‘Right Care, Right Time, Right Place’ and ‘Care Closer to Home’

Report of findings
Pre-consultation stakeholder events

Calderdale and Greater Huddersfield
August 2015
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1. Purpose of the Report

The purpose of this report is to present the findings from the recent stakeholder events held in Calderdale and Greater Huddersfield on Wednesday 19th and Thursday 20th August 2015 for ‘Right Care, Right Time, Right Place’ and ‘Care Closer to Home’. This report describes the structure of both events, the content of the session and the feedback we received from key stakeholders. The report also sets out the legal obligations for engagement and the principles by which the Commissioners want to engage, which forms part of their organisational strategy.

The stakeholder event is only one part of a whole process of engagement which has taken place over the past 18 months.

2. Background

In 2014, a strategic review was undertaken which aimed to begin to describe the challenges facing the health and social care system in Calderdale and Greater Huddersfield. The review started to look to how services could be delivered now and in the future to deliver a sustainable NHS and continue to provide the right care to local people.

The review included some high level proposals from NHS provider organisations in Calderdale and Greater Huddersfield which described their vision for a preferred model of hospital service configuration. These were described at the time as the strategic outline case (SOC) and the outline business case (OBC).

A major engagement programme, Right Time, Right Care, Right Place was launched with over 40,000 people contacted for their views. Over 2500 people responded to the engagement activity which included an independent engagement by the ‘People’s Commission’ in Calderdale; a clear message that came back from the public was the need to address community services first, before beginning to look at the way that services in hospital were delivered.

NHS Calderdale and Greater Huddersfield Clinical Commissioning Groups (CCGs) have worked with their respective provider organisations and local authorities to establish a structured and phased approach to transformational change.

There are three interlinked pieces of work: Calderdale Care Closer to Home Programme; Kirklees Care Closer to Home Programme; and the Hospital Services Programme. Collectively, these programmes are developing proposals for what the future community services in Calderdale and Kirklees and the future Hospital services in Calderdale and Greater Huddersfield could look like.
3. Legislation

3.1 Health and Social Care Act 2012

The Health and Social Care Act 2012 makes provision for Clinical Commissioning Groups (CCGs) to establish appropriate collaborative arrangements with other CCGs, local authorities and other partners. It also places a specific duty on CCGs to ensure health services are provided in a way which promotes the NHS Constitution – and to promote awareness of the NHS Constitution.

Specifically, CCGs must involve and consult patients and the public:

- In their planning of commissioning arrangements
- In the development and consideration of proposals for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and
- In decisions affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact

The Act also updates section 244 of the consolidated NHS Act 2006 which requires NHS organisations to consult relevant Overview and Scrutiny Committees (OSCs) on any proposals for a substantial development of the health service in the area of the local authority, or a substantial variation in the provision of services.

3.2 The Equality Act 2010

The Equality Act 2010 unifies and extends previous equality legislation. Nine characteristics are protected by the Act: age; disability; gender reassignment; marriage and civil partnership; pregnancy and maternity; race; religion and belief; sex; and sexual orientation. Section 149 of the Equality Act 2010 states all public authorities must have due regard to the need to a) eliminate discrimination, harassment and victimisation, b) advance ‘equality of opportunity’, and c) foster good relations. All public authorities have this duty and will need to be assured that “due regard” has been paid.

3.3 The NHS Constitution

The NHS Constitution came into force in January 2010 following the Health Act 2009. The constitution places a statutory duty on NHS bodies and explains a number of patient rights which are a legal entitlement protected by law. One of these rights is the right to be involved directly or through representatives:

- In the planning of healthcare services
- The development and consideration of proposals for changes in the way those services are provided
- In the decisions to be made affecting the operation of those services
4. Principles for Engagement

NHS Calderdale CCG and NHS Greater Huddersfield CCG both have a ‘Patient and Public Engagement and Experience Strategy’. The strategies have been developed alongside key stakeholders. Each strategy sets out an approach to engagement which describes what the public can expect from any engagement activity. The principles in the strategies state that the CCGs will:

- Ensure that the CCG engages with public, patients and carers early enough throughout any process
- Be inclusive in all engagement activity and consider the needs of the local population
- Ensure engagement is based on the right information and good communication so people feel fully informed
- Ensure that the CCG are transparent in their dealings with the public and discuss things openly and honestly
- Provide a platform for people to influence thinking and challenge decisions
- Ensure any engagement activity is proportionate to the issue and that feedback is provided to those who have been involved in that activity

Both strategies set out what the public can reasonably expect the CCG to do as part of any engagement activity and the process required to preserve these principles to ensure public expectations are met.

5. Methodology

NHS Calderdale CCG and NHS Greater Huddersfield CCG held two events, hosted in each locality in August 2015. The events were part of a planned approach for pre-consultation engagement, with the primary aim of listening to stakeholders. In addition the events were set up to:

- Provide an update on the journey so far for Care Closer to Home and Right Care, Right Time, Right Place (Hospital services Programme)
- Present the findings from the engagement activity since March 2013 to the present date
- Sense check the findings from the engagement and give stakeholders an opportunity to comment further
- To explain the next steps including stakeholder event 2, which will be a joint event
- To use the findings to help shape the options likely to be considered for formal consultation

In addition it was to ensure the CCGs have listened to and gathered all the points of view we need to consider from staff, patients, carers and the public to further develop our plans for ‘Care Closer to Home’ and ‘Right Care, Right Time, Right Place’.
The events are part of our process for due considerations and ensures we have given due regard to equality and diversity intelligence. The events are also an essential part of our engagement process and included a range of local stakeholders 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 events also provided an opportunity for managers and clinicians to engage with key stakeholders as part of a table discussion to deliberate over the findings from the engagement activity and ensure any additional comments and considerations were captured as part of this process.

6. The Stakeholder Events

One plan was developed to support two local events (see appendix 1). The content and delivery of both events were the same apart from the presentation on ‘Care Close to Home’ which is a local programme of work for both Calderdale and Greater Huddersfield.

The event for Greater Huddersfield was held at The Textile Centre of Excellence in Huddersfield on Wednesday 19th August and the event in Calderdale was held at The Shay Stadium in Halifax on Thursday 20th August.

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, organisations and stakeholders.

6.1 Presentations and Content

The events were delivered as part presentation and part discussion. The presentations were as follows:

- Introduction – presented by the clinical chair of each CCG
- Findings from the engagement feedback – presented by ‘Healthwatch Kirklees’ and the ‘Senior Engagement Lead’ for both CCGs
- Care Closer to Home - presented by the clinical lead and senior manager for each CCG.
- Hospital services update – presented by the clinical chair of each CCG

The presentation for both events, (see appendix 3 for Calderdale and appendix 4 for Greater Huddersfield) were the same apart from the section on Care Closer to Home which was specific to each local area.
6.2 Gathering views at both events

There were a number of mechanisms for gathering views at each event.

Following the presentation on the engagement feedback we have already received we asked participants as part of a table discussion to tell us:

- From the engagement feedback we have already received: is there anything else you would like to add to the themes we have highlighted?
- Is there anything else you would like to tell us that we have not yet considered?

Participants were asked to write comments on a post it note as part of a facilitated table discussion and place those comments on an opinion board. Scribes were provided on each table to document the conversation fully on a data capture form.

Following an update on programmes ‘Right Care, Right Time, Right Place’, and ‘Care Closer to Home’ a further table discussion took place. Participants were asked to consider and tell us:

- How close do you think we are to ensuring your views are reflected in our plans? (Be specific about your comment i.e. staff training)

Participants were again asked to write comments on post it notes as part of a facilitated table discussion and place the comments on the target board provided for each table. Scribes again captured table conversations fully on a data capture form.

In addition to the table discussions each table had a green flag and all participants were asked to agree one key message which was an agreed common theme from each table discussion. Other opportunities to contribute included the following:

- **A comments clothes line** so participants could peg up comments on flags of anything they wanted to say that may have not be captured adequately in the table discussions.

- **Comments post cards** for ‘Right Care, Right Time, Right Place’ were provided on each table. The cards had space to add additional feedback and a FREEPOST address was included so participants could take them away and respond after the event if they had any additional comments. In addition participants representing wider stakeholder groups were encouraged to take copies for other members and return them.

- **A ‘park it’ area to post additional comments** was made available for those who wanted to raise issues not directly related to the stakeholder content. Participants were encouraged to capture comments on post it notes and place them on the board.

- **Tell us your views** leaflets were provided at each event and set out all the mechanisms for providing feedback on an ongoing basis through Patient Advice and Liaison Service (PALS), Patient Opinion, complaints and compliments.
• An evaluation form and equality monitoring 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.

The findings from both stakeholder events are captured individually below for each CCG event. The findings include all the feedback received from the table discussions, green flags, comments cards and the comments clothes line.

7. Findings from the Greater Huddersfield Stakeholder Event

NHS Greater Huddersfield CCG held an event on Wednesday 19th August 2015 from 1-4pm at the Textile Centre, Huddersfield. In total 64 people attended the event.

Presentation part 1: Following the presentation on the engagement feedback we asked participants as part of a table discussion to tell us:

• From the engagement feedback we have already received: is there anything else you would like to add to the themes we have highlighted?
• Is there anything else you would like to tell us that we have not yet considered?

Findings were captured on an opinion board (see appendix 5) and the key themes from this feedback are highlighted below in no particular order:

What participants told us:

Theme 1: Communication and information
• Change needs to be communicated to people. People know change is coming, be up front and honest on the need for cheaper and more innovative services
• We need to define urgent and emergency care and tell people what they won’t get as well as what they will
• Improve patient communication and the two way conversations we have particularly with a long term condition (LTC) patient who know what they need
• Provide information once, tell your story once
• Patient advocacy still needs to be provided
• How information is shared, stored and used is a concern to some people
• Information to be provided in different formats including pictures and audio – don’t assume everyone can read, some will not disclose they can’t
• Use more volunteers to support communication, listening and sign posting
• Inform people when a treatment is not appropriate and explain why – i.e. prescribing, x ray etc.

