

# Stakeholder Event: Report of Findings

11 June 2019



**Working in partnership:**

Calderdale CCG

Greater Huddersfield CCG

Calderdale and Huddersfield NHS Foundation Trust

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## 1. Purpose of the Report

The purpose of this report is to present the findings from the stakeholder event held on Tuesday 11 June 2019 at Brighthouse Civic Hall. The event was a joint event led by NHS Calderdale and NHS Greater Huddersfield Clinical Commissioning Group CCGs and Calderdale and Huddersfield Foundation Trust (CHFT) under the programme of 'Right Care, Right Time, Right Place'.

The report explains the background to the event, the event purpose and the findings gathered from those who attended the event. The findings include any equality considerations, how the information from the event will be used and next steps.

## 2. Background

Calderdale and Huddersfield NHS Foundation Trust (CHFT) has two district general hospitals, Huddersfield Royal Infirmary (HRI) and Calderdale Royal Hospital (CRH) located 5 miles apart in Huddersfield and Halifax.

Work to develop a safe and sustainable model of hospital and community care in Calderdale and Huddersfield has been underway since July 2012. A major engagement programme, Right Time, Right Care, Right Place and a programme of activity took place over a three year period to involve local stakeholders, including the public in the future of hospital services. The engagement programme consisted of a number of stakeholder events at each stage of the programme.

The stakeholder events were well attended by local people who gave time to work with NHS Calderdale and NHS Greater Huddersfield Clinical Commissioning Groups (CCGs) to start to develop the proposals for hospital services based on the feedback from engagement activity.

Formal public consultation on proposed future arrangements took place between March and June 2016. The findings from consultation were considered by both CCGs and a further stakeholder event took place to review the findings from consultation. The stakeholder participants provided further insight into the findings and a decision on the future model of hospital services was made by both CCGs in Autumn 2016.

In September 2017 the Calderdale and Kirklees Joint Health Scrutiny Committee referred the proposals to the previous Secretary of State for Health and Social Care and his recommendations and the advice of the Independent Reconfiguration Panel (IRP) were published in May 2018. This set out that further work focussing on out of hospital care, hospital capacity and the availability of capital funding was required by the NHS before a conclusion could be reached.

During the summer of 2018 significant work was therefore undertaken by local NHS organisations working with NHS England and NHS Improvement and engaging the Chairs of the Joint Health Scrutiny Committee, Health and Wellbeing Boards, and the Local Medical Committees to develop an enhanced proposal for the future model of care. The enhanced proposal sought to ensure the best possible clinical outcomes for patients within available resources and to address the issues identified by the Independent Reconfiguration Panel in their report. An update describing the enhanced proposal (and

the stakeholder engagement undertaken that informed this) was sent to the Secretary of State for Health and Social Care on the 9th August 2018.

In September 2018 the Secretary of State for Health and Social Care confirmed that he was pleased that rapid progress had been made with the active involvement of stakeholders and that he would welcome a further update on local discussions and progress being provided by the end of January 2019. A further update was provided at the end of January and the Secretary of State responded in June 2019 that he was pleased that continued progress was being made and that he would be grateful for a further update in early September 2019.

In December 2018 the Department of Health and Social Care (DHSC) confirmed that capital funding of £196.5m had been allocated to support implementation of the enhanced proposal and that this was included as part of the Government's major multi-year £2.9 billion funding package of additional capital investment in the NHS to provide better service models for patients, integrate care services and renew aging facilities.

An overarching 'Engagement, Equality and Communication plan' was presented to Joint Health Scrutiny Committee in February 2019. The plan set out an overarching approach to engaging local people, staff and partner organisations on the proposals for clinical services. One of the initial actions within the plan was the scheduling of a Stakeholder Event to allow for more detailed plans to be developed. CHFT want to continue to involve as many people as possible, including diverse local communities, in the continued development of hospital services.

### 3. About the event

A plan was developed (see appendix 1) to deliver a joint event for both Calderdale and Greater Huddersfield in one central location. The stakeholder event took place on Tuesday 11<sup>th</sup> June 2019 at Brighouse Civic Hall, Brighouse from 10:00-12:30pm.

In total 101 people attended the event (of which 29 were staff). The content and delivery of the event is described below in more detail.

Stakeholders were invited by invitation (see Appendix 2) and through this invitation were asked to nominate representatives to attend the event. This was to ensure there was representation from a number of local areas, protected groups, organisations and stakeholders.



### 3.1 Purpose of the Event

The Right Care, Right Time, Right Place (RCRTRP) programme has benefitted from the contribution of stakeholders in the engagement, consultation and post consultation stage.

The aim of the event was to continue this dialogue and support future engagement in the development and design of clinical services by:

- Co-creating the engagement activity required to support the development of more detailed plans
- Supporting the programme to design specific involvement activities and
- Describing the communication material required to ensure that local people remain informed and/or involved as more detailed plans and capital cases are developed to deliver the proposed future model for clinical services across Calderdale and Greater Huddersfield.

The purpose of the stakeholder event is set out below:

- Provide an overview of where we are now – to help the local NHS set the scene and describe what has happened since stakeholders were last engaged, which was post consultation.
- Provide an update on the future plans for clinical services – This included reference to what we consulted on and what the future model will look like.
- Gave an opportunity for participants to help design a communication and engagement approach to ensure local people remain informed and involved
- Describe the next steps – To describe what will happen next, including timescales.

### 3.2 Presentations and Content

The event was delivered as a short presentation followed by a range of conversations on five different themes in relation to hospital services supported by two displays on community services. The conversation themes were:

- Built Environment – hospital design
- Digital Technology – use of technology to improve access
- Involving Children and Young People
- Travel and Transport – parking, roads, shuttle bus and public transport
- Development of Clinical Services

Then agenda is set out below:

- Welcome, introduction and housekeeping
- Agenda for the day
- Introduction
- Our consultation journey
- Findings from the consultation process & description of how the feedback was analysed
- Introduction to table activities

- Pop up feedback
- Next steps
- Close and thanks

The presentation used to deliver the event is included in the report (see appendix 3).

### 3.3 Gathering views

There were a number of additional mechanisms for gathering views at the event. Participants were asked to write general comments and questions on a post it note and place those comments on a 'Park it' board. In addition those attending could provide views or comments using:

- **A comments clothes line** for participants to peg up comments on flags of anything they wanted to say that may have not been captured adequately in discussions.
- **An evaluation form** gathered people's views at the end of the event, and provided a final opportunity for participants to tell us anything they thought we should know (see appendix 4).

The findings from the stakeholder event are captured below. The findings include all the feedback received from the discussions, comments and flags.

