Healthwatch Kirklees and Healthwatch Calderdale Annual Report 2024-2025

healthwatch Kirklees

healthwatch Calderdale

healthwatch
Kirklees & Calderdale

Content

"The feedback local Healthwatch hear in their communities and share with us at Healthwatch England is invaluable, building a picture of what it's like to use health and care services nationwide. Local people's experiences help us understand where we – and decision makers – must focus, and highlight issues that might otherwise go unnoticed. We can then make recommendations that will change care for the better, both locally and across the nation."

Louise Ansari, Chief Executive, Healthwatch England

Message from our Chair

Welcome.
Over the past year, we've focused on listening to voices that often go unheard, especially those facing barriers in sharing feedback with health and social care services. We're committed to understanding what matters most to people in our local community.

We're making progress by combining individual stories with broader data. Each story helps bring decision-making to life in Calderdale, Kirklees, and across West Yorkshire & Craven. The data provides a wider picture to support decisions on funding and staffing.

This annual report shows how our team works with health and care organisations to drive change, improve communication, and redesign services based on public feedback. We use our local and regional voice to speak up for patients, families, and carers.

As the NHS goes through its biggest changes in decades, it's more important than ever that patient voices are heard.
We invite you to follow our work through 2025–26 by signing up for our quarterly insight bulletin.

You can also get involved — as a volunteer gathering patient views, as part of our trained Enter & View team, or even as a Board member. Healthwatch has the legal power to visit health and care settings and report on what we find, helping resolve issues when they arise. While we don't inspect like the Care Quality Commission, we play a vital role in local accountability.

We're expanding our Board to reflect our diverse communities and bring in essential skills for our work as a small charity.

Melvyn Ingleson, Chair, Healthwatch Kirklees and Healthwatch Calderdale

Our year in numbers

We have supported more than 3,900 people to have their say and get information about their care.

2,510 people shared their experience of health and social care services with us, helping to raise awareness of issues and improve care (1,814 people from Kirklees and 696 people from Calderdale).

407 (207 from Kirklees and 137 from Calderdale) people came to us for clear advice and information on topics such as mental health support and finding on NHS dentist.

We worked on 18 projects about the improvement people would like to see in areas such as visiting hospital, ethnically diverse people's experience of reablement and intermediate care services, trans and non binary people's experiences in accessing GP services, and understanding smoking, quitting, and health inequalities.

We currently employ 10 staff and, our work is supported by 35 volunteers.

Kirklees projects

Services can't improve if they don't know what's wrong. Your experiences shine a light on challenges that may otherwise go unnoticed.

This year, we've listened to feedback from all areas of our community. People's experiences of care help us know what's working and what isn't, so we can give feedback to services and help them improve.

