



RIGHT CARE

RIGHT TIME

RIGHT PLACE

The future of hospital and community services

Get involved and have your say



We want you to work with us to find answers to the challenges we face in offering health and social care services that meet the needs of local people.

We have got a lot to be proud of in Calderdale and Huddersfield. The services we provide create good quality care for patients and people living in the area who enjoy relatively good health.

However, services have been delivered the same way for years even though health needs have changed and there are now more efficient and effective ways of working. People are living longer and want to be treated in or near their own homes.

At the same time there are new advances in the way people can be cared for. For example telemedicine which uses technology to bring care into your home, or to your doctor's surgery. This means hospital care is increasingly only necessary for the most serious illnesses.

We have already talked to a number of local people to find out how they think services should change to meet their needs. They have told us about the ways healthcare services in Calderdale and Greater Huddersfield could be improved to make their lives better and to make sure services are properly joined up. We have based a lot of our planning on those views.

Now we are asking for your help to check we are on the right tracks. We would like you to tell us whether you think the scenarios for change reflect what people have already told us.

This publication gives you more information about what people said, and how we have developed our plans to meet their needs.

The services we want to talk to you about are those mainly provided by Calderdale and Huddersfield NHS Foundation Trust, South West Yorkshire Partnership NHS Foundation Trust and Locala Community Partnerships. Calderdale Clinical Commissioning Group (CCG) and Greater Huddersfield CCG buy the services provided on your behalf. We want to make sure you understand what we want to provide and why.

Did you know?

- Healthcare in Calderdale and Huddersfield costs £650 million a year.
- Every year Calderdale and Huddersfield NHS Foundation Trust, which runs Huddersfield Royal Infirmary and Calderdale Royal Hospital, deals with:
 - 119,000 inpatient and day case admissions to hospital
 - 414,000 outpatient appointments
 - 182,000 adult and 110,000 children's community service contacts.
- South West Yorkshire Partnership NHS Foundation Trust, which provides community, mental health and learning disability services, offered the following support to people in Calderdale and Huddersfield in the last year:
 - Around 198,000 visits to people in their own home or in community settings
 - Over 25,000 psychological therapy appointments
 - Over 8,600 contacts to support wellbeing, for example stop smoking, exercise and weight management services
 - Around 4,000 contacts with children and adolescents
 - 750 adult and older people hospital admissions.
- In Calderdale, 2,300 people are living with dementia.
- In Kirklees – which includes Greater Huddersfield - 4,000 are living with dementia. These are both set to rise by around 75 per cent over the next 15 years.
- In the least deprived neighbourhoods in Kirklees, men live an average of more than four years than their counterparts in the most deprived neighbourhoods.
- Women live almost three and a half years longer. People in some parts of Calderdale live an average of seven years longer than those who live in the area's most deprived places.
- In Calderdale, one child in five is living in poverty and child obesity is on the rise.
- In Calderdale and Huddersfield, one in four people will experience a mental health problem in the course of a year.

How we plan to respond to changing health demand in Calderdale and Greater Huddersfield



We want to improve the health, wellbeing and safety of people living in Calderdale and Greater Huddersfield by supporting them to be independent and deliver the care they need when they need it.

Local people will have services built around their individual needs which are easy to understand and use, and there will be joined up care between the different people and organisations that help them. We will help people to manage their own health and wellbeing, so they stay well and live healthy, independent lives for as long as possible.

We will make the best use of technology so the most up-to-date treatment is available in hospitals, at home, in GP surgeries and in other healthcare and community settings.

We will train our staff to continue supporting you as well as they can, and offer safe, clinically effective, treatment at the time that you need it.

Achieving this is not an easy task. To do it successfully, we will work closely with you to understand your needs and with each other to plan and deliver the best possible outcomes.

Why do we need to change?

People's needs are changing ...