## 4. Findings from the stakeholder event

Below are the findings from the stakeholder event. The findings are captured under each of the conversation topic headings. In addition the 'Park It' and flag responses are recorded as a separate section.

### 4.1 Clinical Services

The hospital currently use, surveys, complaints and compliments, focus groups and workshops to hear what our patients value and would change about clinical services.

The clinical services that are part of future conversations will be emergency care for adults, urgent care, emergency care for children, frail older people, planned surgery, outpatients appointments, inpatient care, assessment and day cases.



We asked people at the event the following questions and people told us:

### **What would you like to be involved in developing or designing?**

- Holistic view to deliver service to diverse community
- Look at what's working and carrying it forward, modification of things not working well, scrap what you can't fix
- Patient-staff ratio
- Appointment system to be more effective in community
- Pressure on primary care providers, loss of GPs and reduction of provision
- Patient self-management models
- Better counselling services for wheelchair users for all aspects of hospital life
- Help people stay well in hospital (mobility issues, cognitive problems.)
- Digital good but a problem unless a relative does it for them
- Evidence base for what can be treated locally and what centrally
- Concern about isolated midwife unit – trigger to transfer to obstetrics
- Development of a menopause clinic
- End of life care, palliative care team, frailty team.
- Consistent care across Calderdale and Kirklees
- Identifying when people are in last year of life, understanding end of life care and needs.
- Reduction of waiting times- how can these be delivered
- Finance, need more money into the NHS to improve staff-patient ratios
- You need to see the same person, continuity of care really important
- Understand what issue frighten people about moving services
- 'Public Health' messages should be stronger
- Get a toolkit for engagement, different engagement for different services
- Better discharge process for people who use wheelchairs
- Need for a department for disabled people
- More asset based consultations – looking at positives to support recovery
- Clear and accessible pathways for children with complex needs

### **How should we involve people and where?**

- Local Councillors can identify research groups
- Make sure minority voices are listened to, BAME, Disability, LGBT, Asylum seekers, Carers etc.
- Digital feedback for younger people (apps, google)
- Engage with people using services, clinics etc.
- Community champions, mosque on Fridays
- Don't expect people to come to you, reach out.
- Contact national charities to find local patient groups
- Attend community events where people will be.
- Social media, Twitter
- Look at barriers to engagement
- Understand the target audience

- Extracting accurate data for reporting and visual display of data for public
- Supermarkets, universities, shopping centres
- Take input but feedback - more effective community communication
- Involve children/young people through schools and colleges
- Parish councils and hilltop communities- Hebden Royd town council (space in Hebden Bridge town hall)
- Fire Service supporting home bound individuals
- Young person's environment- get into their spaces

### Who can help to get involved in this work?

- Specialist Inclusion Services, Calderdale
- Kirkwood Hospice
- Campaign Groups
- PCAN Kirklees
- Calderdale Voluntary Action
- Halifax Community Initiative (HCI)
- Chronic Condition Support Groups
- The voluntary sector
- Patient participation groups
- CHFT Staff
- Voluntary Action Calderdale
- Young carer/Foster carer (CMBC Groups)
- Friends of Dorothy
- Primary care networks
- Youth Parliament
- Mosques
- Asylum seekers at St Augustines, Halifax
- Parish Councils, Kirklees
- Adults with physical and sensory impairment
- Calderdale over 50s forum
- Well Being networks in Hebden Bridge and Todmorden

## 4.2 Digital technology

The NHS would like to continue to use technology to support access to hospital services. Digital services are using equipment such as;

- Phones
- Mobile phones and apps
- Tablets
- Computers
- And equipment like telehealth, which can remotely monitor a condition





All this equipment can be used to help patients get access to the healthcare services they may need. Digital technology is already improving access to NHS services. More work needs to be done to improve technology so that everyone has access to technology or the internet, can use it, or can afford it.

More people need to be involved in digital conversations to ensure everyone has a voice in designing how we use technology and digital solutions in the future. People at the event told us:

### **App to support self-care:**

- For all apps you need to have an android – some people do not have
- The new NHS app is difficult to access and sign up to
- Bilingual/multi-lingual apps are also needed

### **Digital conversation with health professional:**

- Using digital technology in nursing and residential care is brilliant - well done!
- Would work better for certain groups than others
- Great idea providing the platform and software works
- How would patients get access to a digital conversation with Healthcare professional, rather than conventional appointment? Need to consider this.

### **Telecare:**

- Online diagnostics for patients would be useful

### **Booking appointments online:**

- Only works where waiting lists aren't closed or very long
- Online booking can still be a barrier for elderly/non-tech savvy
- System online is good if it actually works – you can never get an appointment
- At our practice this isn't always available other than for routine appointments requiring a long wait

### **Website for self-care advice:**

- Video links and visual self-care advice and guidance are good
- Access to local services and a database for patients to use
- Network of patient expert and therapy available
- Link to plans for a public facing integrated platform for Calderdale
- Will this be the responsibility of GPs, network or NHS?
- Child friendly navigation

### **Access to e-records:**

- Online records are open to abuse

- Not everyone is online
- Don't forget access for social care staff to digital records
- If I take medical letters (giving background) doctors are reluctant to accept them as they have to put them on EPR
- We need to join up the technology for health and social care
- Assisted technology is good
- GP and hospitals seeing and knowing the same records is important
- A great asset to all if accessible but older patients find it difficult
- How do we share information between organisations for people who might have a life-limiting condition? (electronic and palliative care co-ordination system)

#### **A conversation on all digital technology:**

- Vulnerable patients accessing IT/health apps fear they may get left behind
- IT communication between hospitals are ok but Leeds LGI/Jimmy's need work in progress
- Risk private healthcare buying data

### **4.3 Hospital Buildings**

The plans are to build a new block at Calderdale Royal Hospital and use the existing building, and some of the buildings at Huddersfield Royal Infirmary. There are lots of things about the building that people could be involved in the design of. Examples include:

- Design of the entrance
- Space for inpatients to be sociable
- Dementia friendly areas
- Good signposting and easy to find your way
- Being able to get outside for fresh air
- It's kept nice and clean

We asked people at the event the following questions and people told us:

#### **What would you like to be involved in developing or designing?**

- Better, Clearer signage in Hospital
- Secure and safe wheelchair accessibility, including x rays and other tests
- Child friendly rooms, including for children and special needs
- An area to sit down and talk to people
- Environmentally friendly, no single use cups etc.
- Improve 'no smoking' areas in the hospital grounds
- Find a balance between privacy and the need for clinical observation
- Space for people to walk, socialise and sit in ward areas
- To continue to maintain older building, particularly HRI
- Design clinical space for people with sensory and physical impairments
- Involve local students in the architectural design

