going forward. This opportunity has not been made available to local Healthwatch in regards to the return to work for local dentists, and we have not seen any development work that looks at provision of dentistry post-COVID-19. If a GP surgery, local hospital, or community provider were to offer their services in the same way, this would be challenged.

The 9 listed Healthwatch shared the feedback they gathered from March - June 2020 regarding dentistry, and this has been pulled together in to the themes below.

1. Clearer information about the availability of dental care is required
2. Stakeholder/patient involvement of review and reset planning related to access to dental care is required
3. Stakeholder/patient involvement around the impact of limited dental access on health inequalities

It would seem from the data received that the issues around dental access have been particularly critical in West Yorkshire and Sheffield, with other areas reporting fewer concerns, and better interaction between their staff and NHS England.

Healthwatch England have added access to NHS Dentistry to their national work plan for 2021-2022.

Safeguarding adults in Calderdale

Our Chief Executive continues to work with the Calderdale Safeguarding Adults Board on ensuring public involvement in safeguarding work. As the chair of the Communications and Engagement Sub-Group of this Board, she has been working with the Board secretariat to look at how the Board can maintain its commitment to engaging the public during the pandemic.

Although all face to face engagement has had to stop, the safeguarding engagement network (made up of local voluntary sector organisations supporting people with care and support needs) has been asked to contribute their views on the development of some key safeguarding resources including:

- **Tell Someone and Be Safe Form** - This has now been distributed via newsletters and is available on the [Report Concerns](#) page on the Calderdale safeguarding website - [Tell someone and be safe form](#).
- **Keeping Safe from Abuse Booklet** - The draft booklet was sent out virtually to the subgroup, who sent through further feedback. This went out for further consultation with the Service User and Engagement network for their comment in early 2021.

It has been the ambition of the sub-group to instigate a Safeguarding Champions scheme, where individuals from local organisation can support the dissemination and collection of information related to safeguarding practice, to try to make sure all health and care services have the safeguarding knowledge they need. The set-up of this scheme has been delayed due to the precedence of other priorities for all safeguarding partners during the pandemic.

Healthwatch Calderdale's regular attendance at the Calderdale Safeguarding Adults Board and the Safeguarding Business Group, as well as the sub-group, is an essential part of ensuring that Calderdale is involving those most at risk of abuse in deciding what support and interventions would be most beneficial and effective for them.

Safeguarding adults in Kirklees

The Kirklees Safeguarding Adults Board (KSAB) have asked Healthwatch Kirklees, as an independent organisation, to provide a programme of engagement to gather feedback from people who have been involved in the safeguarding process.

The KSAB, hosted by Kirklees Council, is a multi-agency partnership. The KSAB works within the framework of the law and statutory guidance to strategically assure itself that local safeguarding arrangements and partners act to help and protect adults at risk in Kirklees in line with the criteria set out in section 42.1 of the Care Act 2014, that is:

- has needs for care and support (whether or not the authority is meeting any of those needs);
- is experiencing, or is at risk of, abuse or neglect, and;
- as a result of those needs is unable to protect himself or herself against the abuse or neglect or the risk of it

In 2018, a national 'Making Safeguarding Personal' outcomes framework was developed. The purpose of the framework is to provide a means of promoting and measuring practice that supports an outcomes focus and person-led approach to safeguarding. The framework consists of 7 questions in total which ask about the person's experience of the safeguarding activity. Healthwatch Kirklees will use the Making Safeguarding Personal framework as a basis for discussions with people who have experienced a safeguarding concern, either as the person at risk or their carer, family member or advocate. The project objectives are to:

- Establish a clear and comprehensive understanding of people's experience during the safeguarding process.
- Ensure that feedback is gathered from those who might struggle most greatly to have their voices heard, including those with protected characteristics and care home residents, their relatives and carers.
- Enable the KSAB to utilise this feedback when reviewing and developing their safeguarding process.
- Enable the KSAB to evidence their 'Making Safeguarding Personal' approach, by listening to and responding to feedback from those at the heart of the process

NHS complaints advocacy in Calderdale

Our NHS Complaints Advocacy Service provides free, independent and confidential support and assistance to residents of Calderdale who wish to make a complaint about an NHS service. This includes General Practitioners (GPs), hospitals, opticians, pharmacies, community based services as well as urgent and emergency care centres.