Theme 2: Diversity
• We need to consider a diverse population when providing services, including information and access
• One solution does not fit all
• Staff training is needed on cultural issues, closer to home should mean more responsive to local community needs and reflect the population it provides services for
• Asylum seekers need to be supported to understand the NHS system in the UK

**Theme 3: Estates and facilities**
• We need suitable premises including GP premises and estates to provide services from
• Facilities in community settings first before any services are moved

**Theme 4: Travel, transport and access**
• 24/7 speedy and appropriate access is important with staff who are aware of the options
• Triage similar to the 111 approach is needed
• More phone call appointments
• Transport and travel need to be looked at, costed and addressed
• Use more voluntary transport, need a defined list of provision
• Transport needs to match 24/7 working
• Bookable transport in advance as well as within the 6 hour window
• Transport from community to community as well as community to the hospital needs to be well thought through
• Some would travel further for planned care
• Improved access to GP appointments

**Theme 5: Co-ordinated services:**
• Still not easy to move elderly patient out of hospital care, social services need to support this better
• Assisted living needs to be used more
• Seniors can be recruited to help other seniors
• Need to consider end of life care in any plans
• Centralise maternity services on one site
• Pharmacy needs the capacity to respond to urgent care
• Specialist and general services need to work together along with rehab i.e. Stroke services as a model
• Agencies still need to join up their thinking
• Discharge still requires better coordination including weekends

**Theme 6: Technology:**
• Ensure personal information is stored safely
• Work to improve WiFi and broadband services
• Technology as an enabler not to replace anything
• Technology needs to be negotiated on admission not just given on discharge
• Online facility to cancel appointments
• More texting
• Staff also need to be trained in the use of technology

Theme 7: Prevention
• More community matrons and specialist nurses
• Crisis services and self-referral to specialist nurses and rehab
• Patients holding their own plans and using them
• Need skills and ability in community to prevent admission to hospitals
• Need to address services where patients don’t fit in so fall through the net
• Mental health needs need to be spotted earlier

Other themes:
• We need to manage want and need appropriately
• Ensuring reduced cost still means quality
• Patient charter is needed to sustain services
• Consider relatives and visitors and visiting times when someone is unwell
• Paramedics and ambulance service need to be considered more
• Services need to be as simple as possible and as close as possible
• Reimbursement of costs need to be explained to those on a low income to help them with travel and transport and other costs
• Dental care is missing from the plans

Presentation part 2: Following an update on programmes ‘Right Care, Right Time, Right Place’, and ‘Care Closer to Home’ a further table discussion took place. Participants were asked to consider and tell us:

1. How close do you think we are to ensuring your views are reflected in our plans? (Be specific about your comment i.e. staff training)

Findings were captured on a target board and the key themes from this feedback are highlighted below:

What participants told us:

Each participant placed post it notes with a comment on the area of the target board that best reflected their opinion of how well we were doing. A bullseye meant we were doing well, the closer to the target board we were the better we were doing.
The target board findings are presented on a scale of 0-10, with zero being outside the target board to 10 representing the bullseye (yellow). The themes are reported in sections using this scoring system to reflect how close to the target we are on our ensuring public views are reflected in our plans:

**Red and yellow (bullseye) 8-10**

Participants told us we were on target or near the target on:

**Bullseye:**
- Recognition that change is an absolute. The vision feels right and appropriate we need buy in for the need for change
- As a plan it looks fine. Who could disagree with what is written
- First responders Linthwaite and Slaithwaite Paddock/Marsden
- Experience of A&E excellent minor injury
- Non-emergency telephone number (local care direct /111)
- One A&E for adults but depends how serious the condition is
- Paediatrics A&E could be a service but needs beds to admit to

Nearly on the bullseye with:
- Agreeing the principles but putting them in to reality is difficult

Getting close with:
- Whole system buy in to change and model of partnership working
- Seven day service access to GP for non-urgent appointments
- Agreeing the principles but putting them into reality is difficult
- Listening to people
- Urgent care and diagnostics facilities (blood tests/xrays)
- Parents would wish for one paediatric A&E

**On target 7- 4**

Participants told us we were progressing well, but needed to do more with:

**Target 7:**
- We need to start selling the options based on economic, safety and quality
- Meaningful involvement
- Health promotion
- Call handlers - are they asking the right questions in the right manner - ambulance rating only
- Pain clinic services (hospital)
- Care Closer to Home plans (general) ideas sound right / not felt it
- No change in model of maternity care (other than site changes)
- Consultant led obstetric services where A&E is situated
Target 6:
- Shifting services on mass i.e. we can move long terms, eye care maintaining in community optometry
- Patients who are getting more informed and educated
- Clinical model - not there yet

Target 5:
- Meaningful dialogue - engagement has been good so far
- Build on what is there and working e.g. 111 telephone access
- Building on our biggest assets - staff
- People may not know where to go in an emergency - A&E

Target 4:
- Reassuring people of change i.e. getting to treatment on time
- Referral To Time @ 18 weeks too long for all conditions
- Diagnosis to treatment gap needs to be closer together
- Services to be holistic not separate e.g. cancer
- One A&E for emergency care

Just on the target board 3 -1
Participants told us we need to do more on:

Target 3:
- Providing clarity on where A&E will be sited
- Celebrating the good stuff and where it came from ‘you said we did’
- Public perception of Care Closer to Home i.e. older people’s needs vs preventing social isolation
- Change that matters e.g. at a weekend allow parents to take child home with a number if there is exacerbation
- Ensuring good GP access including phone access at a weekend for specialist services
- Spelling out what our money can buy - be more transparent (perception)
- Pain clinics in the community

Target 2:
- Staffing doing better i.e. nursing. Where is the tipping point for staff doing more?
- Significant dialogue required to establish a comprehensive communications strategy and action plan to manage expectations vs reality
• Be clear with the public what would be available heart attack i.e. to Leeds for PPCI major trauma etc…conversation is about services people use for a small amount of their life. Not about the services we use commonly.
• Dentistry - access to NHS and emergency dentistry for people with multiple and complex needs
• Mental health services access to emergency services.
• Improvements to 111 not coping too well and it needs looking at
• A&E - When you get to A&E you get prompt treatment
• Discharge from hospital - lots of issues

Target 1:
• Workforce planning and training. Staff require support to see the bigger picture and their role.
• Dialogue with rest of health and social care system. Need to incorporate social model of health
• Timing/milestones
• Tell the story. Service not fully explained. Public conversation. What is happening now. What will happen next in plain English. Messages on what has been achieved in public spaces buses etc.
• Clarity on what is happening now - what will it be replaced with
• Care closer to home can cause social isolation
• Wheelchairs - communicating to wider public about new contract
• How to amalgamate governance of health and local authority services

Outside the target board and way off target – 0
Participants told us we were not achieving on:

• How the sites will be used
• Using carers as an expert resource
• Staffing levels miles off – acute. How are front line staff supported to manage patient expectations
• Monitoring new service - how will feedback be achieved
• Transport issues, not joined up public transport from council, voluntary transport.
• Integration of health and social care
• Wider communication how you involve/get public interested in involvement and co-design
• outlining current services from council and voluntary sector
• Not considering all specialist services i.e orthotics. Orthotics issues should be part of Care Close to Home - not in hospital
• NHS 111 bad press has prevented people using the service lack of confidence
• How well are we heling people to understand our plans
• need to consider other healthcare professionals i.e. OT
• Child Adolescent Mental Health Service (CAMHS) in a dire straight and waiting times for Autism Spectrum Condition (ASC) are poor
Green flag table themes:

In addition to the table discussions each table had a green flag and all participants were asked to agree one key message which was an agreed common theme from each table discussion. The green flag themes agreed on each table were:

- One model doesn’t fit everyone. This doesn’t mean choice is king. We want simple access to services when we need them that fit all our lives so we can get on with our lives.
- This time (within 3 years) we must succeed. Too important to fail. We have a shared understanding.
- Don’t be afraid to tell the story of what does this mean for me and how will it be different" in plain English.
- Celebrating success on what we do already.
- Communication is only effective if it is two way. We need to understand each other.
- Whenever care or services are provided we have the same standards, offer and access (environment) available to all.
- We’re listening and we know what we need to do but the pace of change is slow and people aren’t seeing any change.
- Looking at the whole person.
- Improve communication of services to wider communities.
- Link together true integration of health and social care.
- Clarity of message that is honest.

The comments on the clothes line were:

- Two way communications - patient prompts - information giving (clinicians)
- Role of voluntary sector
- Access to equipment in hospital to maintain dignity and independence e.g. large handle cutlery, induction/hearing loop, powered chair
- Defining urgent care
- Clear offer what is provided in each place needs to be clear
- GP practice managers and reception staff should not gatekeeper/censor appointments and access to GPs
- Patient charter /responsibility toward NHS sustainability
- Listening and acting on how current position of services can be utilised e.g. voluntary transport
- Wider communication of themes from other experiences to wider community groups, Europeans, migrants, patient groups and community groups
- Available and compatible technology
- Council and voluntary services need to be better integrated and used

Comments received via post cards were:

There were no additional comments via postcards.
‘Park it’ area additional comments were:

- Estates- GP practices need to be considered
- Holistic care for dental care is in adequate - can’t find NHS dentist in the local area. There is conflict between this information about dentists from the dental advice line vs local dentists. Very, very, difficult to find an NHS dentist - system doesn’t work - appears corrupt.
- When outpatients are waiting for transport home how do we ensure patients that need assistance get that support?

8. Findings from the Calderdale Stakeholder Event

NHS Calderdale CCG held an event on Thursday 20th August 2015 from 3-6pm at the Shay Stadium, Halifax. In total 100 people attended the event.