- In house cleaning etc. teams
- Consider dementia friendly flooring and carpets
- Limit florescent lighting
- Signage friendly to people who have English as a second language or limited reading skills
- More prominent no smoking areas
- Big enough signs for the visually impaired
- Consider 'Active Calderdale'
- Enough space for Outpatients (learn from CRH build)
- Plan for environmental change
- Plan for delays, political change, and contingency
- Suitable wards for young people for whom adult wards may not be appropriate
- Support Groups, youth council and parliament
- Quiet spaces
- Disability and dementia friendly

### **Who can help to get involved in this work?**

- Frontline clinical staff involved in the build
- Parents and carers with additional needs (PCAN) Facebook page and [pcan@kirklees.gov.uk](mailto:pcan@kirklees.gov.uk)
- Disability partnership Calderdale
- Accessible Calderdale Project
- GP Surgeries
- Patients in GP surgeries
- Ask people in supermarkets etc.
- Consult in Outpatients
- Age UK
- ACDAF- Disability access forum
- Engage with people with learning disabilities
- Current inpatients regarding ward design
- Calderdale forum 50plus- Monthly meetings
- Involve nurses
- Public Square Project. To kick off in summer 2019. To use different ways of engaging
- Patient groups
- Use an artist alongside architect. Also use music.
- Go and see. (Guys and St Thomas'/ Bristol Children's Hospital)
- Council have public focus groups. Could access these

### **How should we involve people?**

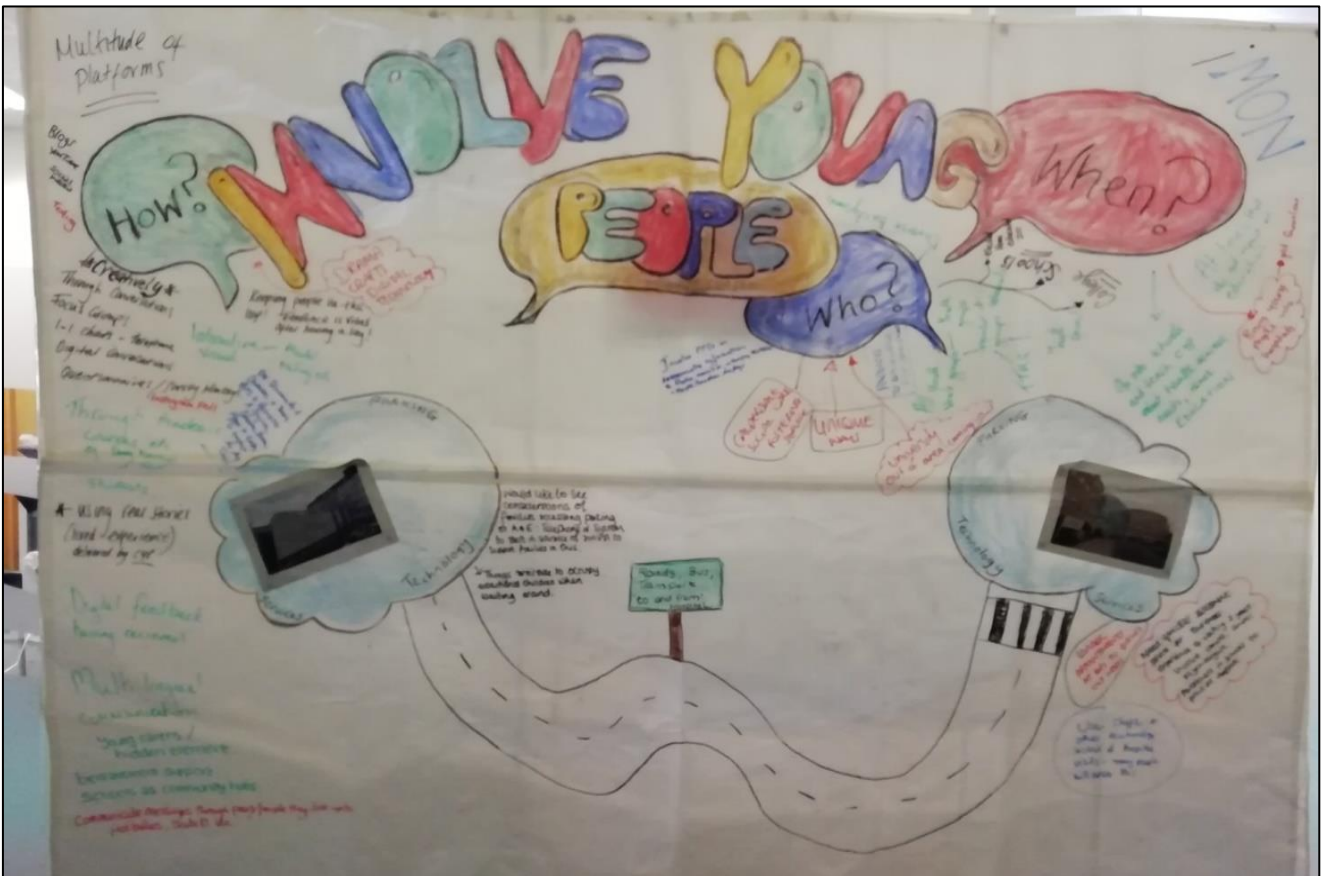
- How will this be phased for both sites?
- Return forms should be available for people to submit
- People are worried about what they'll lose. Tell them what they'll gain.
- What will happen to HRI?

- Concerned about future of the building at CRH, re PFI status.
- Will patients be regularly moved from urgent to rehab beds? How often? How?

#### 4.4 Involving young people

In order to gather ideas from participants on the involvement of children and young people a piece of artwork was created.

The intention is to start the artwork at the event and then continue to build up a picture by sharing the artwork with a range of young people networks and groups in both Calderdale and Greater Huddersfield over the summer months.



The artwork will begin to illustrate how, when and who should be involved. The initial feedback from the event is set out below:

#### **How should we involve young people?**

- Use a multitude of platforms: blogs, YouTube, social media, SMS, etc.
- Creatively: interactivity, visual, model-making, etc.
- Through conversations: focus groups, one-to-one chats, telephone, digital conversations, questionnaire, Instagram poll
- Through academic courses e.g. design tech students
- Using real stories (lived experience delivered by CYP)
- Drama, crafts, digital technology
- Keeping people in the loop! Feedback is vital after having a say!
- Use schools as a channel – get reps and promote a digital offer. Make it easy to engage with at any time!
- Digital feedback – having received
- Multi-lingual communication
- Young carers – hidden element
- Bereavement support
- Schools as community hubs
- Communicate messages through peers/people they look up to.