Over the years, as lifestyles have changed and we have become better at treating many diseases, the kinds of health problems affecting local people have changed too. Now people are more likely to have ill-health linked to things like obesity, diabetes, heart disease and other long-term conditions, including mental health problems. Our expectations of care are increasing, people want more choice about how, when and where they are treated or cared for. In addition they want more services available closer to where they live.

Health services are changing ...

Medical care has improved and more services are being provided in local communities because of this, fewer people need to go to a hospital to receive care. New medicines, treatments and technologies mean many more people are able to live well at home and, when they do need to go into hospital, will be there for much less time. Complex care, for very ill people and those who have had accidents, is increasingly being provided at specialist centres, rather than at local hospitals.

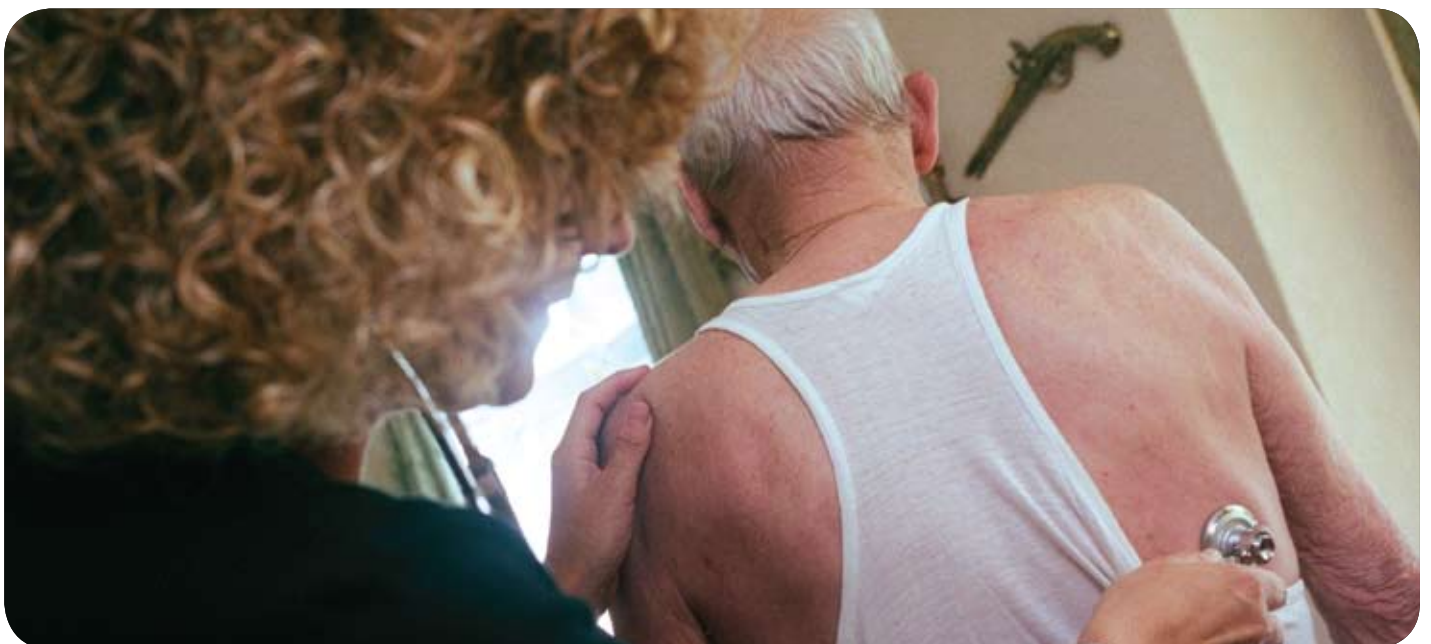
Care close to home ...

Currently many conditions don't need hospital treatment and people get care and support from local health and social care community teams at home, or close to where they live. This kind of care is really effective and people prefer it. We would like to create more of it – but we'd need to do less at hospitals to have the money available to make this happen.

Doing nothing is unaffordable ...