Understanding smoking, quitting, and health inequalities

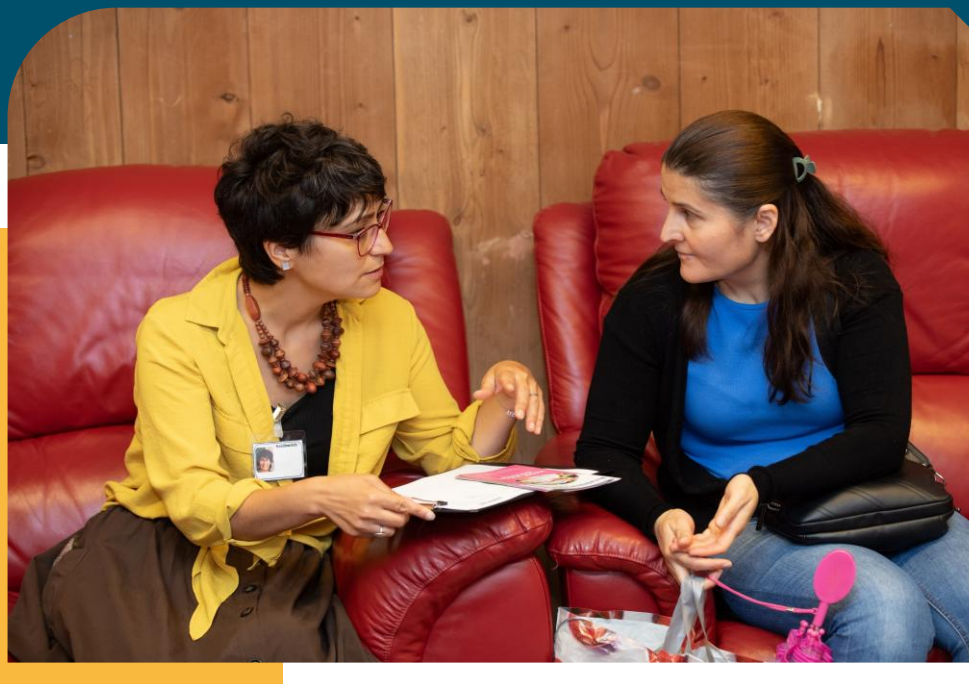
Kirklees Public Health wanted to understand the **experiences, motivations, and barriers of quitting smoking** for people who smoke or have previously smoked.

We found that smoking rates are **higher among disadvantaged groups**, including those in **social housing**, people with **disabilities**, and those with **mental health conditions**. **Ethnically diverse people face additional barriers** due to social pressures, and **men are less likely to attempt quitting** than women. Common **challenges include addiction, stress, and lack of willpower**, while **key motivators are health concerns and financial costs**. Many smokers are **unaware of available support**, and they seek more **accessible, tailored, and non-judgmental services**.

What will happen with our findings?

Kirklees Public Health will use our findings to **influence** a **new** specification for **stop smoking services** delivered by Public Health and their system partners. For updates, you can subscribe to our mailing list, you can follow us on Facebook, or keep up to date with our website.

You can keep up to date with this project by checking our website.



Trans and non-binary individuals' experience of GP services and access to healthcare

Trans and non-binary people (trans+) often **face barriers** to accessing **gender-affirming and general healthcare**. However, there is **limited research** into their experiences, making it difficult for healthcare providers to improve services and access. So, Healthwatch England decided that they wanted to start a project to hear feedback from trans and non-binary people across England about access to GP services.

This project aimed to **explore the healthcare experiences** of trans+ individuals, focusing on GP services as a gateway to wider care. It has two key objectives:

- **Raise awareness** of trans+ healthcare experiences to build a clearer picture of the challenges they face.
- **Amplify trans+ voices** to highlight areas for improvement and inform change in GP services.

The project engaged **trans and non-binary individuals aged 18+**, those with **diverse gender identities** (e.g., agender, genderfluid, etc.), and **professionals**, including NHS staff, advocacy groups, and healthcare providers.

Project update:

Due to this being a Healthwatch England project, we are waiting for the findings to **be released soon**. Once we have all of our local data, we can **share this with partners** so that they can **understand and learn** from the experiences of trans and non-binary people in Kirklees and Calderdale.

Keep an eye out for any of our updates on our Facebook!

Project work across Kirklees and Calderdale

We are here to support everyone living in Kirklees and Calderdale. That is why, over the past year, we have worked together to hear from people in both locations, especially those whose voices are not always heard.

When it matters most to hear across both areas, whether due to shared services, cross-boundary challenges, or wider regional work, we collaborate to ensure local insights are brought to the forefront. Over the past year, we've run a number of joint projects to reach as many people as possible and ensure their experiences help shape health and care services.

Leaving hospital: experiences of those needing reablement support at home or intermediate care

Hospital discharge is a common theme in the feedback we hear. Our data shows that some people **struggle without enough support**, **slowing their recovery** and **increasing the risk of readmission**.