#### **Who should we involve?**

- Involve PPGs in disseminating information to practice members – surgery screens, health promotion displays
- Diverse backgrounds
- Youth Groups, all youth voice groups, Tough Times Reference Group, Youth Council
- Individuals
- College – schools – elected home educated
- Parents to encourage CYP involvement
- Unique Ways
- Calderdale Social Care Fostering Service
- Go into schools and teach CYP about health services, needs issues.
- University – out of area – coming in

#### **When should we involve children and Young people?**

- Now
- At times that do not impact on education
- Bring young people into hospitals to get familiar

#### **General comments:**

##### **Parking when coming to A&E with your child:**

*“I would like to see the hospital give consideration to families when accessing parking at A&E by having a telephone or system to alert of arrival.*

*“This would help to support families during this stressful time.*

*“Plus, things should be available to occupy additional children when waiting around.”*

## Services:

*“Need longer appointments at GPs to discuss the needs of children and young people.”*

*“Use Skype and other technology instead of hospital visits. Young people will prefer this.”*

*“Need quicker assessment service for Tourette’s. I’ve had experience of waiting three years. Involve child and adolescent mental health services,, schools and psychologist to promote awareness in schools to provide support.”*

## 4.5 Travel and transport

The public consultation on hospital and community services highlighted a number of travel and transport concerns. People also told us that 80% travel by car or taxi; and 20% by public transport.

The areas of concern were:

- Roads and volume of traffic
- Getting home from hospital
- Travel between hospitals
- Public transport
- Parking at both hospital sites
- Reducing travel to hospital
- Greener transport
- Patient transport services



A travel and transport working group was set up to specifically look at this area, including representatives from the Local Authority, West Yorkshire Combined Authority and the voluntary and community sector.

The group was chaired by an independent chair and the consultation feedback reviewed. Recommendations were made on the findings. These recommendations were published in 2018 in the form of a report. People who attended the event told us the following:

## Parking:

- Need to consider more aspects of parking including space indicators
- There needs to be more work on how many people don’t need to park on site and could park half a mile away cheaper – need to ask Local Authority
- Need to consider multi-storey car parks before we plan/build
- Need to involve local residents if a multi-storey car park is required
- More information and communication on parking fees and if they are paid back into the hospital
- Parents may require free parking

- Need to ask if multi-storey is right? environmental activists/scientists may have a view
- Staff exercise could be increased by parking being further away
- Parking fines should only be given in emergency situations
- Exemptions on paying for blue badge not widely known about – need to communicate this more

### **Shuttle bus and Patient Transport Services:**

- What about people who are older and have relatives to visit but no transport and can't afford a taxi? Hospital bus once a week from different areas
- Evening service is required
- Waiting environment needs improvement
- More information on the shuttle bus for patients
- Shuttle timetable could be shared with transport user groups
- Booking on the shuttle bus when making appointment could make it more efficient.
- Make the shuttle bus a coach
- Shuttle bus passengers could be parked at Huddersfield Royal Infirmary (HRI) site
- Patient Transport won't take powered chair or a carer
- Could have a frequent 'Park and ride' with safe park and ride bus routes
- Tell staff about community transport options and have leaflets to give to patients
- Use face to face surveys to gather views, online feedback forms and telephone calls, with different phones to meet different needs

### **Public Transport**

- Accessibility wheelchairs.
- Bus routes.
- Three buses – operator training.
- Access to services.
- Valley route for patients.
- Technology use health route
- Public transport costs
- Website – public transport information
- Reception desk in CRH not be behind glass and have info on public transport

### **Cars**

- Charging for electric cars. Professional car parking provides association/who pays for electric car points
- Encourage staff not use private car

### **Other transport comments:**

- Integration of transport hubs – stations. Direct service needs of families
- Transfers in emergency
- Early discharge complications
- Out of area patients – Leeds/Harrogate
- Subsidiary travel

- Out of area visitors
- Why join two sites? Too far apart

### General comments:

- Use local councillors, planning and Facebook community pages to gain support
- Survivors of critical care/emergency situations/visitors
- Ability to understand your pathway
- Staff committee reps – Task and Finish
- How events effective – listening and actually hearing face to face
- Poorer people
- Clinicians
- Visitors
- More distant people
- Car users
- Hospital users
- Older people
- People worried
- Not always surveys - or short ones online
- Council to write to residents to ask questions
- Disabled people - hidden and unhidden disabilities
- Use engagement champions to do engagement survey through CCG and VAC

### 4.6 Greater Huddersfield Community

To support the conversation topic areas, the event also included display boards for both Calderdale and Kirklees community services.

The information collected from the conversation in relation to Kirklees community services was:

- Directory of Services
- Drop in surgeries in Primary Care Networks
- How will we engage with hard to reach (housebound) groups on personalisation e.g. hypermobility? Suggestion of Skype calls/video
- Investment in community services
- Supporting self-help (directory of services)
- District nursing/Health Visitor shortages
- Workforce – is there enough at right level
- Skill mix – community focus
- How will we make sure the workforce is adequate and there are enough training opportunities
- Personalisation – what will look different?





## 4.7 Calderdale Community

To support the conversation topic areas, the event also included display boards for both Calderdale and Kirklees community services.

The information collected from the conversation in relation to Calderdale community services was:



- West Yorkshire - Balance of work and influence between local and regional bodies.
- Primary Care Networks (PCN's) need to engage with, all ward councillors on the changes and what it means for practice reference groups.
- Advancement rather than reducing quality
- Strategic links between organisations and bodies such as Health and wellbeing Board e.g. disability partnership Calderdale, Calderdale over 50's Forum. Channels of communication need to be two way, exchange of information and thinking to support development of some services

## 4.8 'Park It' comments

All the 'park it' comments are below:

- Reduction in buses, increased costs. Shuttle buses and rural buses
- Public transport needs to be improved. Direct bus to Huddersfield from Upper Valley and to Calderdale
- Shuttle buses – train station to hospitals
- Please consider parking in CRH as an issue which needs priority consideration
- Parking street away from hospital
- Safe walking routes to both hospitals
- Electric cars are coming. Are you ready? charging points
- I am a member of staff and a service user. Anxiety to get to CRH is a major issue for me and my family
- How do we link things up between CCGs, Trusts, community service providers and PCNs for the people of Kirklees and Calderdale
- Smoking in hospitals (St Georges)
- CCGs relationship with media – Examiner – starting point for public confusion about plans

## 4.9 Flag comments

There were no flag comments posted at this event.