Presentation part 1: Following the presentation on the engagement feedback we asked participants as part of a table discussion to tell us:

- From the engagement feedback we have already received: is there anything else you would like to add to the themes we have highlighted?
- Is there anything else you would like to tell us that we have not yet considered?

Findings were captured on an opinion board (see appendix 6) and the key themes from this feedback are highlighted below in no particular order:

What participants told us:

Theme 1: Communication and information

- Communication is poor on discharge
- Need to communicate more the symptoms and conditions that could be urgent or an emergency
- We need to communicate with the public more about the change and manage expectations, concerns and anxiety.
- Clear information is needed including more examples to make it feel real and show what we have done already
- Better sign posting to services is needed including online hub with up to date information so people can make informed choices – keep doing it as audiences are constantly changing and new
- Need to tell the story once and share information between health and social care
- Need to improve communication with those who don’t use services regularly
- We need to continue to engage with the community and ensure enough time is given
• GP practices and local councillors should be able to tell this story to the public – keep them informed and on message
• Basic information should be in each GP practice about services in the local area

**Theme 2: Diversity**
• Vulnerable need support to know where to go
• Language barriers are still causing problems for access to services

**Theme 3: Estates and facilities**
• How will GP practice buildings support this change?
• How will we finance estates?

**Theme 4: Travel, transport and access**
• Walk in helps people who have chaotic lives
• Carers want shorter journey times to help manage their additional responsibilities
• A lot of unused transport out there that could help people – we need to consider using these resources
• People on a low income need cost effective transport solutions
• Need to consider parking in community locations
• Need to consider the response and travel time in an emergency situation
• Improve appointment times in hospital and GP practices
• Consider a shorter length of a journey for disabled or elderly
• Good ambulance services are needed particularly in rural areas
• More clarity is needed on transport solutions
• GP access could be a telephone conversation not an appointment, different forms of access are needed

**Theme 5: Co-ordinated services:**
• Voluntary and community sector is good at providing support and working in the areas already - ensure we use them more and provide examples
• Consider co-location of health and social care services to reduce number of public buildings
• The system itself passes people around – often ending in A&E
• Housing needs to be part of this conversation
• A single point of access is needed
• Greater role for pharmacy – need to work together
• One person to co-ordinate one patients needs making the person at the centre

**Theme 6: Technology:**
• Use technology more to support access to services and reduce unnecessary travel and visits
• Ensure there is more than technology to support people who do not have access
• Use the telephone more as WiFi can be expensive
• Shared IT systems between all agencies

**Theme 7: Prevention**
• Enable more self-care to increase confidence
• Educate young people, start early
• Carers support needs to be part of any plan – they are the important unpaid army
• More focus on long term conditions
• Rapid diagnosis

**Theme 8: Services closer to home:**
• Pre-surgery assessments at the GP practice
• Care closer to home needs to cover all things – not just when it is appropriate
• Closer to home needs to mean physically and socially closer including timely access
• The right staff with the right skills, are really important, have we got enough staff?
• More routine services and procedures closer to home
• There are limited care providers

**Other themes:**
• Hospital services in particular assessment staff are doing excellent work
• Food quality in hospitals is poor
• Patients want to manage their own medication in hospital if they can
• Target resources to specific local needs
• Consider more use of volunteers and peer mentors – particularly at practice level and on discharge
• Continue to attract good staff and invest in training and education
• Describe how efficient our current system is and why things need to change
• Social prescribing needs to be delivered
• Patients need to take responsibility for services i.e. reduce DNAs and people who abuse the system
• Is there enough funding in social care to support this?

**Presentation part 2:** Following an update on programmes ‘Right Care, Right Time, Right Place’, and ‘Care Closer to Home’ a further table discussion took place. Participants were asked to consider and tell us:

• How close do you think we are to ensuring your views are reflected in our plans? 
  (Be specific about your comment i.e. staff training)

Findings were captured on a target board and the key themes from this feedback are highlighted below:
What participants told us:

Each participant placed post it notes with a comment on the area of the target board that best reflected their opinion of how well we were doing. A bullseye meant we were doing well, the close to the target board we were the better we were doing..

The target board findings are presented on a scale of 0-10, with zero being outside the target board to 10 representing the bullseye (yellow). The themes are reported in sections using this scoring system to reflect how close to the target we are on our ensuring public views are reflected in our plans:

Red and yellow (bullseye) 10-8
Participants told us we were on target or near the target on:

Bullseye:
- Services being closer to home
- Planned care - holistic/link with social care - full information
- Honesty for the people in the room
- High level description of direction of travel
- Quest for quality
- Would expect paediatrics to be on an emergency care site
- Hospital care - how we want it to work
- Telehealth is fabulous
- Stoma care, delivery excellent nursing excellent

Nearly on the bullseye with:
- Helping people decide on the service they need i.e. single point of access - sign posting
- Technology in the future and how we use it i.e. trained staff
- This is how it was - this is how it is now
- ambition and aspirations are fine
- Systems thinking and recognition of the need to change

Getting close with:
- Care Close to Home - older people / young people
- Culture of working on your own
- Knowing the community well - key staff skills
- story about Telehealth solid hard data to help reassure people
On target 7-4
Participants told us we were progressing well, but needed to do more with:

Target 7:
- How well we use technology now
- local authority and CCG working together
- Concentrating specialists support together
- What do you do about the cost how does it close the gap
- Needing to tell my story more than once

Target 6:
- Care Close to Home - working age with long term conditions
- Full involvement of the local authority (perception)
- staff, skills and attitude
- staff training on 111
- Integration with primary care and social care

Target 5:
- The role of public health
- Consider broader engagement events
- Video are helpful but won't suit all audiences
- Understand how technology will help (what about those people who do not use it)
- Communications - impression to people make aware of the new offer felt a bit lost by the info presented
- Assurance - staffing will this de-stabilise the hospital?
- Public awareness of current risks in the system - status quo not an option

Target 4:
- Emergency care - travel issues
- General public involvement in engagement and development

Just on the target board 3-1
Participants told us we need to do more on:

Target 3:
- Engaging social care in this conversation?
- Informing people on where maternity services will be?
- Engagement - too staged through focus groups, too much management through specific groups
- Assurance - staff training and a credible plan
- Positive assurance that things are checked - patient contacted rather than assume everything is ok

Target 2:
- Flexibility in the contract. Contingency and integration
- Confidence in the respect of the service
- Carer support
- Vanguard communication
- Proper travel plans
- Clarification of which services in each location
- Private finance initiative

Target 1:
- Information on gateway to care
- Describing which services will be 24 hour care
- Urgent care centre - need to understand what will be provided
- Rapid access to acute (non-specialist) paediatric care locally (GPs)
- Hospital side taken care of what about the community
- ‘Telehealth’ – for some illness it is not as easy to use
- How will this happen?
- How can you be sure the person who is monitoring you is monitoring?
- Details of the proposals
- General public - debate? Too much management through specific groups
- Disabled child parents - lack of care plans, support and signposting

Outside the target board and way off target – 0
Participants told us we were not achieving on:

- Communications on emergency services
- Technology and IT
- A closer understanding of what will happen to hospital services
- How the ambulance service will be part of the plans
- Clear points of where to go and when (for the public)
- All GP awareness (GP Membership) of ‘Care Close to Home’ (some know nothing)
- Evidence base - behind the decisions of what will be where
- Communication on plans for emergency care
- Frequently asked questions (need to publicise)
- Video presentation to people waiting in clinics
- Integration
- Language, which needs to be consistent, complicated concepts NHS speak NHS shorthand
• Reliance between health and social care
• Who was consulted
• Information and communication which is fragmented
• Voluntary sector - how linked in and prepared are they?

Green flag table themes:

In addition to the table discussions each table had a green flag and all participants were asked to agree one key message which was an agreed common theme from each table discussion. The green flag themes agreed on each table were:

• Communication of what we are doing needs to be much better to the wider public.
• Don’t forget carer support.
• Communication is key – we need clear communications, no NHS speak but plain English. Need to sell the model whatever the model.
• We need fantastic high quality ambulance stabilisation, travel and transport.
• Need to be open and honest about the problem, realistic options.
• Effective integration is critical – health and social care.
• Evidence of listening, responding, learning from this process. Reflect – Learn – Change.
• Communication: message needs to be clear and simple supported by evidence and the general public need to understand why and where to go for them. Evidence, communication, ongoing engagement.
• Using a GP Practice as a place of where more care can be delivered, with practices working together better in networks /within a locality.
• Let's just get on with it.
• We need to show there is evidence to support the decision making.
• Clarity of what services, where.
• Recognition of the need to change – that change is needed system wide. Decisions about the change seem to be coming from more than NHS managers which is good.
• Like that fact that there has been a pause, back to basics approach before forging ahead with any decisions on change to services.

The comments on the clothes line were:

• One point of contact is the way to go, sometimes you don’t want to bother a GP or consultant about a small issue or problem e.g. equipment
• Why does nobody want to know about complaints about the system
• Ambulance service - confidence, times, skills. Triage within urgent care
• For the scheme to be truly holistic treatment must always be free at the point of delivery as the health service is now
• Efficiency opportunities what else can we do to waste
• New pathways to meet needs not understood
• How do people know if they need urgent or emergency care
• No/little mention of services other than health services e.g. social care community services
• Open public consultation needed
• Finances
• AGE UK and community transport do discharge into community
• Meeting people on home ground
• How close are we to ensuring you’re ‘?’ views are reflected
• Engagement
• Information sharing events and listening events more needed
• Talk to social care and flexibility needed to keep outpatients out of hospital
• Wider communication and listen so that people understand why this is necessary, what this is and how we need to deliver it
• Urgent care centres
• Patient story visiting service - is excellent - community service is excellent – GP is excellent - home care service didn’t work results in admission

Comments received via post cards were:

There were no additional comments via postcards.