In 2023-2024, **NHS and Social Care** teams in Kirklees and Calderdale developed plans to **improve discharge** by:

- **Increasing reablement support** at home, making home the usual place to recover
- Providing **intermediate care** for those needing extra support after discharge

We wanted **to understand** how these changes were working for people.

Hospital discharge
Patients often **felt left out** of the discharge process and were sent to places that **didn't meet their needs**. Many felt **unprepared to leave** hospital, and the discharge process was described **as rushed and poorly organised**. Patients also said they **weren't given enough information** about the next steps or who to contact for help. While they **praised hospital care**, they noticed **staff were under pressure**.

Intermediate care
Patients were **positive about the care**, especially the **kindness of staff** and **good physiotherapy**. However, they worried about **staff shortages affecting care**. They **appreciated private rooms** but wanted **more activities** and **clearer information** about how long they would stay.

Reablement at home
Most people felt reablement helped them **become more independent**. They **praised the staff** but wanted the service to be **more flexible**, **last longer**, and be **provided more quickly** to avoid gaps in care.

Overall, there are concerns about **unequal access** to reablement and intermediate care for people from ethnically diverse backgrounds. That is why we carried out our '**Ethnically diverse people's experiences of reablement and intermediate care services' project.**

Ethnically diverse people's experiences of reablement and intermediate care services

In our project on support after leaving hospital, we found that **very few people from ethnically diverse backgrounds were using reablement or intermediate care services**. To understand why, we spoke to **local communities, people with experience of hospital discharge, and staff**.

44% had **never heard** of these services. People often **preferred help from family**, **lacked information**, had **financial concerns**, felt **uneasy about strangers** in their home, or had **cultural concerns**—including fear of being placed in a care home.

From these findings, we recommended to NHS and social care services use **simpler service names**, offering **information in different languages**, **clearly explaining** that the service is free and what happens after it ends, and **sharing positive, culturally appropriate care stories**.

Our impact of both projects:

A new **discharge leaflet** has been made. The Trust plans to create a small, quiet **discharge area** with better seating and privacy.
Staff will start **planning for discharge earlier**, **involving patients and families from the beginning**.
Volunteers will also **deliver medication** to patients' homes on discharge day, **helping reduce waiting times.**

Opening doors: Enhancing hospital visits for patients, visitors, carers, and staff

Healthwatch Kirklees and Calderdale were asked by **Calderdale and Huddersfield NHS Foundation Trust (CHFT)** to gather feedback on **hospital visiting** at **Calderdale Royal Hospital** and **Huddersfield Royal Infirmary**.

We spoke with **patients, visitors, carers, and staff**. People said they wanted more **flexible visiting times,** especially those with work or caring duties. **Parking costs** and **limited spaces** were common concerns, particularly for lower-income groups and those with disabilities. Some groups, like ethnically diverse people and carers, faced extra challenges.

Based on this, we suggested ways to improve visits—like **virtual options**, **volunteer support** for patients without visitors, **help for staff** during visiting hours, and **quiet times** on the wards.

Our impact:

CHFT has listened to the feedback we shared and has made a **flexible policy** that **reflects the needs of the people** we spoke with.
This includes:

- Making their policy more **flexible** to **meet individuals' different needs.**

You can hear more about the **specific changes** CHFT has made by clicking on the pink play button on the phone. This will open a window to a **video that involves more details of the improvements**.

Pulmonary rehabilitation

As part of a **West Yorkshire-wide project** led by Healthwatch Bradford, we supported engagement work to gather feedback on the term **"pulmonary rehab" and how it is understood by the public**.

The project aimed to explore whether **the current name accurately reflects the nature of the service**, which supports people with lung conditions to manage their symptoms and improve their quality of life.

We gathered people's thoughts on the name of the service, **whether an alternative might be clearer or more appealing**, and what **changes might make people more likely** to take up the offer of support.

Project update:

These insights will **help inform future decisions** about how the service is **promoted** and **communicated** across the region.

