

# Locala Community Services

## Current and future delivery plans

## Locala Childrens Services Kirklees and Calderdale

### *What community services are currently provided*

Community Paediatric Nursing, Health Visiting, Family Nurse Partnership, Looked After Children, Youth Offending, Pupil Referral Service. These are all predominantly home based community services but will delivery care and services at a central point to meet the needs of the local community i.e. baby clinics & dedicated specialist clinics within community and social care settings

Other services are clinical, acute or school based these include School Nursing Services, Immunisation Service, Specialist Paediatric Diabetes Service and Paediatric Therapy Services ( OT, Physio and Speech and

*What shift will there be in the future for services (through contracts and hospital reconfiguration) including scale*

**Thriving Kirklees 0-19 – 5 year plus 5 transformational Programme ( Awarded April 2017)**

**PHEYS Calderdale 0-5 year services 3 year Plus 2 years ( Awarded April 2017)**

**Care Closer to Home – Awarded October 2015**

## Principles of the Programme

- **Long Term Transformation**
- **Prevention and Early Intervention**
- **Whole Family Approach**
- **Co-Production**
- **Community Development**
- **Intelligent innovation Integration**
- **Collaboration**

# Wellbeing Services – potential implications for transport and travel

## Areas of concern in acute Trust reconfiguration:

### Substance Misuse Recovery Nurses - CHFT

Recovery nurses provide on ward assessment for patients where drug and alcohol dependency is an issue. Most activity takes place on the Gastro wards 7 days/week. If these shift to Calderdale there will be an impact.

### TB Specialist Nursing Service

2 clinics per week provided at Acre Mills in conjunction with Respiratory Services. Majority of patients are migrants or from disadvantaged backgrounds. If services shift to Calderdale attendance rates will most certainly fall.

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## Internal reconfiguration:

### Podiatry service redesign

Potential for some changes in locations of delivery. Impact and nature of this are being worked through

## Primary Care Services – Calderdale only

### Primary care services Park & Calder & Walk-In-Service

Patients from Park & Calder Todmorden needing to travel to HRI for non-urgent care or consultant led clinics  
NON urgent WIC patients can be directed to the minor injuries unit currently at HRI

### Potential Issues

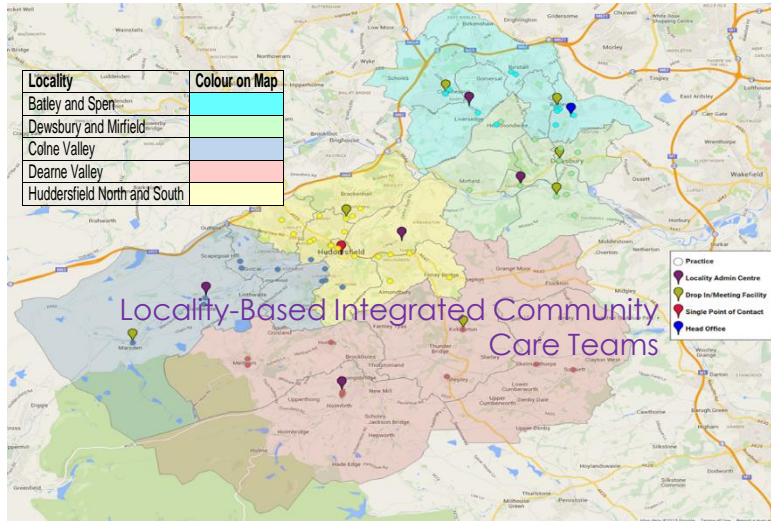
Currently only a bus link from Halifax to Hudds people would need to get a second bus to HRI from centre of Hudds