## 4.10 Engagement Event Feedback from Healthwatch Kirklees and Healthwatch Calderdale

Healthwatch also had a stand at the event to capture views. A full report of findings can be found here <https://healthwatchkirklees.co.uk/reconfiguration-of-hospitals-in-huddersfield-and-halifax-update/> A short summary of the reflections from the event are set out below.

Healthwatch found the event was positive and patient representatives in attendance informed Healthwatch that they were pleased the CCGs and hospital trust were trying to involve the public in the future reconfiguration plans.

Healthwatch found there was still a lack of clarity on what the final reconfiguration plans will look like and based upon our conversations at the event, the plan is not clear to the public. One of the ways this could be alleviated is a sustained and transparent relationship with all stakeholders including the local press to ensure that sensational headlines are minimized.

Healthwatch were disappointed that other campaign or political groups had not accepted/received invitations to this event as it was an opportunity to ensure more information was provided to the general public.

The members of the public in attendance at the meeting conveyed that they were satisfied with the way the hospital plans are developing. Healthwatch encourage the Trust and the CCGs to continue to involve stakeholders in the next stages of the timeline.

## 5. Equality

The attendees at the event were asked to complete an equality monitoring form to enable reporting on the representation compared to the local communities, 36 forms were completed and analysed. Of these;

- Two thirds were women, a third men
- 2 were under 40, 12 were 41-60 and 18 were 61+
- The majority of participants were born in the UK or Ireland apart from one that was born in Canada and one that was born in Trinidad and Tobago
- Over half belonged to no religion, 30% were Christians, 5% preferred not to say and 5% were other, 3% were Muslim
- 80% were White British, 9% Irish, 6% Black/Black British - Caribbean, 6% Asian/Asian British – other Asian
- 25% were disabled
- 14% were carers
- 6% were bisexual and 6% lesbian

In comparison to local communities many groups were underrepresented; men, younger people, religions and BME groups.

## Feedback

The feedback given at the event has been reviewed for equality relevant content and is described below;

On what and how people should be involved;

- Holistic view to deliver service to diverse community
- Development of menopause clinic
- Clear and accessible pathways for children with complex needs
- Bilingual/multi-lingual apps
- Online booking can still be a barrier for elderly/non-tech savvy
- Child friendly navigation
- How will we engage with hard to reach (housebound) groups on personalisation e.g. hypermobility? Suggestion of Skype calls/video
- Involved children/young people through schools and colleges
- Young person's environment- get into their spaces
- I feel that consideration has not been given to those patients with physical and/or cognitive impairments
- People with disabilities are at a disadvantage travelling so far
- I feel that more help is needed for people with additional needs. The plans do not mention how people with additional needs will be affected and how they could access the local services
- Use emotion to sell the idea to older people, providing a future NHS locally for their children and grandchildren – how would their family be impacted if this change didn't take place
- Secure and safe Wheelchair accessibility, including x rays and other tests
- Child friendly rooms, including for children and special needs
- Consider dementia friendly flooring and carpets
- Big enough signs for the visually impaired
- Suitable wards for young people for whom adult wards may not be appropriate
- Support Groups, youth council and parliament
- Quiet spaces
- Disability and dementia friendly
- Parents – free parking where needed
- What about people who are older and have relatives to visit but no transport and can't afford a taxi? Hospital bus once a week from different areas
- PTS won't take powered chair as carer

Who should be involved;

- Friends of Dorothy
- Youth Parliament
- Mosques
- Asylum seekers at St Augustine's, Halifax
- Adults with physical and sensory impairment
- Calderdale over 50s forum
- Young carer/Foster carer (CMBC Groups)
- Involve local students in the architectural design

- Parents and carers with additional needs (PCAN)
- Disability partnership Calderdale
- Accessible Calderdale Project
- Age UK
- ACDAF- Disability access forum
- Engage with people with learning disabilities
- Calderdale forum 50plus
- National Autism Society
- St Augustus Centre in Halifax.
- People with LD
- Disabled people – including hidden disabilities
- Poorer people
- Older people

## Key Themes

From each of the conversations the facilitators were asked to share three themes, the themes shared are set up below and summarise the key areas for each conversation.

### 6.1 Clinical Services

- Patients are the experts and include disabled people and sensory and cognitive improvement
- "Seeing the same person - getting continuity of care right.
- Primary - community - secondary - digital"
- Different channels for different audiences

### 6.2 Travel & Transport

- Public transport - expensive, information availability, accessibility and convenience
- Car parking - availability, park and ride, prepare for electric cars
- Integration of transport - shuttlebus, PTS and community transport option

### 6.3 Digital

- "Say it once/record it one.
- Access to records/information Hospital and Community"
- "Assisted Technology Social Care – Healthier VC - Telemedicine"
- "Elderly Access or people who don't have access to technology"
- NHS App!

## 6.4 Children and Young People

- Involve young people now
- Go to where young people are
- Use different approaches

## 6.5 Hospital Buildings

- Physical access to our hospital (wheelchair users)
- Users to test drive layouts, access, signage. 'Users as guinea pigs.'
- "Come and talk to us"

The key emerging themes from all conversations held at the stakeholder event are as follows:

- Involve people now, particularly children and young people involve people from the start
- Be clear and concise when communicating with people
- Come to where we are 'don't always expect us to come to you'
- Engagement should be inclusive, don't leave people behind
- Calderdale and GH need to design the community together to support hospital services to deliver
- Involve stakeholders, create a newsletter or electric bulletin to inform us of progress
- The built environment needs to consider the needs of people with a disability who should be involved in design
- Travel, transport and parking is still a major issue that requires more public involvement
- Digital solutions need to be as well as a face to face offer and this needs more discussion

## 6. How the findings will be used

The input and insight gathered from the stakeholder event will be used to produce a detailed action plan for engagement, which will ensure we can involve the right people, in the right conversations and provide information and communication using the right media and format.

## 7. Next steps

The next steps will be to develop an engagement and communication plan which captures the views of stakeholders and considers the requirements for equality and diversity. The plan will be published alongside the stakeholder event report on both CCGs websites.

## APPENDIX 1: Stakeholder Event Plan

### 1. Purpose of the plan

The purpose of the plan is to provide information on the event which includes:

- The event objectives
- An overview of the event including its purpose and delegates
- Communications collateral required
- Presenters, facilitators and venue
- A proposed agenda and collateral
- A draft invitation

### 2. The event objectives

The Right Care, Right Time, Right Place (RCRTRP) programme has benefitted from the contribution of stakeholders in the engagement, consultation and post consultation stage. The aim of the event is to continue this dialogue and support future engagement in the development and design of clinical services by:

- co-creating the engagement activity required to support the development of more detailed plans
- supporting the programme to design specific involvement activities and
- describing the communication material required to ensure that local people remain informed and/or involved as more detailed plans and capital cases are developed to deliver the proposed future model for clinical services across Calderdale and Greater Huddersfield.