Community Champions

The Community Champions programme has helped Healthwatch Kirklees and Kirklees Third Sector Leaders to work closely together to tackle health inequalities in Kirklees. The Community Champions help us connect with people who face barriers in healthcare and we analyse the feedback, highlight the challenges, and share what we learn.

This year, we have worked on:

- **Breast and bowel cancer screening**
- **Diabetes**
- **Asthma**
- **Healthy families**
- **Mental health**
- **Cervical screening**
- **Falls**
- **Domestic abuse**
- **Addiction**
- **Asthma awareness**

You can find more information on our website – Community Champions

Impact from this work:

- **Leeds Children and Young People Respiratory Project** used the data from our asthma work to inform their **new initiative**.
- Women's health data was shared with the **NHS England Steering Group Partners** to use to **inform** their upcoming work and to make **improvements** to women's services.
- The Breast and Cervical Cancer and women's health data was submitted to NHS England (North East) to ensure **patient voice from Kirklees and Calderdale is included** in the national review and towards specifications for women's health hubs.

Unpaid carer lanyard

Healthwatch Kirklees worked with local organisations to develop a lanyard that can be used across all health and care settings in Kirklees and beyond, along with a card which can be attached to the lanyard. This lanyard identifies unpaid carers to all healthcare staff to recognise and support them.

You can find more information on our website – Carers Lanyard

Recent updates:

- South West Yorkshire Partnership NHS Foundation Trust has **launched the carer lanyard across the whole Trust**.
- Calderdale and Huddersfield NHS Foundation Trust has **purchased a supply of lanyards**. Giving a lanyard to all carers is now **embedded in their carer support offer**.

Dying in Kirklees

This project took place in 2023 and looked at the quality of end of life care and bereavement support for patients and their families.

You can find the report on our website – Dying in Kirklees

Recent updates:

- Our report was referenced in **the Kirklees Health Needs Assessment – Death & Dying**, to **influence** recommendations.
- People said they wanted **more information about bereavement support**, so Healthwatch Kirklees worked with partners to produce a **leaflet showing what's available**. This will now be included in a pack given to everyone who registers a death in Kirklees.

Calderdale & Huddersfield Maternity & Neonatal Partnership and North Kirklees Maternity & Neonatal Voices Partnership (MNVP)

The MNVP **amplifies the voices of people** who have used **maternity** or **neonatal services**. Working with hospitals, communities, and commissioners, MNVPS helps improve services based on real feedback.

15 Steps for Maternity

'15 Steps for Maternity' is just one of the ways the MNVP looks at the quality of maternity services. In February 2025, a 15-step for Maternity visit took place at Calderdale Royal Hospital's maternity unit. This helps involve **diverse voices** in **reviewing maternity services**. Inspired by a mother who felt she could judge care within 15 steps of entering a ward, the toolkit guides service users in **observing hospital areas** where maternity care is provided. They note how the **environment feels**, focusing on four themes:

1. **Welcoming and informative**
2. **Safe and clean**
3. **Friendly and personal**
4. **Calm and organised**

Feedback praised **friendly, responsive staff** and **calm, clean environments**, especially in the birth centre, neonatal unit, and antenatal clinic. People appreciated things like **inclusive artwork**, **breastfeeding support,** and **access to food and drinks**. However, concerns included **poor signage**, **limited accessibility**, **lack of diverse or up-to-date information**, and **insufficient facilities** for parents. Recommendations focused on **improving navigation, inclusivity, communication, and comfort** across maternity and neonatal services.

You can find more info on the impact of the MNVPs on our website – Maternity and Neonatal Voices Partnerships (MNVPs)

Our impact

After the 15 Steps review, the Calderdale and Huddersfield NHS Trust has began work **to improve communication** with non-English speakers, including providing **key maternity info in the top five languages**. Maternity matrons will also give **tours to pregnant migrant and sanctuary-seeking women**, with support from St Augustine's.