Our service

- gives people the opportunity to speak confidentially to a trained advocate, independent of the NHS
- helps people clarify all the issues they want to raise in their complaint and supports them to express their views
- offers practical help to write a letter to the right person
- prepares people for meetings and attends with them where required
- provides people with information about how the NHS complaints service works
- helps to monitor the progress of someone's complaint
- helps people understand responses and correspondence about their complaint
- acts with consent on behalf of the person making the complaint to ensure health organisations and their staff are treating them fairly and in a dignified manner
- puts people in touch with other services that might be able to help them

This year we dealt with 63 new referrals to our NHS Complaints Advocacy Service including a number of complex complaints. The service helps inform Healthwatch Calderdale of issues and difficulties in local health services. This year, through our NHS Complaints Advocacy Service we have heard from numerous adults reporting problems with mental health services, maternity services and primary care. These people have been supported in making their NHS complaints. Healthwatch Calderdale has also amplified their voices by undertaking further work in these areas and informing the NHS providers involved regarding these issues, working with them to influence change and improve services. This year we have continued to improve our website, empowering people to help themselves by adding self-help advocacy resources to our website.

*“There is nothing more fab than you my NHS Healthwatch Calderdale Advocate who goes out of their way to help others like me who are never afraid to complain or raise their voice for honesty, truth and compassion against injustice” **Advocacy client***

*“Thank you for all your support in this process” **Advocacy client***

*“Thanks for all your hard work, my family really appreciate everything you have done.” **Advocacy client***

“I am grateful that you were a part of our journey and were there for us. I want to thank you and your amazing staff for picking [up] the phone, answering emails, dedicating hours liaising between parties and just generally being there. The situation would have been immensely difficult without your aid. I humbly thank you and your team from the bottom of my heart and pray that you continue your wonderful service providing a lifeline to those who need it. “

Advocacy client

**UPDATES
FROM
2019-2020**

Hypermobility Syndromes

We continue our work on hypermobility syndromes, though meetings have been delayed due to Covid-19. All information relating to this project can be found on the Healthwatch Calderdale website: <https://www.healthwatchcalderdale.co.uk/report/hypermobility-syndromes/>

On 10 January 2021, Healthwatch Calderdale presented at an online event, broadcast globally, entitled 'Paediatric Ehlers Danlos syndrome and Hypermobility Spectrum Disorder: Exploring The Impact of Misdiagnosis'. This was hosted by the Ehlers Danlos Society. Following the publication of our main hypermobility syndromes report in July 2019, we received feedback nationally from people with hypermobility syndromes. We are currently in the process of writing up a report for this national feedback.

Healthwatch Calderdale submitted additional feedback to Calderdale and Huddersfield NHS Foundation Trust (CHFT) regarding the secondary care experiences from people with hypermobility syndromes in Kirklees and Calderdale. CHFT is now drawing up an action plan with regard to improving care for individuals with hypermobility syndromes within the Trust. CHFT and Healthwatch Calderdale will continue to work together in this regard.

The Autism hub

Since the publication of the original report in May 2017 and our last involvement submission, Healthwatch Calderdale has continued to work in this area specifically in the following ways:

- Providing support during the development and implementation of the 'Keeping Neurodivergent People Connected' project run by the Society for Neurodiversity. This project supported people with neurodivergent conditions in Calderdale during the Covid-19 pandemic, providing them with information about the support that was available for them, helping to tackle loneliness and isolation and keeping them connected to their community.
- Submitting a submission for the NICE autism guidance consultation in November 2020 using intelligence from feedback gathered from previous engagement, as well as from clients being supported by Healthwatch Calderdale
- Discussing the issue of patient choice in relation to attention deficit hyperactivity disorder (ADHD) and autism with Calderdale Clinical Commissioning Group and other stakeholders

All information relating to this project can be found on the Healthwatch Calderdale website: <https://www.healthwatchcalderdale.co.uk/report/adult-autism-in-kirklees/>

Access to health services for asylum seekers and refugees

In 2020 Healthwatch Calderdale ran online focus groups meeting with asylum seekers and refugees as part of its Covid-19 engagement work. Healthwatch Calderdale is involved with the Valley of Sanctuary specifically in relation to access to health services for asylum seekers and refugees.

Healthwatch Calderdale is also contributing to work concerning the current Welcome Pack asylum seekers and refugees are provided with, and we are working to revise the section on healthcare services so that it tells people what they need to know when they first arrive in Calderdale, and to ensure it is an up-to-date resource which is easy to understand.