The input and insight gathered from the stakeholder event will be used to produce a detailed action plan for engagement, which will ensure we can involve the right people, in the right conversations and provide information and communication using the right media and format. The overarching Engagement, Equality and Communication plan that was presented to JHSC in February, 2019 which sets out the approach to engaging the patients, communities, wider public, staff and partner organisations as the proposals for clinical services are developed into more detailed plans will also be updated following this stakeholder event.

The event will achieve the following objectives:

- **Provide an overview of where we are now** – this will help the local NHS set the scene and describe what has happened since stakeholders were last engaged, post consultation.
- **Provide an update on the future plans for clinical services** – This will include reference to what we consulted on and what the future model will look like.
- **Provide an opportunity for you to help us design a communication and engagement approach to ensure we keep local people informed and involved**

- **Describe the next steps** – To describe what will happen next including timescales.

### 3. An overview of the event

The event will include a presentation followed by the opportunity for conversations on five different themes in relation to hospital services supported by two displays on community services. The conversation themes represent: areas that were raised in response to consultation; those elements of the population that we find hard to reach; and areas where we know we need further engagement to help develop the plans.

The conversation themes will be:

- Built Environment – hospital design
- Digital Technology – use of technology to improve access
- Involving Children and Young People
- Travel and Transport – parking, roads, shuttle bus and public transport
- Development of Clinical Services

The questions we will be asking are:

- **What** would you like to comment on? (there are some fixed things, these have already been consulted on, but for example people may want to contribute on design aspects like single rooms or service aspects like telephone consultations).
- **Who** should be part of this?
- **When** and **Where** should we do this?
- **How** should we do it?

There will also be a 'park it' area to capture information which could be used to influence other conversations.

The event will ensure that we have listened to stakeholders' views and are able to reflect what is important and likely to be effective in the design of an engagement approach which will support the future design and development of clinical services. A full stakeholder list has been developed and includes the stakeholders involved in previous RCRTTRP conversations including;

- Patient Reference Groups
- Healthwatch
- Kirklees Council and Calderdale MBC
- Third sector organisations
- MPs and local councillors
- Local health providers
- Patient and carer representatives recruited through the pre-consultation engagement activity

The stakeholder event is not:

- An event for the wider public
- An event for us to engage people but a listening exercise to design an engagement approach
- A platform to describe any future decisions or a reopening of the consultation

#### 4. **Communications, engagement and equality collateral required**

The communications collateral required prior to and after the event are set out below. The development of these materials will be led by the programme office and will be managed centrally by the RCRTRP programme office as part of a planned approach to delivering the stakeholder event.

Pre event activity:

- To revisit and update a stakeholder list for both Calderdale and Greater Huddersfield
- To develop an invitation
- To co-ordinate the development of presentation material
- Organise any displays for the room
- Develop discussion material and mechanisms to capture discussions

Post event activity (led by the engagement team for the CCGs):

- Analyse the event discussions
- Oversee the production of an event report
- Feedback the findings to participants with a covering letter to thank them for participating (with support from the RCRTRP programme office).
- Develop an engagement and communication plan.

The programme office will utilise the equipment developed for the previous stakeholder events delivered in 2015 which are:

- Comments cards
- Conversation clothes line
- Data capture form - scribes
- Post it notes comments flags, marker pens and facilitator material for each conversation theme
- Signing in sheets
- Evaluation and feedback, including an equality monitoring form
- Signage
- Park it sign



## 5. **Presenters, facilitators and venue**

**Presenters:** will be supported by the relevant communication lead to develop presentation material. The event will be chaired by CCG and CHFT staff. We will require the following presentations on the day:

- Welcome, introduction and housekeeping including agenda for the day and introduction
- Our journey so far
- Future plans for clinical services
- Introduction to activities
- Pop up feedback
- Next steps
- Close and thanks

**Facilitators:** In order to facilitate the event we will require a number of staff to facilitate and scribe/capture discussions from each conversation theme, the display boards for community will require staff to talk through the community model – the conversation theme lead will be tasked with sourcing and briefing staff in this role. The event will require:

- Staff and/or clinicians willing to facilitate a themed conversation
- Scribes who can support capturing data at each conversation
- Floating facilitators to support people to remain engaged

An event brief will be emailed to staff attending and half an hour will be set aside on the day between 9- 9:30 am to ensure people are clear about their roles. There will also be a run through of the theme areas 2 weeks prior to the meeting which anyone will be able to attend. Scribes will be asked to collect in all material including any notes captured and type these up after the event.

**Event Chair:** The day will be chaired by the CCG. The chair will manage the agenda, present house-keeping, introduce each presenter and the activities and provide a close and thanks.

**Venue management:** Staff supporting the programme office will manage the event which will include setting up the venue, providing av, managing up load of presentations and room set up, registration, packing up and transporting equipment and collateral.

**Seating arrangements:** The event is intended to be an informal gathering with a setting the scene presentation as the only formal part. Following this section the event will be about, listening conversation and co-design. There will be no formal seating arrangements.

**Room layout:** the room layout will be informal and we anticipate 150 attendees for the event. Around the room and in additional rooms displays will be set up. It is intended that water, tea, coffee, cakes and fruit are available throughout the event to create a relaxed environment where people can network and participate.

**Refreshments and breaks:** There won't be a designated refreshment break

6. Proposed agenda

Overview – 2 hour event 10:30-12:30am	
Timings	Activity
10:15	Coffee/Registration
10:30	Welcome, introduction and housekeeping, agenda for the day
10:35	Our journey
10:40	Clinical services
10:50	Introduction to conversation activities – developing an engagement strategy
10:55	Conversations
12:15	Pop up feedback – using clothes line, park it and themes from each activity
12:25	Next steps
12:30	Close and thanks

7. Further detail including collateral

Time	Activity	collateral	Who
10:15	<p><b>Coffee and registration:</b></p> <ul style="list-style-type: none"> <li>• Participants registered and provided refreshments</li> <li>• Opportunity to network</li> <li>• Background music/video/film?</li> </ul>	<p>Signage, Roller banner</p> <p>Signing in sheet</p>	<p>Staff and PMO</p>
10:30	<p><b>Welcome, introduction, housekeeping and agenda:</b></p> <ul style="list-style-type: none"> <li>• Check everyone is comfortable and can hear</li> <li>• Ensure people are welcomed and thanked for attending</li> <li>• A chance to go over the agenda</li> <li>• Setting the scene – narrative</li> <li>• What we hope to achieve from today</li> <li>• Describe how the information gathered today will</li> </ul>	<p>Presentation</p> <p>Fire procedure and any fire drills</p> <p>Location of toilets etc.</p> <p>Point out any interpreters</p> <p>Park it sign</p> <p>Comments clothes line, flags</p>	<p>Chair</p>