No direct line from Hudds to Halifax via train

3 buses or train Todmorden to Halifax then link via other routes

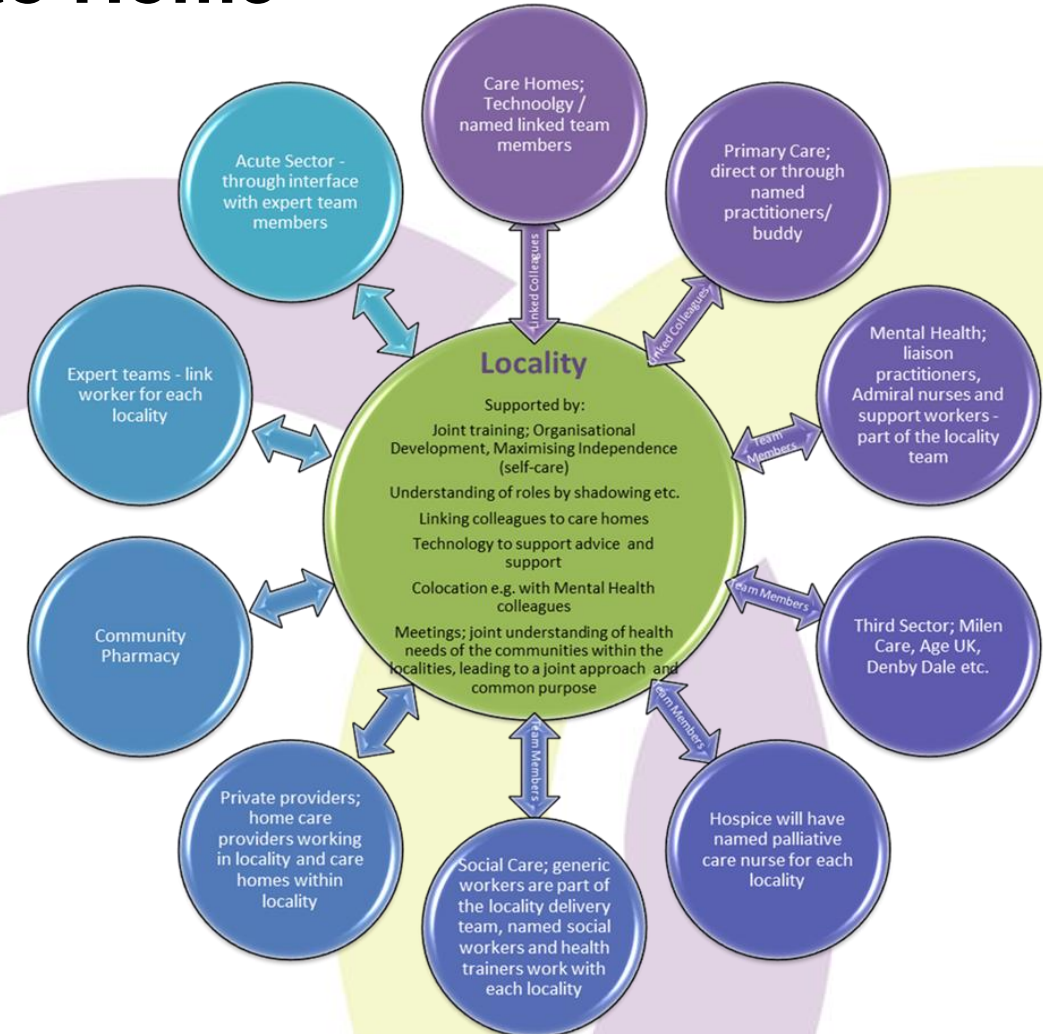


# Community Services and care Closer to Home



- **Multi disciplinary, multi professional GP aligned**
- **Planned/routine and unplanned/urgent care**
- **Single core care plan, integrated holistic support**

- Specialist Adult therapy
- Expert teams e.g. respiratory, heart failure, OPAT (community IV), continence
- Palliative care and end of life advice and support, including a partnership with the hospice
- Helping people to leave hospital early or avoid going to hospital when they don't need to – Early Supported discharge, In Reach, Intermediate care beds, emergency care planning
- Older people's mental health care through a partnership with SWYPFT
- Maximising Independence and Self-Care training and support for teams
- Partnerships with social care, voluntary and community partners to enhance holistic self-care





## Core Services

Integrated Community Care teams

START

Specialist and Expert Teams

Therapy Services

Single Point of Contact

Intermediate care beds

Care Home support team

Planned Therapy

Podiatry

MSK

## Workforce Components

### Integrated Community Care Teams

District Nurses  
Community Matrons  
Therapists  
Pharmacists  
Clinical Care Assistants/HCA  
Admiral Nurses  
Mental Health Practitioner  
Links to Social Care and Hospices

