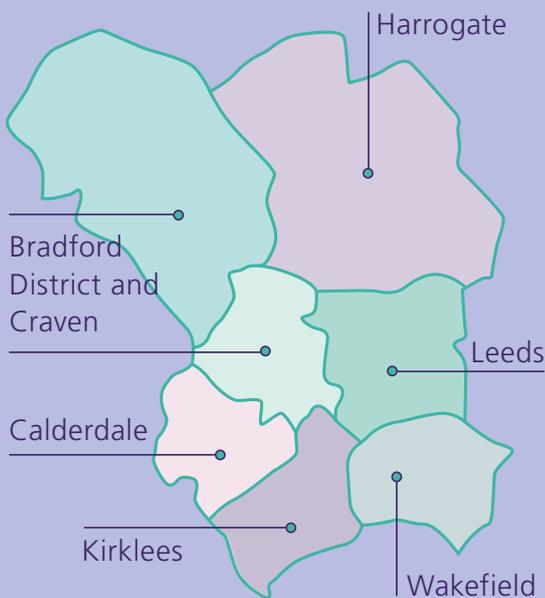


Telling our Partnership story



Proud to be the West Yorkshire and Harrogate Health and Care Partnership

Committed to improving the health and wellbeing of people living in:



- > Working to improve people's health with and for them
- > Improving people's experience of healthcare
- > Making every penny in the pound count
- > Working to keep people well and make life better for 2.6 million people living in West Yorkshire and Harrogate.

Supporting people to return home safely and as soon as possible after a stay in hospital

Our ambition

We want to join up health and social care so that people who leave hospital have the support they need to regain their independence in the community.

What we are doing

Local health care services and community organisations are working together in Bradford District and Craven; Calderdale, Harrogate, Kirklees, Leeds and Wakefield to join up care for people leaving hospital.

These partnerships have reduced the number of days people stayed in hospital unnecessarily across West Yorkshire and Harrogate by 358 days in August 2018 compared to August 2017.

We have some of the best local health care partnerships in England working together to make sure people return home safely and as soon as possible after a stay in hospital.





What next?

Hospitals are working with the frailty service, which supports vulnerable and older people across the area, to support them in their home rather than going to A&E unless needed. Frailty is a big part of our winter plans this year. This includes supporting people with dementia.



Bradford provides a 7 day service with more people than the national average leaving hospital at weekends. Changing the way home care is bought, they also have health care professionals and community organisations working together.

Teams in **Calderdale** work together to fully understand who is being discharged from hospital so that care is better coordinated for people. We know that keeping people in hospital for longer than needed causes harm and reduces the chance of a return to an independent life.

Harrogate has some excellent examples of people leaving hospital programmes, including working with Carers Resource, the 'Home from Hospital' Service and Living Well. Staff work with people to reduce loneliness and isolation, and support them to remain independent.

In **Kirklees** support is given to care homes to prevent unnecessary A&E attendance. A hospital discharge policy is in place to deliver a joined up service and information is shared with patients and families to let them know what will happen next.

In **Leeds** they have recruited specialist teams to support people to receive care in their homes so they can regain their independence. Staff are also in place to improve transfers to care homes so people are well supported.

In **Wakefield** social workers, housing officers, and community organisations support people so they can leave hospital on bank holidays and weekends. The Yorkshire Ambulance Service Patient Transport Service is also available 7 days a week to take people home.

**Please note this is just a snap shot of some of the great working taking place across the area*

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A partnership made up of the NHS, local councils, care providers, Healthwatch, community and carers organisations.

November 2018

West Yorkshire and Harrogate
Health and Care Partnership