Hearing from all communities

We are here for all residents of Kirklees and Calderdale. That's why, over the past year, we've worked hard to reach out to those communities whose voices may go unheard.

Every member of the community should have the chance to share their story and play a part in shaping services to meet their needs.

This year, we have reached different communities by:

- Broadening our outreach to engage with diverse communities and actively listen to their voices.
- Prioritising input from groups that are often underrepresented or face barriers to being heard.
- Making sure our insights and recommendations influence the development and delivery of health and social care services.

Pakistan Association Huddersfield

The Pakistan Association Huddersfield is a volunteer organisation that offers help, support, and advice to the community.

Healthwatch Kirklees asked the Association to help set up a discussion about the health problems affecting people living in Kirklees. The Association organised a seminar for service users and invited speakers, like Members of Parliament for Huddersfield, Senior managers at local health and social care services, representatives from Calderdale & Huddersfield NHS Trust, and local ward councillors.

Since then, based on members' feedback, the Pakistan Association has developed a good relationship with partners. They regularly invite representatives from local organisations to communicate directly with members and share advice, information, and support.

"We are very grateful for Deborah for her help and support. We could not have done these health seminar without her knowledge and expertise. Thanks to Healthwatch Kirklees."

Members of the Association have shared their views on a number of our projects over the past year. This has allowed us to listen to community groups that are underrepresented and deserve to have their voices heard.

"We are very passionate about the community we serve. Our centre is run by the community for the community, and everybody is welcome to attend our activities."

You can find more information on the Pakistan Association Huddersfield on Kirklees Council's Community Directory

Information and signposting

Whether it's finding an NHS dentist, making a complaint, or choosing a good care home for a loved one – you can count on us. This year 401 people have reached out to us for advice or help finding services, 264 people in Kirklees and 137 in Calderdale.

This year, we have helped people by:

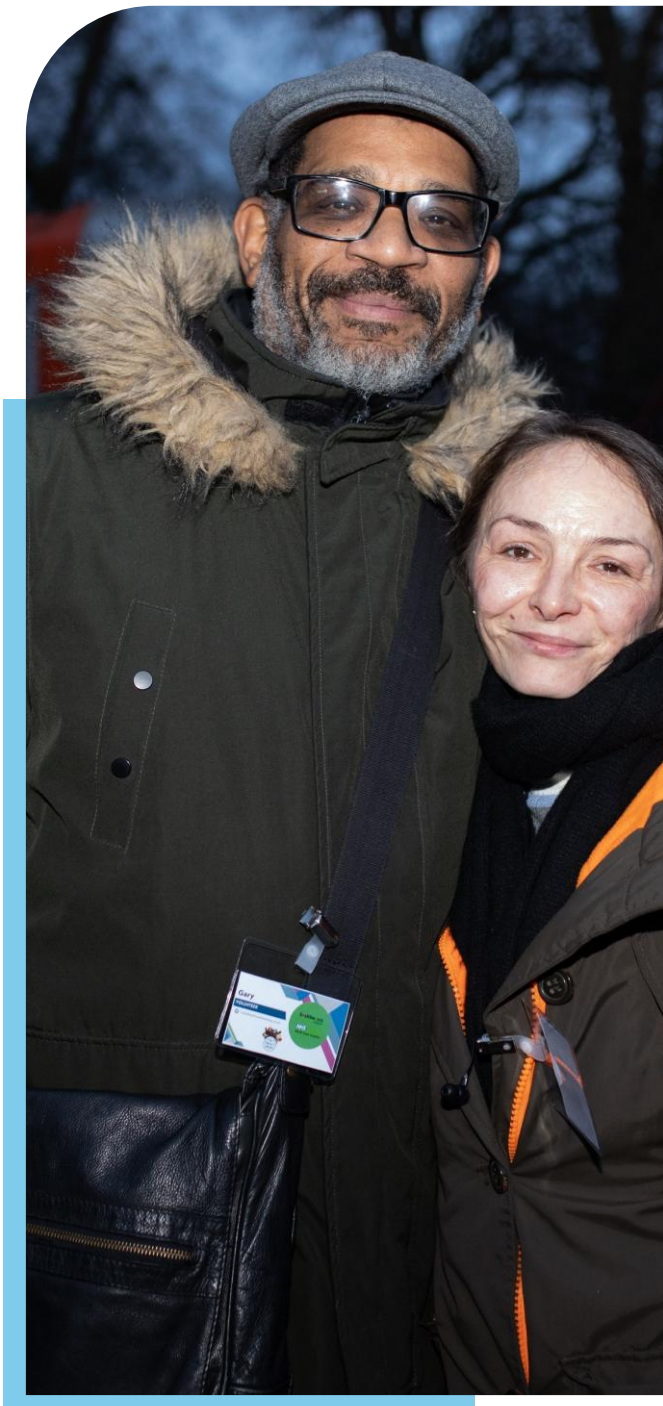
- Providing up-to-date information that people can trust
- Helping people access the services they need
- Supporting people to look after their health
- Signposting people to additional support services