Our population is growing and getting older which means there is a much greater demand for healthcare and services. The cost of health and social care in the area is now more than £650 million each year. With growing demand, inflation and the cost of new drugs and treatments, that figure will keep increasing.

But the amount we have to spend on healthcare is limited and won't keep pace with rising demands and costs unless we start to do things differently. If things don't change we won't have enough money to provide what people need, expect and deserve.



What have you told us so far?

When we talked to local people, they told us about 13 areas most important to them:

- Learning about healthcare and conditions, and making information easily available;
- Spending more money in the local community;
- Having more national campaigns and plans to help people understand more about their own health and to look after themselves better;
- Support people to look after themselves through self care and self management;
- Good access to health services;
- Staff training and attitudes;
- Working together;
- Regular check-ups;
- Better hospitals and more help when coming out of hospital;
- Better management of risks and helping to keep vulnerable people safe;
- More services in the community;
- Spending more on information technology;
- Being more accountable to local people for the services provided.

People with long-term health conditions

... want to have their needs and personal goals assessed; they want their care to be well-planned and to share in making decisions about it; they feel co-ordinated health and social care is important to ensure high standards, and they are able to see the same staff, where possible; they want services close to home that are part of the local community, and to be in control of their own care, with appropriate support; they want support groups, a single point of contact with services and information that is easy to get and use.

Planned care ... people want information that tells them about the services they need and how to use them; longer opening hours for GP surgeries and other community healthcare services; they would like services to be co-ordinated, to receive a diagnosis at the right time, be looked after by caring staff, have high quality care and people who communicate with them well.

Children ... say they want to be involved in how services are planned and delivered; they want the right adults working with them, and help for the families and friends who care for them; they want local, young people-friendly venues and to know what to expect from a service.

Unplanned care ... people who use unplanned or emergency care, such as accident and emergency, walk-in or GP out-of-hours services, say they want to have the right kind of care and diagnosis so they are not admitted or re-admitted to hospital. They value rehabilitation services and being helped to manage their own condition; they want staff to know how to treat people with long-term conditions, and good use to be made of technology; they do not want to wait for treatment. Their priorities are to have shorter waiting and journey times, to see a health professional known to them, to be seen by a doctor and to be given a choice of appointment time.



Disabled people ... ask for a wider range of easy to use information; staff who have had learning disability training; ways of getting support when it is needed; for information and resources to be shared between services; better communication; a forum where they can raise health concerns; links between disability and cultural groups; and a focus on the problems disabled people face when staying in, or visiting, hospitals.

Older people with dementia and their carers ... ask for GPs to be able to prescribe creative opportunities – for example, art sessions, gardening, singing and exercise groups; early diagnosis; staff who are trained to understand their needs; care, support and breaks for carers and family; alternatives to drugs, including more social opportunities; help to be independent and for people to get to know them better.

Women ... say they would like more specialist GPs and women doctors; better information

and communication; new ways to reach people who can't attend GP surgeries; longer surgery opening hours, including evenings and weekends; more services by telephone or online; outreach GPs in children's centres; more walk-in services; longer appointment times; more specialist services in the community; and breast and cervical screening at women's centres.

Our plan needs to look at delivering solutions to the ideas put forward by people in Calderdale and Greater Huddersfield.

It is an ambitious programme that aims to transform the way we provide health and community care and raise the standard of that care and ultimately save lives.

Read on to find out how we have used your views to inform our plans ...

Here is a brief summary of what we think future health and community services might look like. These are ideas, but are we on the right lines?