In the last year we have contacted GP practices to make them aware of the issues asylum seekers and refugees are experiencing when trying to register as patients (notably surrounding proof of ID/address, interpreting support for remote appointments and staff in GP practices not having an understanding of the languages their patients use and need support with. We have also asked GP practices how they plan to resolve these issues. In response we have been assured that practice staff will be receiving the training they need to allow them to deal with these issues in a more informed and professional way. Practice staff are now liaising with St Augustine's Centre to make sure they are better informed about the communities the practices serve and languages they use. In addition, we have raised the issue of the importance of making three-way interpretation available for all patients who need it, especially during the pandemic when patients have to have remote appointments. After a slow start this now appears to be happening in most cases. We have also given NHS England Dental Commissioners detailed feedback on the issues faced by refugees, asylum seekers and migrants trying to access both emergency and routine dental care, and this information will be used to inform their service planning.



VOLUNTEERS

In 2020-2021, Healthwatch Calderdale and Healthwatch Kirklees were supported by 26 volunteers (plus one work placement student). Our volunteers helped us help find out what people thought about health and care services, what was working well and what people would like to see improved within their communities.

Thank you so much to all of our volunteers for their ongoing support.

This year our volunteers:

- Created, delivered and evaluated their own project in partnership with The Kirkwood
- Assisted us in befriending vulnerable people
- Raised awareness of the work we do within their communities, at online events and with health and care services
- Encouraged their local communities to review local services on our websites
- Helped support our day-to-day running; office and advocacy support, data coding, proof checking and reading reports
- Listened to people's experiences to help us know which areas we need to focus on
- Completed new training and gained new skills
- Helped the staff team to design, analyse and share engagement surveys with the public
- Completed access to Dentistry research, mystery shopping and signposting
- Engaged with people about the Covid-19 vaccine
- Captured photos and images for our new website
- Provided poems and creative responses to our engagement projects
- Recorded voice overs for our social media and online videos
- Helped us create podcasts for children and young people

In total, our volunteers contributed 443 hours of their own time to help our organisations. This equates to having one additional full time member of staff each month.

Here is a full list of our volunteers during 2020-2021

Lynne Keady	Emma Halai	Sheran Loran	Mohamad Mowakket
Frank Reddington	Haniya Mazhar	Norman Sterling-Baxter	Elliot Shaw
Lisa Hodgson	Adnan Talib	Sam Costello	Abdul Wadood
Alison Cotterill	Catherine Wielgus	Dur-E- Nayab	Rachael Wood
Eileen Rudden	Eleanor Wrest	Nabilah Haroon	Olubukola Oladiran
Salma Afzal	Mark Solomon	Shania Rowe	Fatima Bismillah
Rayne Sutcliffe	Shakila Shaikh		Mariyah Patel

Volunteer led project - The Kirkwood

For some time Healthwatch Kirklees and Calderdale have thought about the skills our volunteers add to our organisation and with the right support and training we hoped that they would be able to run their own engagement projects.

In November 2020, The Kirkwood reached out to Healthwatch Kirklees to ask if we could independently engage with the public on their behalf. The Kirkwood had recently re-branded, had new visions for the service and were interested in how the public would respond to their planned service improvement. This seemed like a perfect fit for a group of our volunteers.

From December 2020 - February 2021, 10 of our volunteers undertook background research and created two surveys; one for current services users of The Kirkwood and the second for the general public and professionals. Our staff team helped produce a video to easily explain the suggested future plans for the service. The surveys and video were shared locally throughout March 2021.

The Kirkwood and our volunteers asked the public:

- What service users thought of the care and support currently provided by The Kirkwood
- What the general public's opinions were of proposed services and offerings
- Were people aware of the various amounts of support The Kirkwood offer?

Findings:

The majority of people who responded to the volunteers survey were aware of the end of life care and hospice support provided by The Kirkwood. Many people also told us they had heard about the support/therapy groups on offer.

Some respondents told us that they were not aware of the full range of support services on offer, who was eligible and how to access these different services.

Overall, people felt positive about ideas for The Kirkwood new proposals such as;

- Offering support in the community, e.g. in community centre hubs or using the 'Kirkwood on Wheels'
- People did not want existing services to be replaced by the new ideas
- The majority of people asked for a direct advice line with The Kirkwood so they could fully understand what was available to their loved ones

The Covid-19 pandemic has affected the way in which current service users access The Kirkwood; some changes have been positive such as digital access (as people did not need to travel from their homes), whereas others commented that they preferred face-to-face support groups.

The volunteers have analysed all of the engagement findings and written draft a report which has been shared with The Kirkwood. The volunteers project will help The Kirkwood ensure that patient voice is at the centre of the future plans.



Volunteer with us

Are you feeling inspired? We are always on the lookout for new volunteers from Kirklees and Calderdale. If you are interested in volunteering, please get in touch with our volunteer co-ordinator, Katherine.