Empowered to speak up

An individual sought urgent support from a local advocacy service due to severe dental issues, mental health challenges, and dissatisfaction with NHS dental care.

With guidance from Healthwatch Calderdale, they stayed with their NHS dentist, explored complaint and referral options, and accessed NHS Talking Therapies.

As a result, they began receiving mental health support and felt empowered to communicate their concerns more effectively, leading to better engagement with their dental care and increased confidence in advocating for their needs.



Build better communication

Healthwatch Kirklees was contacted by a GP patient who was unhappy with the way an appointment had been carried out and had felt it was not what they expected to take place, but they struggled to make a complaint with the Surgery to raise the concern.

Healthwatch Kirklees were able to contact the Practice Manager and set up a phone call to resolve the communication problem and ensure it would not be repeated.

When patients feel heard and supported, they're less likely to file formal complaints and more likely to regain trust in their GP practice. This open communication not only empowers patients but also leads to better health outcomes and helps practices improve their care and problem-solving strategies.

Enter and view

Our Enter and View programme gets to the heart of people's experience of local health and social care services, such as care homes, pharmacies, hospitals, and GP practices.

We spend time listening to people who use services, relatives, carers, and staff to explore what is working well, and what needs to improve. We make recommendations based on people's feedback and observations during the visit, to help improve services in Kirklees and Calderdale.

This year we wrote reports on:

- Calderdale Royal Hospital's discharge lounge
- Millreed Lodge care home in Todmorden

Calderdale Royal Infirmary

Over three separate trips, we spoke to patients and staff regarding discharge from Calderdale Royal Infirmary. We decided to visit the holding areas as we were commonly hearing about the service, and it supported our Opening doors: Enhancing hospital visits for patients, visitors, carers, and staff project.

The visits revealed a number of insights into the discharge process, patient experience, and overall environments of the wards. Discharge processes across the hospital often feel chaotic and uncoordinated due to the lack of a dedicated discharge lounge, leading to delays, poor communication, and patient discomfort—particularly in noisy or high-traffic areas like Ward 2. While staff are professional and caring, and the wards are clean, complex discharges and limited doctor availability in MSDEC further contribute to frustration, especially when patients lack clear information about what to expect.

We recommend establishing a dedicated discharge lounge, improving staff training and guidance, involving nurses in discharge discussions, providing clearer waiting time information, extending pharmacy hours, and offering private spaces for patient conversations—all with a focus on enhancing patient safety and experience.

You can read the full report on our website – CRH discharge report

Millreed Lodge

We visited the residential care home Millreed Lodge in Todmorden to hear from residents and staff about their feedback.