### Expert Teams

Cardiac  
Heart failure  
Respiratory Nurses and Consultants  
OPAT  
EOL  
Advanced Nurse Practitioners  
Dietician  
Physiotherapists  
Occupational Therapists  
Diabetes  
Continence  
Elderly Care Consultants  
GP's

## Risk Management and Admission avoidance through CC2H

First choice for non-life threatening routine urgent care

Integrated within a wider network of urgent and emergency care e.g. NHS 111, emergency services and primary care

Single Point of Contact with clear urgent pathways for patients and the public to understand

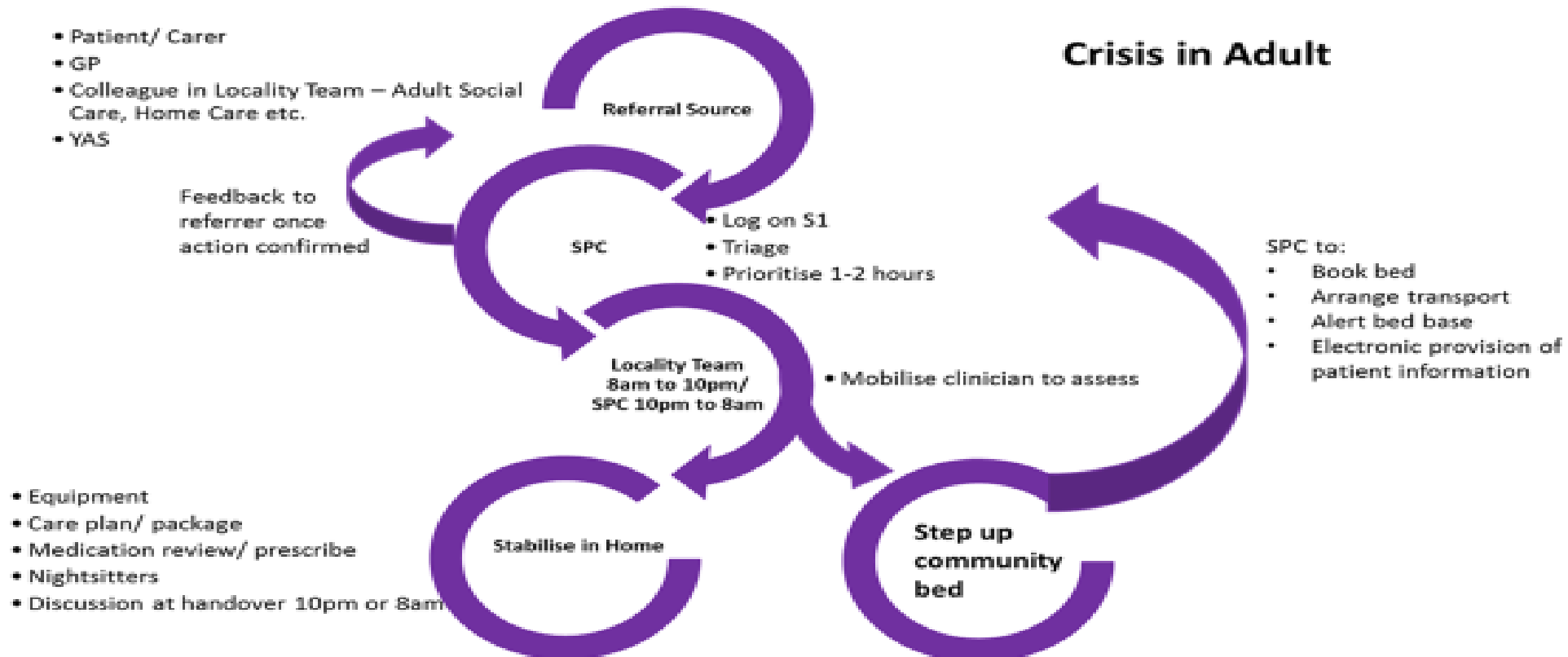
Urgent response within 2 hours for early intervention to manage a crisis or exacerbation

Holistic assessment and intervention aiming to see, treat and complete care in a single attendance

Improve self care, avoid exacerbation and maximise prevention

Risk management approach to complex needs

# Keeping people at Home



## Transformation and development plans

Unplanned activity and rapid response

Development of “Hubs” with primary care – IV therapy, wound care.....

Princess Royal Development