‘Park it’ area additional comments were:

There were no additional comments from the ‘park it’ area.

9. Equality and Diversity

In total across both events 73 people completed or partially completed equality monitoring form (from a total of 164 attendees) at both events (see Appendix 7). The detail is outlined below.

The demographics of the respondents have been compared to the local community profile with the caveat that the people at the events were invited key stakeholders, representing groups such as the voluntary and statutory sectors so they may not be representative of the community as a whole.

The data is drawn from the Census 2011; however this provides data for the local authority areas, so the data for Greater Huddersfield will include all of Kirklees.

Of the postcodes 27% were from Huddersfield, 62% from Halifax postcodes and 11% either did not state or were from out of area. People may have recorded their home address and while they may work in Calderdale and Greater Huddersfield do not live there. This reflects a higher attendance at the Calderdale event.

<table>
<thead>
<tr>
<th>Sex</th>
<th>%</th>
<th>Men</th>
<th>Women</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calderdale</td>
<td></td>
<td>48.9</td>
<td>51.1</td>
</tr>
<tr>
<td>Kirklees</td>
<td></td>
<td>49.4</td>
<td>50.6</td>
</tr>
</tbody>
</table>
Respondents | 35.0 | 65.0

This shows a good representation of both men and women.

**Age**

The data for age was sourced from the mid 2011 population estimates for CCGs based on the 2011 census, so reflects the most accurate available picture for Greater Huddersfield. Given the stakeholders were representing organisations the age spread is not surprising, however it is noticeable that the younger age groups are not represented. However, this will be addressed as we will be engaging with young people in a targeted approach through the autumn using engagement methods and approaches appropriate to the age group.

<table>
<thead>
<tr>
<th>Age</th>
<th>Place</th>
<th>Census %</th>
<th>Respondents %</th>
</tr>
</thead>
<tbody>
<tr>
<td>0-17</td>
<td>Calderdale</td>
<td>22%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Greater Huddersfield</td>
<td>22%</td>
<td></td>
</tr>
<tr>
<td>18-25</td>
<td>Calderdale</td>
<td>9%</td>
<td>0</td>
</tr>
<tr>
<td></td>
<td>Greater Huddersfield</td>
<td>11%</td>
<td></td>
</tr>
<tr>
<td>26-40</td>
<td>Calderdale</td>
<td>19%</td>
<td>7%</td>
</tr>
<tr>
<td></td>
<td>Greater Huddersfield</td>
<td>19%</td>
<td></td>
</tr>
<tr>
<td>41-55</td>
<td>Calderdale</td>
<td>22%</td>
<td>26%</td>
</tr>
<tr>
<td></td>
<td>Greater Huddersfield</td>
<td>21%</td>
<td></td>
</tr>
<tr>
<td>56-65</td>
<td>Calderdale</td>
<td>12%</td>
<td>29%</td>
</tr>
<tr>
<td></td>
<td>Greater Huddersfield</td>
<td>12%</td>
<td></td>
</tr>
<tr>
<td>66-75</td>
<td>Calderdale</td>
<td>8%</td>
<td>12%</td>
</tr>
<tr>
<td></td>
<td>Greater Huddersfield</td>
<td>8%</td>
<td></td>
</tr>
<tr>
<td>75+</td>
<td>Calderdale</td>
<td>7%</td>
<td>8%</td>
</tr>
<tr>
<td></td>
<td>Greater Huddersfield</td>
<td>7%</td>
<td></td>
</tr>
</tbody>
</table>

**Ethnicity**

<table>
<thead>
<tr>
<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

23
<table>
<thead>
<tr>
<th>Calderdale %</th>
<th>86.7%</th>
<th>0.9%</th>
<th>6.8%</th>
<th>0.2%</th>
</tr>
</thead>
<tbody>
<tr>
<td>Kirklees %</td>
<td>76.7%</td>
<td>0.6%</td>
<td>9.9%</td>
<td>1.1%</td>
</tr>
<tr>
<td>Respondents%</td>
<td>86%</td>
<td>0.3%</td>
<td>0.1%</td>
<td>0.3%</td>
</tr>
</tbody>
</table>

There is a limited depth of representation across the local communities, some due to the small sample size but also the size of the event and response rate. However, it should be noted that successful targeting of pre engagement activity in July and August 2015 over representative of BME groups particularly of Pakistani, Indian, Black African and Black Caribbean heritage.

**Religion**

From those responding:

34% stated Christianity was their religion, 3% Islam, 3% stated they were not part of any organised religion and 45% sated they had no religion or did not comment.

**Disability**

There is limited data available about the local population of disabled people the census has two measures; ‘day to day activity limited a lot’ and ‘day to day activity limited a little’. The survey respondents were asked ‘do you consider yourself to be disabled’ and 15% responded yes. The data from the census recorded 17.9% (Calderdale) and 17.7% (Kirklees). This was made up of people limited a lot, 8.2% (Calderdale) and 8.4 (Kirklees) and limited a little 9.7 (Calderdale) and 9.3% (Kirklees).

<table>
<thead>
<tr>
<th></th>
<th>Census Day-to-day activities limited a lot</th>
<th>Census Day-to-day activities limited a little</th>
<th>Respondents ‘do you consider yourself to be disabled’</th>
</tr>
</thead>
<tbody>
<tr>
<td>Calderdale</td>
<td>8.2%</td>
<td>9.7%</td>
<td>15%</td>
</tr>
<tr>
<td>Kirklees</td>
<td>8.4%</td>
<td>9.3%</td>
<td></td>
</tr>
</tbody>
</table>

**Carers**

Of the respondents 7% identified themselves as carers, the 2011 census found 10.5% (Calderdale) and 10.4% (Kirklees). Although this is lower than the general population, successful targeting of pre engagement activity in July and August 2105, resulted in an over representation of carer responses.

**Themes**

Considering the qualitative data captured at the event there were some equality themes that can be drawn out as follows;

**Calderdale**

- Vulnerable need support to know where to go
- Language barriers are still causing problems for access to services
Greater Huddersfield

- We need to consider a diverse population when providing services, including information and access
- One solution does not fit all
- Staff training is needed on cultural issues, closer to home should mean more responsive to local community needs and reflect the population it provides services for
- Asylum seekers need to be supported to understand the NHS system in the UK

These themes reflect issues raised in previous pre engagement activity.

10. Overall findings and key messages

The joint key messages which have emerged from both stakeholder events are set out below. Most replicate what we already know and there were very few additional concerns that have been highlighted that we are not already aware of. The key messages are:

- A need to communicate our plans to the wider public, explain our reasons clearly and in plain language and be honest about our constraints and resources.

- That Care Closer to Home is the way forward and some progress can be seen, more should be done to demonstrate it is working, again more publicity.

- The public want to stay involved in the development of any plans and want us to improve our engagement to ensure everyone has an opportunity to influence services in the future.

- There was a general consensus that change needs to happen, but the pace of change is slow and we need to evidence why change is necessary to wider audiences.

- Travel and transport need to be considered as part of Care Closer to Home as much as hospital services and we need a plan to address this.

- Partnerships need to be strengthened we need to show we are working with colleagues from the local authority, ambulance service and the voluntary sector to ensure our plans work.

- We have a diverse population and we need to consider all our population when designing new services, current services still don’t address patient needs in terms of access, culture, information and communication.

- Workforce skills and capacity, estates and new technology are all highlighted as key areas requiring thorough consideration if models are to be delivered.
11. How the findings will be used

The findings will be considered together with the findings gathered from the last two years of engagement and we will also complete further engagement in relation to Maternity and Paediatric services. These findings will then be used collectively to ensure that we have considered the views of our local population including those protected groups for whom we need to give due regard in the development of a future service model.

In addition, and in line with our previous commitment, we will hold a further stakeholder event prior to our next formal decision point in relation to readiness for consultation. This event will be a joint event for both Calderdale and Greater Huddersfield.
Appendix 1 – Stakeholder Event Plan

‘Care Closer to Home’ and ‘Right Care, Right Time, Right Place’ Stakeholder Event Plan – events 1a and 1b

Key
Stakeholder event 1a – NHS Greater Huddersfield CCG
Stakeholder event 1b – NHS Calderdale CCG
Stakeholder event 2 – Joint event for NHS Calderdale and NHS Greater Huddersfield CCG

1. Purpose of the plan

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

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

2. Event details

The event plan relates to stakeholder event 1a and 1b only. Stakeholder event 2 may be referred to in the paper but it will have its own delivery plan. The event details for 1a and 1b are:

1a. NHS Greater Huddersfield CCG local event Wednesday 19th August 2015, 1-4pm at the Textile Centre, Huddersfield
1b. NHS Calderdale CCG local event Thursday 20th August 2015, 3:00-6pm The Shay Stadium, Halifax

3. An overview of the event

The purpose of this event will be to receive the findings from all the engagement activity we have gathered over the past two years; including the recent targeted engagement. From this we will be able to demonstrate that we have listened to and fully considered the views of staff, patients, carers and the public as part of any plans for ‘Care Closer to Home’ and ‘Right Care, Right Time, Right Place’.