Our visit to Millreed Lodge was positive, with kind, attentive staff creating a warm and supportive atmosphere. Residents were happy with their care, and strong staff-resident relationships stood out; with a few environmental improvements and continued responsiveness to feedback, the home is well-placed to enhance residents' quality of life further.

We recommended a review of the layout of the lounge areas to create a relaxing, social zone with grouped seating and better TV visibility, through planning to support new residents transitioning into residential care, looking into coverings for the roof in the smaller conservatory, providing an anonymous feedback box, and holding different themed events.

You can read the full report on our website – Millreed Lodge report

West Yorkshire-wide work

This year, we have continued to work with local Healthwatch in West Yorkshire to make sure people's voices influence decision-making within the West Yorkshire Integrated Care Board and its wider partnerships.

Informing the Integrated Care Board

The Integrated Care Board plans and funds NHS services in West Yorkshire. We gathered people's feedback who are at risk of unfair health and care. Our reports have helped to evidence unfair access and experiences and provided recommendations for funders and providers.

West Yorkshire Voice

We also continued to work with West Yorkshire Voice, which connects the voices of local people across West Yorkshire to the region's senior decision makers in healthcare.

Develop the new Equality and Fairness Strategy

Focus groups across West Yorkshire informed the document, aiming to ensure that equity, diversity, inclusion, and justice are central to all aspects of health and care services. The new strategy is based on what people told us they wanted, including better use of people's experiences and clear ways to check that changes are happening.

Connecting professionals with the community

West Yorkshire Voice involves people in different ways through its newsletter and social media platforms.

Hear from all communities

West Yorkshire Voice reached out to organisations supporting people who experience challenges which make it hard for them to stay healthy and access services – such as Gyspsy and Traveller communities, Roma communities, sex workers, those with addiction, homelessness, and people in the criminal justice system – to improve community-based care.

Showcasing volunteer impact

During this year, our fabulous volunteers have given 617 hours to support our work. Thanks to their time and dedication to improving care, we can better understand what is working and what needs improving in our community.

This year, our volunteers:

- Got involved in many outreach sessions supporting staff
- Were involved in projects such as pulmonary rehabilitation, smoking services, and Enter and View.
- Provided feedback on public-facing information, websites, voice-overs, and data processing.
- Upskilled and learned new skills through our online training.

Words from our volunteers

This year has been a very important one for volunteering, we have had three amazing people volunteer with us for 10 years – Lisa, Frank, and Lynne. And Sheran, who has been with us for 5 years.

Lisa

"I feel really lucky to volunteer in this area as it's massively increased my knowledge on what services do, how to access them and also what other support is available that could be of benefit to myself and my family. I also find volunteering rewarding in the fact that I can use my personal experience to feed into the same systems I'm navigating to make them easier for others to use and access."

Sheran

"I have been volunteering with Healthwatch for just over 5 years – the time has flown by! I found that I had time to do something and wanted to volunteer somewhere. When I saw the advert I knew it was just what I was looking for. My 'work' has evolved over time - I started helping with NHS complaints advocacy and it has morphed into more of an admin role, which I am very happy with. I am made to feel part of the team and that my work is valued.

The work HW does is very important and I'd like to think I contribute to enabling the permanent staff to concentrate on what matters and not get bogged down with too much paperwork etc. I have enjoyed interviewing, data input, feedback on proposed website information, and voice overs amongst many other things. I am happy to help out where I can."

Frank

"I didn't want to totally give up work when I retired so volunteering has enabled me continue in the world of work, travelling with commuters, arriving at a venue and being welcomed there. I enjoy meeting people and am privileged they give information about their experiences to me."

Finance and future priorities

We receive funding from our local authorities under the Health and Social Care Act 2012 to help us do our work.

Our income and expenditure:

Healthwatch Kirklees total income is £184,500.
Healthwatch Calderdale total income is £152,134.