Time	Activity	collateral	Who
	<ul style="list-style-type: none"> <li>be used</li> <li>Point out the clothes line for flags</li> <li>Point out the park it sign – to park any ideas not included in the discussion areas</li> </ul>		
10:35	<p><b>Our journey:</b> A chance to describe where we are now</p> <ul style="list-style-type: none"> <li>What has happened since the consultation</li> </ul>	Presentation	
10:40	<p><b>Future Clinical services</b></p> <ul style="list-style-type: none"> <li>What the future clinical services will look like</li> <li>A description of how the feedback has informed the model</li> <li>Areas requiring further involvement – link to the conversation themes</li> </ul>	Presentation	
10:50	<p><b>Activities introduction:</b> <b>What does good engagement look like</b></p> <ul style="list-style-type: none"> <li>Introduction to room activities</li> </ul>	Presentation	Chair
10:55	<p><b>Activities and refreshments:</b> <b>Conversation themes and lead organisation:</b></p> <ul style="list-style-type: none"> <li>Built environment – hospital design (CHFT)</li> <li>Digital technology – use of technology to improve access (CHFT/CCG)</li> <li>Involving Children and Young People (CCG)</li> <li>Travel and transport parking – bus, shuttle bus, roads and transport (CCG/CHFT)</li> <li>Development of clinical services (CHFT)</li> </ul> <p><b>Displays and lead organisation:</b></p> <ul style="list-style-type: none"> <li>Community model – Kirklees (CCG)</li> <li>Community model – Calderdale (CCG)</li> </ul>	<p>Interactive zones, people can grab refreshments and move around the room participants will be able to talk to staff about this area and what needs to be achieved.</p> <p>Key questions to be asked at each zone:</p> <ul style="list-style-type: none"> <li>What aspects of the development would you expect local people to be involved in and why?</li> <li>What would good involvement look like – including equality?</li> <li>What would good co-design look like?</li> <li>Any ideas of who we should be talking to?</li> <li>How would we communicate our</li> </ul>	Facilitators

Time	Activity	collateral	Who
	<p>The conversations will be interactive, this would include:</p> <ul style="list-style-type: none"> <li>• A presentation or display board of information about the topic area.</li> <li>• Someone who can answer questions and talk people</li> <li>• A mechanism for capturing feedback – this can be creative and engaging.</li> </ul>	<p>progress?</p> <p>The response to each question will support the design of an engagement plan – with the consideration for children and young people identifying specific approaches.</p> <p>Each Zone could ask for general thoughts and comments – using either post its, comments wall, graffiti board or similar. Each zone to come up with its own interactive feedback mechanism.</p>	
12:15	<p><b>Pop up feedback (10 minutes):</b></p> <ul style="list-style-type: none"> <li>• A summary of themes from each activity</li> <li>• Other comments, flags on clothes line, park it</li> </ul>	<p>Everyone will gather back together. Conversation theme leads will provide a quick summary of the conversation to the chair using a flag</p> <p>A selection of park it and clothes line comments will be read out.</p>	Chair
12:25	<p><b>Next steps:</b></p> <ul style="list-style-type: none"> <li>• What will happen next</li> <li>• What will we do with the information we have gathered today</li> </ul>	<p>Presentation to include:</p> <ul style="list-style-type: none"> <li>• Development of an engagement plan with timescales</li> <li>• Where it will be published</li> <li>• Who will lead on this work</li> <li>• How will people be kept informed</li> </ul>	
12:30	<p><b>Close and thanks:</b></p>	Verbal	Chair

## APPENDIX 2: Invitation

### **The future delivery of hospital and community health services in Calderdale and Greater Huddersfield**

Dear colleague/friend,

You are invited to attend an event at Brighouse Civic Centre on Tuesday 11<sup>th</sup> June 2019, 10:30-12:30 (Registration from 10:15) on the future delivery of hospital and community health services.

The event will;

- Provide an overview of where we are now
- Provide an update on the future plans for hospital services
- Provide an opportunity for you to help us design a communication and engagement approach to ensure we keep local people informed and involved
- Provide information on the development of community services

The event will include a presentation followed by the opportunity for conversations on five different themes in relation to hospital services supported by two displays on community services. The conversation themes will be:

- Built Environment – hospital design
- Digital Technology – use of technology to improve access
- Involving Children and Young People
- Travel and Transport – parking, roads, shuttle bus and public transport
- Development of Hospital Services
- 

The purpose of the conversations is to gather your ideas so that we can develop an approach to involving local people.

Please can you confirm your attendance by returning the attached 'booking form' to the freepost (no stamp required) return address. Alternative ways to contact us are listed at the end of the booking form.

Places can only be booked in advance; unfortunately we will be unable to allocate places on the day. Please book your place by **Friday 10<sup>th</sup> May, 2019**

If you would like to nominate someone to attend on your behalf please contact us. If you have any access requirements please add these to the booking form or get in touch so we can ensure you can fully participate on the day.

We look forward to seeing you on the day.

Kind regards

Matt Walsh  
Chief Officer

Steven Cleasby  
Chair

Calderdale Clinical  
Commissioning Group

Calderdale Clinical  
Commissioning Group

Carol McKenna  
Chief Officer  
Greater Huddersfield Clinical  
Commissioning Group

Steve Ollerton  
Chair  
Greater Huddersfield Clinical  
Commissioning Group

Owen Williams  
Chief Executive  
Calderdale & **Huddersfield**  
NHS Foundation Trust

Philip Lewer  
Chair  
Calderdale & **Huddersfield**  
NHS Foundation Trust



RIGHT CARE  
RIGHT TIME  
RIGHT PLACE

Continuing our conversation  
11<sup>th</sup> June, 2019 10:30 – 12:30  
Brighouse Civic Hall






WELCOME

Penny Woodhead  
Chief Quality and Nursing Officer

NHS Calderdale CCG,  
NHS Greater Huddersfield CCG  
NHS North Kirklees CCG




Housekeeping





About today

- Who's in the room
- Case for change
- Journey so far
- Future plans for clinical services
- Areas requiring further engagement