The event will provide an opportunity for mangers and clinicians to engage with key stakeholders as part of a table discussion to deliberate over the findings from the engagement activity and ensure any additional comments and considerations are captured as part of this process.
The event will be part of our process for due consideration to the findings from the engagement as well as due regard to equality and diversity intelligence. The event is an essential part of our engagement process, which we will be tested on, and will demonstrate that we have taken the time to listen and consider people’s views. The full stakeholder list is under development but this will include a range of local stakeholders 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, the public have been engaged over the past year in a variety of ways
- An event for us to persuade people of our thinking; It is a listening exercise and is part of pre-engagement
- A platform to describe any plans but a chance for people to further inform our thinking

4. The event objectives

The event objectives for the stakeholder events 1a and 1b will be:

- To provide an update on the journey so far for Care Closer to Home and Right Care, Right Time, Right Place (Hospital services Programme)
- To receive the findings from the engagement activity from March 2013 to the present date
- To sense check the findings from the engagement and give stakeholders an opportunity to comment further
- To explain the next steps and stakeholder event 2, which will be a joint event
- To use the findings to help shape the options likely to be considered for formal consultation
5. Communications 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 relevant communications lead in NHS Greater Huddersfield CCG, NHS Calderdale CCG and Calderdale and Huddersfield Foundation Trust (CHFT) but will be managed centrally by the ‘Right Care, Right Time, Right Place’ programme office as part of a planned approach to delivering the stakeholder event.

Pre event activity:

- To identify a stakeholder list for both Calderdale and Greater Huddersfield
- To develop an invitation (see draft appendix 1)
- To co-ordinate the development of presentation material
- Organise any displays for the room
- Develop discussion material and mechanisms to capture discussions
- Develop a facilitators brief
- Develop a set of ground rules for each table

Post event activity:

- Analyse the event discussions
- Oversee the production of an event report with the support from engagement and equality colleagues
- Feedback the findings to participants with a covering letter to thank them for participating

The team will utilise the equipment developed for the previous stakeholder events delivered in 2014 which are:

- Comments cards
- Conversation clothes line
- Data capture form - scribes
- Opinion boards and bulls eye board
• Post it notes comments flags, marker pens and facilitator material will all be available on each table
• Colour coded name badges – corresponding table numbers and colours
• Signing in sheets
• Evaluation and feedback, including an equality monitoring form
• Signage
• Park it sign

6. Presenters, facilitators and venue

Presenters: will be supported by the relevant communication lead to develop presentation material. We will require the following presentations on the day:

• Welcome, introduction and housekeeping – Penny
• Agenda for the day – Penny
• Introduction – CCG presenter – Alan / Steve
• Our Journey/story so far – Care Closer to Home – CCG presenter – Rhona and John / Vicky and Clinical Lead (tbc)
• Update on Right Care, Right Time, Right Place – Alan / Steve + Jen if required
• What people have been telling us – Healthwatch composite report
• Introduction to table activities – Penny
• Pop up feedback – Penny / Dawn on roving mike
• Next steps (including stakeholder event 2) – CCG presenter – Alan and Steve
• Close and thanks – Penny

Facilitators: In order to facilitate the event we will require a number of staff to facilitate and scribe table discussions. We will encourage clinicians to facilitate and participate in a discussion with managers and staff acting as scribes. We will require the following:

• 10 clinicians willing to facilitate and participate in a table discussion on the engagement to date
• 10 scribes who can support the clinicians capturing data
Each facilitator and scribe will receive a facilitator pack and be offered the opportunity to have a brief. It is intended that we will brief facilitators on the following days and times:

Dial in brief to be offered – (1 hour slot):
- Greater Huddersfield – Monday 17th August 4:30 pm and Tuesday 18th August 8:30 am
- Calderdale – Tuesday 18th August 4:30 pm and Wednesday 19th August 8:30 am

On the day brief – (1/2 hour slot):
- Greater Huddersfield – Wednesday 19th August 1- 1:30pm at the Textile Centre, Huddersfield
- Calderdale – Thursday 20th 10-10:30am Shay Stadium, Halifax (This will not take place directly before the event due to the Practice Leads meeting not finishing until 2:45pm)

Scribes will be asked to collect in all the table material including the notes they have captured.

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

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

**Seating arrangements:** tables will be allocated using colour coded badges and table numbers. Each table will be allocated to ensure we have a cross section of people on each table representing a protected group, locality, stakeholder or organisation. Tables will be allocated prior to each event and a table plan developed.

**Room layout:** the room layout will be café style and we anticipate 80 attendees for each event 1a and 1b. Each table will hold 8 - 10 people including the facilitators and we will provide 10 tables in total.

**Refreshments and breaks:** We will provide refreshments on arrival and refreshments during a 15 minute comfort break. Water will be available on each table.

### 7. Proposed agenda including collateral

#### High level timings

<table>
<thead>
<tr>
<th>Calderdale</th>
<th>Greater Huddersfield</th>
</tr>
</thead>
<tbody>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>3:00pm</td>
<td>Coffee/Registration</td>
</tr>
<tr>
<td>3:15pm</td>
<td>Welcome/Agenda/Intro</td>
</tr>
<tr>
<td>3:35pm</td>
<td>Presentation 1- Journey so far CC2H</td>
</tr>
<tr>
<td>Time</td>
<td>Activity</td>
</tr>
<tr>
<td>----------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>2:00pm</td>
<td><strong>Coffee and registration:</strong></td>
</tr>
<tr>
<td></td>
<td>• Participants registered and provided refreshments</td>
</tr>
<tr>
<td></td>
<td>• Table allocated and delegate pack provided</td>
</tr>
<tr>
<td></td>
<td>• Opportunity to network</td>
</tr>
<tr>
<td></td>
<td>• Background music/video/film?</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>Time</td>
<td>Task Description</td>
</tr>
<tr>
<td>------------</td>
<td>----------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2:15pm</td>
<td><strong>Welcome, introduction and Housekeeping:</strong></td>
</tr>
<tr>
<td></td>
<td>• Check everyone is comfortable and can hear</td>
</tr>
<tr>
<td></td>
<td>• Ensure people are welcomed and thanked for attending</td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
</tr>
<tr>
<td>2:00pm</td>
<td><strong>Agenda:</strong></td>
</tr>
<tr>
<td></td>
<td>• A chance to go over the agenda</td>
</tr>
<tr>
<td></td>
<td>• Ensure all participants understand the content of the event and how they will participate</td>
</tr>
<tr>
<td></td>
<td>• Describe how the information gathered today will be used</td>
</tr>
<tr>
<td></td>
<td>• Point out the comments cards in the delegate pack and the clothes line for flags</td>
</tr>
<tr>
<td></td>
<td>• Point out the park it sign – to park any ideas not included in the</td>
</tr>
<tr>
<td>Time</td>
<td>Introduction:</td>
</tr>
<tr>
<td>--------</td>
<td>-------------------------------------------------------------------------------</td>
</tr>
<tr>
<td>2:25pm</td>
<td>• Setting the scene - narrative</td>
</tr>
<tr>
<td></td>
<td>• Where are we in the process – describe the difference between engagement and consultation</td>
</tr>
<tr>
<td></td>
<td>• What we hope to achieve from today</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Our Journey/story so far – Care Closer to Home:</th>
<th>Vicky, Rhona + John</th>
<th>Presentation</th>
<th>HGT/SJ</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:35pm</td>
<td>• Where are we with our plans</td>
<td></td>
<td>Film for Calderdale and Vanguard strands of work</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How have people helped us to shape so far and what have we done</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What difference has that made?</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity: Are we getting it right? – table discussions:</th>
<th>Penny, Penny</th>
<th>Printed questions on tables</th>
<th>DP/JD</th>
</tr>
</thead>
<tbody>
<tr>
<td>2:50pm</td>
<td>• Are we getting it right –</td>
<td></td>
<td>Target board each table</td>
<td></td>
</tr>
</tbody>
</table>


<table>
<thead>
<tr>
<th>Time</th>
<th>Event Description</th>
<th>Responsible</th>
<th>Notes</th>
</tr>
</thead>
<tbody>
<tr>
<td>3:10pm</td>
<td>place the comment on the target board – the closer to the target the more we are getting it right?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• What do we still need to consider?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Where are our gaps?</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• A chance to remind people to use the comments clothes line</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>Post it notes/ marker pens each table</td>
<td>SW</td>
<td>DP/JD</td>
</tr>
<tr>
<td></td>
<td>Data capture form – scribes</td>
<td>SW</td>
<td>DP/JD</td>
</tr>
<tr>
<td>3:10pm</td>
<td><strong>COMFORT BREAK:</strong> Opportunity to read each tables feedback on the target boards</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:25pm</td>
<td><strong>Update – Right Care, Right Time, Right Place:</strong></td>
<td>Steve/Jen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Where are we with our plans and case for change</td>
<td>Alan/Jen</td>
<td></td>
</tr>
<tr>
<td></td>
<td>• How have people helped us to shape so far and what have we done</td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Refer to planned, unplanned and urgent and emergency and how</td>
<td>Presentation</td>
<td>JM</td>
</tr>
<tr>
<td>Time</td>
<td>Engagement feedback:</td>
<td>Healthwatch (tbc)</td>
<td>Healthwatch (tbc)</td>
</tr>
<tr>
<td>-------</td>
<td>----------------------</td>
<td>-------------------</td>
<td>-------------------</td>
</tr>
<tr>
<td>3:40pm</td>
<td>What have we done</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:40pm</td>
<td>Who have we been talking to</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:40pm</td>
<td>What have people told us – common themes</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3:40pm</td>
<td>Equality and diversity – key themes/considerations</td>
<td></td>
<td></td>
</tr>
<tr>
<td>4:00pm</td>
<td>Activity: Opinion board – is there anything else we need to consider</td>
<td>Penny</td>
<td>Penny</td>
</tr>
<tr>
<td>4:00pm</td>
<td>A chance for people to tell us anything else</td>
<td>Penny</td>
<td>Penny</td>
</tr>
<tr>
<td>4:00pm</td>
<td>An opportunity to tell us if they agree/disagree with the feedback we have received?</td>
<td>Penny</td>
<td>Penny</td>
</tr>
<tr>
<td>4:00pm</td>
<td>An opportunity to highlight any gaps in our process or further work to be done</td>
<td>Penny</td>
<td>Penny</td>
</tr>
</tbody>
</table>
### Feedback one key theme from each table

- **Pop up feedback:**
  - A chance for participants to tell us the key theme from their table discussion
  - A chance to remind people to use the comments clothes line