Additional income came from NHS West Yorkshire, Healthwatch Leeds, Visits Unlimited CIC, and The Kirkwood, which totalled to £92,652.

The total income for Healthwatch Kirklees and Healthwatch Calderdale combined was £429,286.

Expenditure for Healthwatch Kirklees and Healthwatch Calderdale was £415,610.

Integrated Care System (ICS) funding

Healthwatch across Kirklees and Calderdale also receive funding from our Integrated Care Systems (ICS) to support new areas of collaborative work at this level, including:

Purpose of ICS funding	Amount
Calderdale	£5,000
Kirklees	£5,000

Next steps

Over the next year, we will keep reaching out to every part of society, especially people in the most deprived areas, so that those in power hear their views and experiences.

We will also work together with partners and our local Integrated Care System to help develop an NHS culture where, at every level, staff strive to listen and learn from patients to make better care.

Our top three priorities for the next year:
1. We will ensure that people's voices are at the heart of NHS and social care services by providing live data and intelligence dashboards to partners
2. We will work alongside third sector organisations to better understand their community's views
3. We will collaborate with our Healthwatch neighbours to explore wider experiences of our populations

Statutory statements

Healthwatch Kirklees and Healthwatch Calderdale, Elsie Whiteley Innovation Centre, Hopwood Road, Halifax, HX1 5ER.

Healthwatch Kirklees and Healthwatch Calderdale uses the Healthwatch Trademark when undertaking our statutory activities as covered by the licence agreement.

The way we work

Involvement of volunteers and lay people in our governance and decision-making.

Our Healthwatch Board consists of 9 trustee board members who work voluntarily to provide direction, oversight, and scrutiny of our activities.

Our Board ensures that decisions about priority areas of work reflect the concerns and interests of our diverse local community.
Throughout 2024/25, the Board met six times and made decisions on matters such as strategy, engagement workplans and income generation. We ensure wider public involvement in deciding our work priorities.

Methods and systems used across the year to obtain people's experiences

We use a wide range of approaches to ensure that as many people as possible can provide us with insight into their experiences of using services.
During 2024/25, we have been available by phone and email, provided a web form on our website and through social media, and attended meetings of community groups and forums.
We ensure that this annual report is made available to as many members of the public and partner organisations as possible. We will publish it on as many of our channels as possible.

Responses to recommendations

There were no issues or recommendations escalated by us to Healthwatch England Committee, so there were no resulting reviews or investigations.

Taking people's experiences to decision-makers

We ensure that people who can make decisions about services hear about the insights and experiences shared with us.

For example, in our local authority area, we take information to:
- Calderdale Cares Board
- Kirklees Health and Care Partnership Board
- Health and Wellbeing Boards
- Scrutiny Panels

We also take insights and experiences to decision-makers in the West Yorkshire Integrated Care System. For example Finance, Investment and Performance Committees, Quality Committees and System Oversight and Assurance Groups. We also share our data with Healthwatch England to help address health and care issues at a national level.

Healthwatch representatives

Healthwatch Kirklees and Healthwatch Calderdale is represented o Kirklees Health and Wellbeing Board and the Calderdale Health and Wellbeing Board by Stacey Appleyard.

During 2024/25, our representative has effectively carried out this role by providing people's experiences in relation to agenda items and contributing to development sessions.

Healthwatch Kirklees and Healthwatch Calderdale are represented on Kirklees Integrated Care Partnership by Stacey Appleyard and Calderdale Cares Partnership Board by Melvyn Ingleson.

Enter and View

Location	Reason for visit	What you did as a result
Calderdale Royal Infirmary	Due to feedback on hospital discharge and to support our project work on hospital discharge to intermediate care and reablement services.	We made recommendations for improvement. These have been acknowledged by the Trust and an action plan put in place.
Millreed care home	Following feedback and information from relatives and visitors. Also, social care in on our priority workplan.	We made recommendations for improvement and will re-visit in 12 months' time.