- **Community teams:** The majority of services in the future could be provided close to home by community teams. They will work closely with GPs to provide physical and mental health and social care for extended hours over seven days. This could include 24-hour rapid response services for times when someone's condition deteriorates or there is an increased social care need, but without the need to go to hospital.
- **Specialist community centres or hubs:** These would provide more local services such as walk-in services, outpatient appointments, pharmacy, mental health services, patient support and social groups, sexual health services, community nursing and therapy services, and diagnostics such as blood tests and x-rays. The centres would work with voluntary, community and self-help groups to offer a focus for social and patient support activities.
- **Specialist hospitals:** Both hospitals would serve vital roles and would continue to provide a range of general hospital services at both sites. This would include outpatient care for children and adults, urgent care and minor injuries, midwife-led maternity units, including ante- and post-natal care. Both hospitals would also provide specialist psychiatric liaison services, in addition to existing mental health in-patient provision. This means the services people use most frequently will continue to be available at both hospitals or in a local community setting.

Both would have a specialist focus – one on acute and emergency services and the other on planned treatments or surgery such as hip or knee operations.

The benefits would be:

- ✓ More support, advice and information to help you to take control and make decisions about managing your health needs – seven days a week.
- ✓ More specialist services in the community, arranged by your GP, seven days a week.
- ✓ When you come out of hospital, we will be able to organise the care and support you need at home, seven days a week. If you have an accident or life-threatening illness you will be taken to a hospital with a full range of emergency, acute medical and surgical expertise, available seven days a week over extended hours. This will improve your chances of survival and help you make a good recovery.



We want you to be involved

At this stage, we want you to think about whether we have considered your views so we can develop the options which we will take forward to a formal public consultation. No decision can be taken about significant changes to the future of services in Calderdale and Greater Huddersfield until we talk to local people. Any decision will be made by the CCG's and not the providers and can only be made after a period of formal consultation.

These are some of the things we have talked about:

- Continuing with the existing hospital and community service model, so there are no changes to the services you get now. Although we know that this may mean we will need to think about how we deliver services in the future.
- A model which provides some services in the community and others in hospitals, with Huddersfield Royal Infirmary as the site for acute and emergency care, and Calderdale Royal Hospital as the site for planned hospital care.
- A model which provides some services in the community and others in hospitals, with Calderdale Royal Hospital as the site for acute and emergency care, and Huddersfield Royal Infirmary as the site for planned hospital care.
- Continuing with the existing community services and changing the type of emergency hospital care provided locally. This would mean that people who need specialist treatments – like severe burns or badly broken bones - are transferred to a major emergency centre outside the local area (such as Leeds or Bradford). Huddersfield Royal Infirmary and Calderdale Royal Hospital would see people in the first instance, give first line treatment and then transfer people needing specialist treatments to specialist centres.
- We are happy to discuss any other ideas for changing services which come up as a result of you talking to us in open discussion.

What is...

Acute emergency care?
This is health care for people with serious, unforeseen, illnesses who have been admitted to hospital as an emergency.

Planned care?
Often people go into hospital or to other treatment centres for planned operations or treatments, such as hip or knee surgery, or diagnostic tests such as endoscopy or blood pressure monitoring.



We want you to tell us your views on the information we have provided and the ideas we have come up with. We also want to know if you have other suggestions?

We would like you to tell us:

- If you think we have reflected the things people have already told us?
- What you think about our ideas?
- If you have any other suggestions for changing health and social care services?
- Or anything else you want us to know about hospital and community services in Calderdale and Greater Huddersfield?

Your feedback will help us to shape our thinking even more and we will use the information you have provided to help shape our ideas further. There are lots of ways you can let us know what you think.

You can:

- Come to see us at one of our public drop in sessions to hear more about our ideas. Details are on our website www.rightcaretimeplace.co.uk and will also be advertised in local press nearer the time.
- Fill in the response form at the end of this leaflet and return it to us
- Email us at rightcaretimeplace@wsybcu.nhs.uk
- Write to us at **Freepost, RLTG-JAYY-ZSRX, NHS Calderdale CCG, 5th Floor, F Mill, Dean Clough, Halifax, HX3 5AX**

If you need any help taking part in the discussion process, please call us on **01422 281 515**. Be part of the discussion – talk to us today, your views are important to us. Information can be found at our website – www.rightcaretimeplace.co.uk

Questionnaire

You do not have to provide this information but it would allow us to keep you informed.