<table>
<thead>
<tr>
<th>Time</th>
<th>Pop up feedback:</th>
<th>Next steps:</th>
<th>Close and thanks:</th>
</tr>
</thead>
<tbody>
<tr>
<td>4:40pm</td>
<td><strong>Penny</strong></td>
<td><strong>Steve</strong></td>
<td><strong>Penny</strong></td>
</tr>
<tr>
<td>5:40pm</td>
<td><strong>Penny</strong></td>
<td><strong>Alan</strong></td>
<td><strong>Presentation</strong></td>
</tr>
<tr>
<td>4:50pm</td>
<td><strong>Roving microphone</strong></td>
<td><strong>HGT/JM/DP</strong></td>
<td></td>
</tr>
<tr>
<td>5:00pm</td>
<td><strong>DP to support</strong></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

**Next steps:**
- What will happen next
- What will we do with the information we have gathered today
- Overview of stakeholder event 2

**Close and thanks:**
- Presentation
- LK
29 July 2015

COLLECTING YOUR VIEWS ON THE FUTURE DELIVERY OF HEALTH SERVICES IN CALDERDALE AND GREATER HUDDERSFIELD

Dear colleague/friend

Over the past few months, NHS Greater Huddersfield Clinical Commissioning Group (CCG) has been talking to a wide range of people about the healthcare you get close to where you live and about local hospital services. This engagement has been building on the work we did last summer and throughout 2015 to identify how services can be provided in the future.

With that in mind, we would like to invite you to an event on Wednesday 19th August 2015, 1-4pm, Textile Centre of Excellence, Textile House, Red Doles Lane, Huddersfield, HD2 1YF.

The purpose of this event is to provide you with an opportunity to listen to the findings from those conversations but to also give you a further chance to provide feedback. The event will include presentations and there will also be the opportunity for you to be involved in table discussions with hospital and CCG staff.

Your contributions will help us firm up future plans and ensure your voice is heard. To ensure we create better services we need the support of local people in the community and your attendance at this event will help us to do that.

Please can you kindly confirm if you will be able to come or if you would like to nominate someone to come on your behalf.

I have enclosed with this letter a reply slip which has a freepost (no stamp required) return address for you to confirm your attendance.

We look forward to seeing you on the day.

Kind regards

xxxxxxxxxxxxx
Appendix 3 – Greater Huddersfield Presentation

The Future of Healthcare Services in Greater Huddersfield
Stakeholder Event
19th August, 2015

Welcome
Penny Woodhead
Head of Quality and Safety
NHS Calderdale and Greater Huddersfield
Clinical Commissioning Groups

Introduction
Dr Steve Ollerton
Clinical Chair
NHS Greater Huddersfield
Clinical Commissioning Group

We’re here to work together
• Open discussion.
• Look at the issues.
• Give time for people to have their say.
• Discuss the facts.
• Understand different points of view.
• Listen without bias.

What happens today
• Our journey so far.
• What you have told us.
• Table talk on two key elements:
  • Is there more we could, or should consider?
• Feedback
• Next steps
Right Care, Right Time, Right Place
Meeting challenges through Right Care, Right Time, Right Place.

- Commission services to deliver care in a timely way, closer to where you live.
- Reduce the occasions where unplanned hospital care is needed.
- Innovation - not just from the CCG but also from providers of care and partners.

What Healthwatch Kirkles did...

- Reviewed all engagement from January 2013 to August 2015.
- 72 documents sent through from NHS Calderdale and Greater Huddersfield CCG.
- 9 relevant pieces of Healthwatch work.
- Summarised into 45 ‘evidence summaries’
- Themes pulled out from evidence summaries to create 3 theme lists for Calderdale, Greater Huddersfield and across Calderdale and Greater Huddersfield.

1. Improving communication about patients both within and between primary secondary, community and voluntary sector, and social care.
2. Putting the patient at the centre of their care.
3. Delivering more services closer to home.
4. Enabling people to care for themselves and seek help when they have concerns.
5. Ensuring all services are fully accessible for all.
6. Minimising barriers to health care caused by travel times and costs.
7. Ensuring that there are no concerns about quality of care.
8. Ensuring that hospital discharge is well planned and timely.
9. Delivering flexible services that offer the right care at the right time in the right place.
10. Involving carers and family in care planning.
11. Respecting patient dignity when delivering care.

Findings from our Engagement Feedback
Rory Deighton
Dawn Pearson – Engagement Lead

Key themes for Greater Huddersfield

The top 3
1. Giving clear information to the patient about their health conditions and the plan for their care.
2. Delivering health services through caring and competent staff.
3. Providing seamless, holistic care that links all aspects of care together and wraps around all of a person’s needs.

Key themes across Calderdale and Kirkles

1. Providing seamless, holistic care that links all aspects of care together and wraps around all of a person’s needs.
2. Delivering health services through caring and competent staff.
3. Making sure all changes to services are properly planned and resourced and do not lead to problems accessing services.
Pre-engagement activity
Summer 2015
Targeted engagement activity following previous engagement in Summer 2014.

Focus groups
13 local organisations hosted 32 focus groups

Survey
277 submissions with equality monitoring

Patient Experience – from the past two years
108 Patient Opinion postings
69 Pals queries

Total responses 653

What you told us about urgent care

Preferred contact for urgent care needs is your local GP
- Chemist
- Walk in Centre
- Family bunch of staff

ARE is last resort and some would go there first if they thought they needed an x ray

Most important aspects of care are:
1. To be seen straight away
2. To access a service straight away
3. To talk to someone straight away
4. I know what I will get the treatment need

What you told us about planned care

Most important aspects of care
1. To be treated by staff who understand my condition
2. To know I will get the treatment I need
3. To access a service straight away

Considerations for planned care:
- The person treating me to have access to all the information about me they need
- Services to be joined and coordinated
- Services to be provided at local treatment centres such as the GP surgery in a hospital

Services being closer to home was ranked 8 out of the 10 options.

Rehabilitation, therapies and technology

Preferred location for rehabilitation is:
- GP Practice
- Health Centre
- Home

What you told us about the use of technology:
- 67% would use mobile phone
- 61% prefer computer or laptop
- 44% would try new technology
- 27% would prefer to access technology
- 27% would use it to be able to access the

Considerations for using new technology:
- Poor Wi-Fi connection is a number of locations
- People still want to face to face contact as well as instead of
- Expensive data usage for home with a mobile phone or no internal
- Lack of equipment or knowledge would need to be supported

Travel and transport

Urgent care:
- 41% under 15 minutes,
- 50% 15-60 minutes

Planned care:
- 32% under 15 minutes,
- 60% 15-60 minutes

How people travel – on average across all three responses:
- 80% use a car or taxi
- 35% use public transport
- 20% supported transport

Key Equality Themes

- Accessibility
- More staff training
- Adequate language provision
- Changes particularly affect patients with rare / complex conditions

Key Equality Themes

- Location of maternity services
- Older/disabled people's availability for appointments
- Travel, parking and appointment times
Activity 1: Table discussion

Q. From the engagement feedback we have already received, is there anything else you would like to add to the themes we have highlighted?

Q. Is there anything else you would like to tell us that we have not yet considered?

Write your comments on a post it note.

- Place your comments on the opinion board

Care Closer to Home

Vicky Dutchburn
Head of Strategy, Business Planning & Service Improvement
Dr Jane Ford

NHS Greater Huddersfield Clinical Commissioning Group

Care Closer to Home. Doing things differently

Our process: through engagement

What next in the journey for Care Closer to home?

What do patients and service users want?

Our process: through competitive dialogue

Hospital Services update

Dr Steve Ollerton
Clinical Chair
NHS Greater Huddersfield
Clinical Commissioning Group
A new model of hospital care

A new model of hospital care:
- Created with clinical expertise to give patients highest quality of care.
- Means patients can be treated sooner and more effectively and with shorter hospital stays.
- Improved quality of care and patient experience and improved safety.
- Making best use of valuable resources – money and workforce.

Hospital services within the model
- Urgent Care
- Emergency care – surgery and medicine
- Maternity and paediatric services.
- Planned care, day case and diagnostics

A little more detail
- Urgent care
  - Services which are convenient, responsive, as close to home as possible and cause least disruption to you.
  - Will include the NHS non-emergency telephone service to provide advice, signposting to local services best placed to help.
- Emergency
  - Specialist emergency care at a dedicated emergency centre.
  - Close integration with relevant services.
  - Delivering the very best expertise and facilities to maximise chances of survival and a good recovery.

Activity 2: Table discussion think of our
Q. How close do you think we are to ensuring your views are reflected in our plans? Be specific about your comment i.e. staff training.
Write your comment on the post it note and place it on the board - the closer to the bullseye the better we are getting.

Feedback
Penny Woodhead
Head of Quality and Safety
NHS Calderdale and Greater Huddersfield Clinical Commissioning Groups

Next steps
Dr Steve Ollerton
Clinical Chair
NHS Greater Huddersfield Clinical Commissioning Group

Thank you!
Via the CCG's website:
www.greaterhuddersfieldccg.nhs.uk/contact-us/

By post:
NHS Greater Huddersfield CCG
Bradley Business Park
Dyson Wood Way
Bradley
Huddersfield HD2 1GZ
Appendix 4 – Calderdale Presentation

The Future of Healthcare Services in Calderdale
Stakeholder Event
20th August, 2015

Welcome
Penny Woodhead
Head of Quality and Safety
NHS Calderdale and Greater Huddersfield
Clinical Commissioning Groups

What happens today

- Our journey so far.
- What you have told us
- Table talk on two key elements:
  - Is there more we could or should consider?
- Feedback
- Next steps

We’re here to work together

- Open discussion.
- Look at the issues.
- Give time for people to have their say.
- Discuss the facts.
- Understand different points of view.
- Listen without bias.