We're here to talk and work together

- Open discussion
- Share information
- Debate the issues
- Hear different people's points of view
- Listen to other people without interrupting
- Seek clarification
- Give time for people to have their say
- Help everyone to take part



| RIGHT CARE | RIGHT TIME | RIGHT PLACE

### Future plans for clinical services

**Calderdale Royal Hospital**

24/7 A&E and Clinical Decision Unit →

Paediatric Emergency Centre →

24/7 Urgent Care Centre →

24/7 Anaesthetic Cover →

Diagnostica →

Critical Care Unit →


← Inpatient Paediatrics →

← Outpatient Services & Therapies →

← Obstetrics & Midwifery Led Maternity Care →

← Acute Emergency & Complex Surgery Services →

← Acute Inpatient Medical Admissions & Care (eg respiratory, stroke, cardiology) →



### Future plans for clinical services

**Huddersfield Royal Infirmary**

24/7 A&E and Clinical Decision Unit →

24/7 Urgent Care Centre →

24/7 Anaesthetic Cover →

Diagnostica →

Planned Medical & Surgical Procedures →



← Outpatient Services & Therapies →

← Midwifery Led Maternity Unit →



← Physician-led step-down inpatient care →





### Community Services


**Engagement: March 2012 – July 2014**

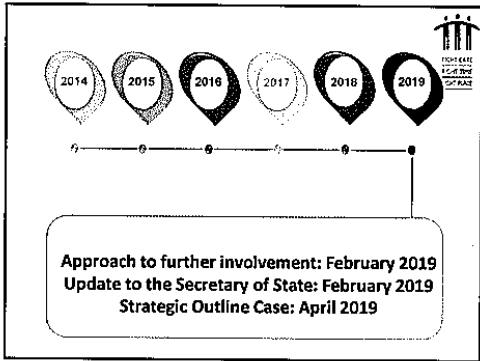
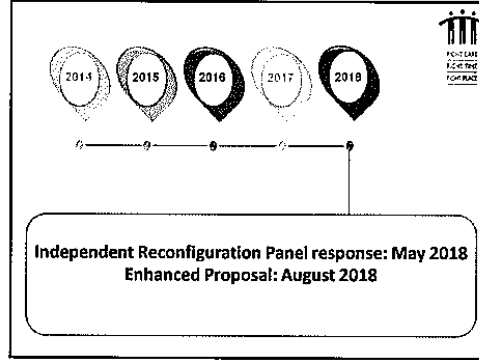
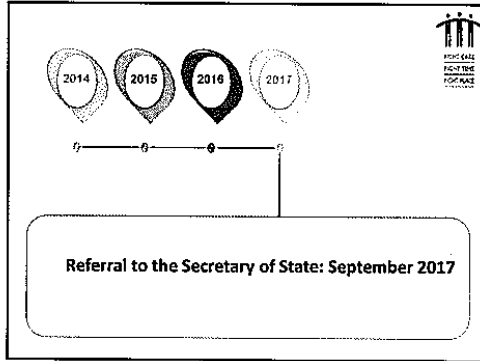
**Pre-consultation engagement: July 2014 – July 2015**

**Consultation: 15<sup>th</sup> March – 21 June 2016**  
**Deliberation: July – Mid October 2016**  
**Decision: 20 October 2016**







**Continuing our conversation**

- Things you told us about in response to consultation
- Making sure we have the right conversations with the people most affected
- Areas where people can further influence the design and implementation

Park it area – Capture information to influence other conversations

**Conversation Themes**


- Built environment – hospital design
- Digital technology – improving access
- Involving Children and Young People
- Travel and Transport
- Development of Clinical Services

Displays

- Community model – Calderdale
- Community model - Kirklees

**Conversation**


**What** do you want to comment on?  
**Who** should be part of this?  
**When** and **where** should we do this?  
**How** should we do it?



**Feedback from  
conversation facilitators**

**Next Steps**


- Develop an Engagement plan
- Publish the plan – share with Joint Scrutiny and publish on CCGs' websites
- Implement the plan in line with timeline for OBC
- Plan will describe process and approach to keeping people informed



**Thank you**

**Email:** [rcrtrp.myview@nhs.net](mailto:rcrtrp.myview@nhs.net)

**By post:** NHS Calderdale CCG  
F Mill, 5<sup>th</sup> Floor  
Dean Clough  
Halifax HX3 5AX



## APPENDIX 4: Event Evaluation

Stakeholder Event Evaluation Form – 11th June 2019							
	Very Good	Good	Poor	Very Poor	Total	Additional comments	Is there anything else you would like to tell us?
Venue	10	22	1	0	33	Useful event- look forward to contined conversation about how people with multiple vulnerabilitie can better access services	
Welcome and Registration	18	15	0	0	33	I wanted to ask questions regarding plans and would have liked opportunity to hear other questions and answers :-)	
Refreshments	17	13	2	0	32	Good opportunity to explore views and network with other professionals. I am very keen to invite representation from the CCG to our Accessible Calderdale Project (Working Group) Currently we have reps from CMBC/Transport/Tourism etc.	
Presentation	7	21	4	0	32	There was a bit of confusion as to how the "conversation" groups worked (at first)	
Digital conversation	9	15	1	0	25	Needed to be clear about the aims of the event amd audience part in it	
Children and Young people conversation	8	14	0	0	22	Accoustics could be better	
Travel and Transport conversation	8	15	5	0	28	Sound system poor	
Hospital Services conversation	6	17	1	0	24	Great format - enjoyed the balance between presentation and discussion. Excellent - thank you!	Press coverage? Getting the message out to the wider public. More info on ICSs and PCNs. Finacial updates
Hospital Buildings conversation	7	18	0	0	25	I thought the event was very well organised. There was opportunity to get peoples contribution in a non-superficial way. It will help in planning and developing health services in the future. Well done all!	
Community conversation - GH CCG	8	14	0	0	22	Said it all before!	
Community conversation - C CCG	7	13	0	0	20	Sound was poor during intro section. Would be happy to participate in social media polls	
Other ways in gathering views eg park it sign	8	8	1	0	17	Lovely to see fruit! I don't think that it was clear in advance that the purpose of the event was to gather info about <u>who</u> to engage with and <u>how</u> to engage with them rather than giving us info about the proposed changes <u>or</u> gathering ideas about services etc	
						Video was low in volume in places. Local parking is 2 hours only so some people had to leave early	
<b>Total</b>	<b>113</b>	<b>185</b>	<b>15</b>	<b>0</b>		A good buzz. This was a succesful event.	
						All good - good to hear others views.	
						Would be helpful to have had some context before event but I felt like the morning was intersting and engaging	
						Thank you :-)	
							Venue - all in one room/acoustics were not great/refreshments slightly over the top. Presentation - video sound not clear. Digital - Easier to design engagement based on this type of data collection. Clearer idea of what the plans were. C7YP - Calderdale led conversation/open and willing for new ideas/graffiti board good. Travel - difficult because we do not know the next steps for this area. Nice feedback board