Name

Address including postcode

Tell us your views

Your views matter to us. Now that you have read this leaflet, please tell us what you think about the information it contains. If you run out of space, please use another sheet of paper.

Do you think we have reflected the things people have already told us?

Tick box Yes No

What do you think about the ideas described in this leaflet?

Do you have any other suggestions for changing health and community services?

Do you want to tell us anything else about hospital and community services in Calderdale and Greater Huddersfield?

**Please complete the monitoring information on the reverse, then return this questionnaire Freepost to:
Freepost, RLTG-JAYY-ZSRX, NHS Calderdale CCG, 5th Floor, F Mill, Dean Clough,
Halifax, HX3 5AX**

Continues overleaf

Equality Data Collection Form

To help us provide the best services for all our communities, and to make sure that we avoid discriminating, it is important for us to gather the following information. All answers are confidential and will be stored securely in line with data protection rules. You do not have to answer all of these questions, but we would be very grateful if you would.

Postcode (1st part only) eg. HX3/HD6
What is your sex?	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Prefer not to say
How old are you? years old
What is your country of birth?	
What is your ethnic group or identity? (please tick the box or write in the space provided below)	
Asian or Asian British <input type="checkbox"/> Indian <input type="checkbox"/> Pakistani <input type="checkbox"/> Chinese <input type="checkbox"/> Other Asian background.	Black African/Caribbean or Black British <input type="checkbox"/> African <input type="checkbox"/> Caribbean <input type="checkbox"/> Any other Black/African/Caribbean background
Mixed/multiple ethnic groups <input type="checkbox"/> White and Black Caribbean <input type="checkbox"/> White and Black African <input type="checkbox"/> White and Asian <input type="checkbox"/> Any other mixed/multiple ethnic group	White <input type="checkbox"/> British - English/Scottish/Welsh/Northern Irish <input type="checkbox"/> Irish <input type="checkbox"/> Gypsy/Traveller <input type="checkbox"/> Any other white background
Other ethnic group <input type="checkbox"/> Arab <input type="checkbox"/> Any other background	<input type="checkbox"/> Prefer not to say
Do you consider yourself to be disabled? The Equality Act 2010 states that a person has a disability if: 'a person has a physical or mental impairment, and the impairment has a substantial and long-term adverse effect on their ability to carry out normal day-to-day activities'	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say If yes, please tick impairment below (tick more than one if relevant)
<input type="checkbox"/> Hearing <input type="checkbox"/> Visual <input type="checkbox"/> Learning disability <input type="checkbox"/> Prefer not to say <input type="checkbox"/> Mental health condition <input type="checkbox"/> Physical or mobility <input type="checkbox"/> Long-standing illness or health condition e.g. cancer, diabetes, HIV <input type="checkbox"/> Other/s	
What is your sexual orientation? (please tick)	
<input type="checkbox"/> Bisexual (both sexes) <input type="checkbox"/> Lesbian (same sex) <input type="checkbox"/> Gay man (same sex) <input type="checkbox"/> Heterosexual (opposite sex) <input type="checkbox"/> Other..... <input type="checkbox"/> Prefer not to say	
Do you consider yourself to belong to any religion?	
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say If yes, please tick below	
<input type="checkbox"/> Christianity <input type="checkbox"/> Judaism <input type="checkbox"/> Buddhism <input type="checkbox"/> Islam <input type="checkbox"/> Sikhism <input type="checkbox"/> Hinduism <input type="checkbox"/> Other (please state)	
Are you transgender? Is your gender identity different from the sex you were assumed to be at birth?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say
Are you pregnant or have you recently had a baby?	<input type="checkbox"/> Pregnant <input type="checkbox"/> Have given birth within the last 26 weeks <input type="checkbox"/> Prefer not to say
Are you a carer? Do you provide care for someone, such as family, friends, neighbours or others who are ill, disabled or who need support because they are older?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Prefer not to say

Thank you for taking the time to complete this form.