Introduction

Dr Alan Brook
Clinical Chair
NHS Calderdale
Clinical Commissioning Group

Introduction

Calderdale is like many other parts of the UK when it comes to healthcare:
Right Care, Right Time, Right Place

Meeting challenges through Right Care, Right Time, Right Place.
- Commission services to deliver care in a timely way, closer to where you live.
- Reduce the occasions where unplanned hospital care is needed.
- Innovation - not just from the CCG but also from providers of care and partners.

Findings from our Engagement Feedback

Rory Deighton
healthwatch
Dawn Pearson – Engagement Lead

Key themes for Calderdale

The top 3
1. Giving clear information to the patient about their health conditions and the plan for their care
2. Delivering more services closer to home
3. Delivering flexible services that offer the right care at the right time in the right place

What Healthwatch Kirklees did...

- Reviewed all engagement from January 2013 to August 2015
- 72 documents sent through from NHS Calderdale and Greater Huddersfield CCG
- 9 relevant pieces of Healthwatch work
- Summarised in to 45 ‘evidence summaries’
- Themes pulled out from evidence summaries to create 3 theme lists for Calderdale, Greater Huddersfield and across Calderdale and Greater Huddersfield

Pre-engagement activity Summer 2015 – What we did?

Targeted engagement activity following previous engagement in Summer 2014.

**Focus groups**
- 13 local organisations hosted 32 focus groups

**Survey**
- 277 submissions with equality monitoring

**Patient Experience – from the past two years**
- 108 Patient Opinion postings
- 69 Pals queries

**Total responses 663**

What you told us about Urgent Care

Preferred contact in an urgent care situation is your local GP
- Chemist
- Walk in Centre
- Family, friend or self

A&E is a last resort and some would go there first if they thought they needed an in-patient stay

Most important aspects of care are
1. To be seen straight away
2. To access a service straight away
3. To talk to someone straight away
4. I know I will get the treatment I need
What you told us about emergency care

Feedback that the options were difficult to rank as equally important:

Most important aspects of care:
1. Knowing I can be seen straight away
2. Knowing that I would get the treatment I need
3. Knowing I would see the right healthcare professional who understands my condition
4. Knowing that I don't have to wait too long to be seen
5. Being treated by a specialist who regularly deals with life threatening conditions

Considerations for emergency care:
- Waiting the right time where it is
- Seeing a professional with specialist knowledge, skills and equipment to care for me
- Receiving care quickly
- Getting the treatment I need and feeling safe
- Having transport that can accommodate my needs, particularly for people with a disability

Rehabilitation, therapies and technology

Preferred location for rehabilitation is:
- GP Practice
- Health Centre
- Home

What you told us about the use of technology:
- 69% would use the mobile phone, 59% would prefer computer or laptop
- 44% would use new technology
- 21% would support to use new technology; 21% would object it or be unable to access it

Considerations for using new technology:
- Poor Wi-Fi connection in a number of local areas
- People still want face-to-face contact as well as instead of
- Dependence on access for some with a mobile phone or no internet
- Lack of equipment or knowledge would need to be supported

Travel and transport

Urgent care:
- 41% under 15 minutes
- 56% 15-60 minutes (42% waiting under 30 minutes)

Planned care:
- 32% under 15 minutes
- 36% 15-60 minutes (21% waiting under 30 minutes)

How people travel - on average across all three responses:
- 60% use car or taxi - concerns about cost of parking and journey cost
- 39% use public transport - concerns about getting to and from appointment, services not on bus routes, cost
- 20% supported transport - concerns about access including wheelchairs, access, long journeys

Care Closer to Home

Rhona Radley
and
Dr John Taylor

NHS Calderdale Clinical Commissioning Group

Activity 1 To discuss

Q. From the engagement feedback we have already received, is there anything else you would like to add to the themes we have highlighted?

Q. Is there anything else you would like to tell us that we have not yet considered?

Write your comments on a post it note.

Care Closer to Home (CC2H)

Our journey


Commissioning programmes to:
- Improve access to more locally based healthcare and reduce over-reliance on unplanned hospital care
- Improve health outcomes

Those programmes are being shaped by what local people are telling us through ongoing engagement.
What improvements have the changes made?

- Improved multi-disciplinary care in care homes (Quest for Quality in Care Homes)
- More people dying in their place of choice i.e. at home (palliative care out of hours pilot)
- Risk stratification has been developed to identify those most at risk
- For GPs, closer working and meetings with community nursing staff e.g. matrons, specialist nurses etc
- More rapid assessment by the Support and Independence Team to support more people staying at home in acute illness

Andrew’s story

A new model of hospital care

- Created through clinical expertise to give patients highest quality of care.
- Means patients can be treated sooner and more effectively with shorter hospital stays.
- Improved quality of care and patient experience and improved safety.
- Making the best use of valuable resources – money and workforce.

A little more detail

Urgent Care
- Services which are convenient, responsive, as close to home as possible and cause least disruption to you.
- Will include the new non-emergency telephone service to provide advice, signposting to local services best placed to help.

Emergency Care
- Specialist emergency care at a dedicated emergency centre in either Greater Huddersfield or Calderdale.
- Close integration with relevant services.
- Delivering the very best expertise and facilities to maximise your chances of survival and a good recovery.

Hospital services within the model

- Urgent Care
- Emergency care – surgery and medicine
- Maternity and paediatric services.
- Planned care, day case and diagnostics

A little more detail

Maternity
- Providing maternity care which provides choice for mothers.
- Integrated with specialist services such as neonatal care.
- A consultant led service in partnership with midwives.

Paediatrics
- Care for children which is integrated with other services such as surgery and emergency care.
- Developed to improve transition for children to adult care when needed.

 Planned care
- When planned care requires hospital services, it will be integrated with social and primary care.
- Care designed to keep people healthy at a population level.
Activity 2

Q. How close do you think we are to ensuring your views are reflected in our plans? Be specific about your comment i.e. staff training.

Write your comment on the post it note and place it on the board - the closer to the bullseye the better we are getting.

Next steps

Dr Alan Brook
Clinical Chair
NHS Calderdale Clinical Commissioning Group

Feedback

Penny Woodhead
Head of Quality and Safety
NHS Calderdale and Greater Huddersfield Clinical Commissioning Groups

Thank you!

Email:  
CCG.FEEDBACK@calderdale.nhs.uk

By post:
NHS Calderdale CCG
F Mill, 5th Floor
Dean Clough
Halifax HX3 5AX
Appendix 5 – Equality Monitoring Form

Equality Monitoring Form

In order to ensure that we provide the right services and to ensure that we avoid discriminating against any section of our community, it is important for us to gather the following information. No personal information will be released when reporting statistical data and data will be protected and stored securely in line with data protection rules. This information will be kept confidential.

Please try to answer all the questions. If you would like help to complete this form please ask a member of the team.

**1. What is the first part of your postcode?**

<table>
<thead>
<tr>
<th>Example</th>
<th>HD6 / HX3</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yours</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Prefer not to say

**2. What sex are you?**

- [ ] Male
- [ ] Female
- [ ] Prefer not to say

**3. How old are you?**

<table>
<thead>
<tr>
<th>Example</th>
<th>42</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yours</td>
<td></td>
</tr>
</tbody>
</table>

- [ ] Prefer not to say

**4. Which country were you born in?**

- [ ] Prefer not to say

**5. Do you belong to any religion?**

- [ ] Buddhism
- [ ] Christianity
- [ ] Hinduism
- [ ] Islam
- [ ] Judaism
- [ ] Sikhism
- [ ] No religion
- [ ] Other (Please specify in the box below)

**6. What is your ethnic group?**

**Asian or Asian British:**

- [ ] Indian
- [ ] Pakistani
- [ ] Bangladeshi
- [ ] Chinese
- [ ] Other Asian background (please specify)

**Black or Black British:**

- [ ] Caribbean
- [ ] African
- [ ] Other Black background (please specify)

**Mixed or multiple ethnic groups:**

- [ ] White and Black Caribbean
- [ ] White and Black African
- [ ] White and Asian
- [ ] Other mixed background (please specify)

**White:**

- [ ] English/Welsh/Scottish/Northern Irish/British
- [ ] Irish
- [ ] Gypsy or Irish Traveller
- [ ] Other White background (please specify)
<table>
<thead>
<tr>
<th>Other ethnic groups:</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Arab</td>
<td></td>
</tr>
<tr>
<td>Any other ethnic group (please specify)</td>
<td></td>
</tr>
<tr>
<td>Prefer not to say</td>
<td></td>
</tr>
</tbody>
</table>
7. Do you consider yourself to be disabled?

- Yes
- No
- Prefer not to say

**Type of impairment:**
Please tick all that apply

- Physical or mobility impairment
  (such as using a wheelchair to get around and/or difficulty using their arms)

- Sensory impairment
  (such as being blind/having a serious visual impairment or being deaf/having a serious hearing impairment)

- Mental health condition
  (such as depression or schizophrenia)

- Learning disability
  (such as Down's syndrome or dyslexia) or cognitive impairment (such as autism or head-injury)

- Long term condition
  (such as cancer, HIV, diabetes, chronic heart disease, or epilepsy)

- Prefer not to say

8. Are you a carer?

Do you look after, or give any help or support to a family member, friend or neighbour because of a long term physical disability, mental ill-health or problems related to age?

- Yes
- No
- Prefer not to say

9. Are you pregnant?

- Yes
- No
- Prefer not to say

10. Have you given birth in the last 6 months?

- Yes
- No
- Prefer not to say

11. What is your sexual orientation?

- Bisexual (both sexes)
- Gay (same sex)
- Heterosexual/straight (opposite sex)
- Lesbian (same sex)
- Other
- Prefer not to say

12. Are you transgender?

Is your gender identity different to the sex you were assumed at birth?