Website: www.healthwatchkirklees.co.uk

Telephone: 01924 450379

Email: katherine.sharp@healthwatchkirklees.co.uk

**OUR
STATUTORY
OBLIGATIONS**

Healthwatch Calderdale and Kirklees are statutory bodies. This means that by law, there has to be a Healthwatch in each local authority, and we have to report back on the way that we work, and how we are organised. This section covers the issues we are required by law to report on.

We use the Healthwatch brand under licence from Healthwatch England. Healthwatch Kirklees is a limited company Healthwatch Kirklees (08456146) and charity (1156338). Healthwatch Calderdale exists as a project delivered under contract with Calderdale Council.

Our full contact details

Healthwatch Kirklees, Unit 11-12 Empire House, Wakefield Old Road, Dewsbury, WF12 8DJ

Tel: 01924 450379 Email: info@healthwatchkirklees.co.uk

Web: www.healthwatchkirklees.co.uk

Healthwatch Calderdale, The Elsie Whiteley Innovation Centre, Hopwood Lane, Halifax, HX1 5ER

Tel: 01422 399433 Email: info@healthwatchcalderdale.co.uk

Web: www.healthwatchcalderdale.co.uk

How we will share our annual report with the public

Our annual report will be made available through our website after our annual general meeting. We will share it with stakeholders and advertise it in the press. As we strive to be environmentally friendly, we do not print copies of the annual report, and produce an online copy. This can be made available as a paper copy on request

Working with the Care Quality Commission

In 2020-2021 we have had involvement with the Care Quality Commission (CQC) by contributing our intelligence to their social care provider inspections. Each time the CQC representatives inspect a local health or social care facility we provide any feedback we hold about that service.

Our work with volunteers

Our Trustee Board comprises 11 lay people and volunteers who are responsible for the governance of the organisations. Six are taken from our member organisations, and we have an additional 5 community representatives. All members are full trustees of the charity and directors of our limited company Healthwatch Kirklees.

Volunteers provide valuable support and guidance to Healthwatch Calderdale and Kirklees by:

- Sitting on our board as trustees
- Helping us visit care homes, hospitals and daycare services as authorised representatives to see what services look like
- Work with us in the office on specific projects or pieces of work
- Act as our eyes and ears in the community as “Healthwatchers” feeding back comments that they hear every day from patients and carers.

Our funding

Healthwatch Kirklees received a core grant of £185,000 from Kirklees Council in 2020/21. We paid Kirklees Citizens Advice about 5% of these monies to buy payroll, financial management and office services over the year. We spend over three quarters of our funding on staff, with the rest being spent on the cost of renting an office and running a small charity.

Healthwatch Calderdale received a grant of £132,500 from Calderdale Council to deliver a Healthwatch service and an NHS advocacy service.

Sometimes we are commissioned to provide independent reviews, or to design and deliver work that helps NHS and Council managers understand what people think of health and social care services.

Our accounts

Our annual accounts for 2019/20 containing all of our financial information are available on the company's house website. Our accounts for 2020-2021 will be available by November 2020.

Escalating issues to Healthwatch England

We continue to provide Healthwatch England with anonymous feedback from our databases. We have also escalated issues around access to NHS dentistry in Kirklees and Calderdale. Healthwatch England have initiated a national work stream to explore how access to NHS dentistry can be improved in the future.

We will be making this annual report publicly available by 30th June 2021 by publishing it on our website and circulating it to Healthwatch England, CQC, NHS England, Clinical Commissioning Group/s, Overview and Scrutiny Committee/s and our local authority.

We confirm that we are using the Healthwatch trademark (which covers the logo and Healthwatch brand) when undertaking work on our statutory activities as covered by the licence agreement.

If you require this report in an alternative format, please contact us at one of the addresses listed above.

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healthwatch
Kirklees

Unit 11-12 Empire House,
Wakefield Old Road,
Dewsbury
WF12 8DJ

www.healthwatchkirklees.co.uk
t: 01924 450 379
e: info@healthwatchkirklees.co.uk
tw: @HWKirklees
fb: [facebook.com/
HealthwatchKirklees/](https://facebook.com/HealthwatchKirklees/)

healthwatch
Calderdale

The Elsie Whiteley
Innovation Centre
Hopwood Lane
Halifax
HX1 5ER

www.healthwatchcalderdale.co.uk
t: 01422 399 433
e: info@healthwatchcalderdale.co.uk
tw: @HWCalderdale
fb: [facebook.com/
HealthwatchCalderdale/](https://facebook.com/HealthwatchCalderdale/)