- Yes
- No
- Prefer not to say

Once completed please either leave on the table with your evaluation form or hand them both to a member of the team.

Thank you for taking the time to complete this form.
### Name & Organisation (Optional) ...........................................................................................................................

34 people completed or partially completed this form

<table>
<thead>
<tr>
<th>Presentations (including content and presenter) – Was the information presented in a way that you could understand?</th>
<th>Please rate by circling the appropriate number - 1 being no understanding at all and 10 being completely understand</th>
</tr>
</thead>
<tbody>
<tr>
<td>Presentation 1 – About today</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (2 people left this blank)</td>
<td>1 1 2 4 9 6 9</td>
</tr>
<tr>
<td>Presentation 2 – Setting the scene</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (2 people left this blank)</td>
<td>1 3 6 12 4 6</td>
</tr>
<tr>
<td>Presentation 3 – Engagement feedback</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (2 people left this blank and 1 person gave a score of 5 for the first part of the presentation and a score of 8 for the second part of the presentation)</td>
<td>1 1 6 10 7 6</td>
</tr>
<tr>
<td>Presentation 4 – Our journey ‘Care Closer to Home’</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (4 people left this blank)</td>
<td>1 3 1 5 10 4 6</td>
</tr>
<tr>
<td>Presentation 4 – Update on Right Care, Right Time, Right Place</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (4 people left this blank)</td>
<td>2 1 2 10 5 5 5</td>
</tr>
</tbody>
</table>
Is there anything else you would like to tell us? (18 people left this question blank)

- Any programme for change needs 4 steps, 1. Appreciate, share and agree the today problem - ok. 2. Elaborate, communicate and enthuse the vision - missing. 3. Have a plan and have buy in - not communicated. 4. provide resources - not clear
- When awarding contracts they should visit good services elsewhere and see how effective they are before award contract
- Very interesting, a good insight into the complexities of making the NHS work better
- Too much emphasis on doctors / consultants. We need a genuinely multi professional approach
- Presentation 4 words good but quite NHS speak. Too many slides on sheet. Delegate’s suggested no more than 3 slides per page to allow them to be read more clearly please. Slides on screen too detailed and not clear enough
- Messages were clear but actions have to start now
- Presentation 3, slides 17 & 18 explanation to what emergency and urgent care is needed explaining. Presentation 4, first part of presentation presenter just read from a script didn’t engage with the audience
- Very theoretical doesn’t seem reality. Good collation of themes but no actual mention of what action will be taken. Good questions on cc2h topic
- You have all the elements ready it now need a big push
- Important that examples given in presentations are accurate e.g. heart attacks as example for emergency care and HRI / CRH
- need to be clear on the messages given also the language used
- Good update. Need to share publicly in all the partner organisations and public
- Didn’t really tell the story/vision
- Let’s be clear and even more upfront about what the system will look like in 5 years
- We were asking other professionals the question. Not many public there but activities felt aimed at the public. Very good conversation
- Presentation 5 more detail would have been useful

### Activities (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you where listened to?

<table>
<thead>
<tr>
<th>Activity</th>
<th>Please rate by circling the appropriate number - 1 being no not at all and 10 being yes completely</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Activity 1 – Gathering your feedback (opinion board)</strong></td>
<td></td>
</tr>
<tr>
<td>Responses received (1 person left this blank)</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td><strong>Activity 2 – Gathering your views (target board)</strong></td>
<td></td>
</tr>
<tr>
<td>Responses received (2 people left this blank)</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
</tbody>
</table>
Is there anything else you would like to tell us? (29 people left this question blank)

- Very enjoyable way to do feedback
- Good networking around the table but again actions are needed
- Good opportunity to place ??
- Felt heard, included and able to give and opinion
- Activity 1 ran out of time. We needed longer to talk

<table>
<thead>
<tr>
<th>Please rate the following by ticking the appropriate box</th>
<th>Very good</th>
<th>Good</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration - Responses received (4 people left this blank)</td>
<td>15</td>
<td>14</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Welcome - Responses received (3 people left this blank)</td>
<td>15</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Other ways in gathering your views (i.e. comments cards, washing line) - Responses received (4 people left this blank)</td>
<td>13</td>
<td>16</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Refreshments - Responses received (5 people left this blank)</td>
<td>11</td>
<td>13</td>
<td>5</td>
<td></td>
</tr>
<tr>
<td>Venue - Responses received (4 people left this blank)</td>
<td>12</td>
<td>17</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Is there anything else you would like to tell us? (26 people left this question blank)

- Feedback on this is trivial not relevant compared to the big picture
- Good venue
- Presentation on cc2h too NHS not officially patient meant - didn’t really understand value of this in terms of patients informing future decisions
- Excellent venue and welcome
- Venue - no air
- Registration - found ? self
- Venue closer to public/train station please
- Can we get on with it we are keen to
Any other general comments?

- Well worth the time
- Timescale, milestones, feedback, communicating to 400,000 people/press/MPs/interested groups - not easy
- I really enjoyed the session as I said earlier it gave me an insight into the complexities and difficulty in making things work better in the NHS. There are so many variables - good luck
- Lack of BME participation
- Has this event really moved anything forward as the information is widely known what isn’t is how to make changes actually happen
- A good session
- Room very cold
- Well done
- Some of language used by commissioners presenters made me cringe e.g. ‘without old people kicking about’, ‘they become very expensive’ meaning patients - seemed to imply a commodity rather than individual and caring!
- S.O needs to understand the current model he was not well ? In the current model how of patients

Thank you for taking the time to complete this form
Appendix 7 – Calderdale Evaluation and Form

Calderdale CCG Stakeholder Event
Evaluation Form – 20th August 2015

Name & Organisation (Optional) ...........................................................................

45 People completed or partially completed this evaluation form

<table>
<thead>
<tr>
<th>Presentations (including content and presenter) – Was the information presented in a way that you could understand?</th>
<th>Please rate by circling the appropriate number - 1 being no understanding at all and 10 being completely understand</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Presentation 1</strong> – About today</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received</td>
<td>1 1 1 2 4 9 15 12</td>
</tr>
<tr>
<td><strong>Presentation 2</strong> – Setting the scene</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received</td>
<td>1 1 1 1 2 6 12 11 10</td>
</tr>
<tr>
<td><strong>Presentation 3</strong> – Engagement feedback</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (2 people left this blank)</td>
<td>1 1 1 3 5 10 11 11</td>
</tr>
<tr>
<td><strong>Presentation 4</strong> – Our journey ‘Care Closer to Home’</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (2 people left this blank)</td>
<td>2 1 2 5 4 10 10 9</td>
</tr>
<tr>
<td><strong>Presentation 5</strong> – Update on Right Care, Right Time, Right Place</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (2 people left this blank)</td>
<td>1 1 5 1 5 13 7 10</td>
</tr>
</tbody>
</table>
Is there anything else you would like to tell us? (38 people left this question blank)

- Not sure the pace is progressing quickly enough
- I think because I am closely involved my level of understanding is quite high but I would question if is the same of everyone
- No mention of carer support and provision needs to be prioritised
- Presentation 4 there was ?? part not fault of presenter but lack of clarity
- Well organised event better communication with the public is needed
- Would have liked more detail realise this was a packed programme hence the limited depth
- How is the voluntary sector to be involved? Step by step please

### Activities (including facilitators) – were you able to contribute fully, tell us everything you wanted to and feel that you where listened to?

<table>
<thead>
<tr>
<th>Activities</th>
<th>Please rate by circling the appropriate number - 1 being no not at all and 10 being yes completely</th>
</tr>
</thead>
<tbody>
<tr>
<td>Activity 1 – Gathering your feedback (opinion board)</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (2 people left this blank)</td>
<td>2 3 12 10 16</td>
</tr>
<tr>
<td>Activity 2 – Gathering your views (target board)</td>
<td>1 2 3 4 5 6 7 8 9 10</td>
</tr>
<tr>
<td>Responses received (2 people left this blank)</td>
<td>3 4 5 3 13 15</td>
</tr>
</tbody>
</table>

Is there anything else you would like to tell us? (39 people left this question blank)

- I think people struggled to understand what was required in activity 2
- Activity 2 the target board style did not really work for me
- Questions are vague. Difficult to understand what input you want
- excellent session
- More evidence that cc2h is working needs to be widely shared and better communication with the public please also more detail on proposals would be welcomed
- Difficult if you’re sat next to loud people
<table>
<thead>
<tr>
<th>Please rate the following by ticking the appropriate box</th>
<th>Very good</th>
<th>Good</th>
<th>Poor</th>
<th>Very Poor</th>
</tr>
</thead>
<tbody>
<tr>
<td>Registration – responses received (4 people left this question blank)</td>
<td>15</td>
<td>25</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Welcome – responses received (5 people left this question blank)</td>
<td>17</td>
<td>21</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Other ways in gathering your views (i.e. comments cards, washing line) – responses received (9 people left this question blank)</td>
<td>15</td>
<td>19</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Refreshments– responses received (6 people left this question blank and 1 person put a ? against it)</td>
<td>7</td>
<td>26</td>
<td>4</td>
<td>1</td>
</tr>
<tr>
<td>Venue– responses received (5 people left this question blank)</td>
<td>19</td>
<td>20</td>
<td>1</td>
<td></td>
</tr>
</tbody>
</table>

Is there anything else you would like to tell us? (44 people left this question blank)

- Other ways in gathering views - do people use them
- Weak coffee

Any other general comments? (36 people left this question blank)

- Public information appears to be lacking in reaching the community and affecting trust. Views from local over 50s group
- Very useful information
- Sorry had to leave after presentation 3/4
- Very informative
- Better than expected
- Not sure why we have to keep seeing the same video over again
- The format of the afternoon was very effective
- An excellent opportunity to hear what was being developed
- Thanks for the invite

Thank you for taking the time to complete this form